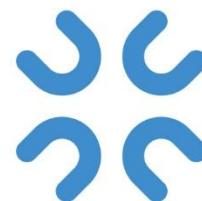


# 2022 Plan Highlights

## UCare Medicare Plans - Metro



UCare offers a range of Medicare Advantage plans to meet the health care needs and budgets of our Medicare-eligible members.

UCare Product	Eligibility	Service area (MN counties)	Network
UCare Medicare Plans (HMO-POS) <ul style="list-style-type: none"><li>• Aware</li><li>• Classic</li><li>• Complete</li><li>• Essentials Rx</li><li>• Prime</li><li>• Value</li><li>• Value Plus</li><li>• Group Plans*</li></ul>	Must have Medicare Part A and Part B to enroll	Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington and Wright	All UCare network providers

UCare Medicare Plans are Health Maintenance Organization Point of Service (HMO-POS) plans. All are Medicare Advantage plans that offer many extras, including dental and most plans include prescription drug coverage.

\*UCare Medicare Group Plans are available to public sector and union groups that are required to provide coverage to their retirees. They are also available to employers who choose to provide health plans for their Medicare-eligible retirees.

### Resources and contacts for providers

#### Provider Assistance Center

612-676-3300 or 1-888-531-1493 toll-free, 8 am-5 pm, Monday through Friday.

#### [UCare.org/providers](https://ucare.org/providers)

Find information and resources related to authorizations, claims and billing, policies and resources, training and education, our network, credentialing and the Provider Manual. Log in to the provider portal to look up member eligibility, claims, EOPs and authorization status.

#### Sign up for email updates

Join our email list at [UCare.org/providers](https://ucare.org/providers) to receive UCare's provider newsletters, bulletins and alerts.

[See back for overview of benefits and cost share information.](#)

In-Network Service	UCare Prime	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
Primary care visits	\$25 copay, \$0 annual physical	\$0 copay, \$0 annual physical	\$0 copay, \$0 annual physical	\$0 copay, \$0 annual physical	\$0 copay, \$0 annual physical	\$0 copay, \$0 annual physical	\$0 copay, \$0 annual physical
Specialist office visits	\$50 copay	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Inpatient hospital care (per admission)	\$350 copay per day (days 1-5); then 100% covered	\$250 copay per day (days 1-5), then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$150 copay per stay (not per day); then 100% covered	\$125 per stay (not per day); then 100% covered	\$150 copay per day (days 1-5); then 100% covered	\$200 copay per stay (not per day); then 100% covered
Emergency care	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<a href="#">Medicare Part D prescription drug coverage deductible</a>	Tier 1 = \$0 Tiers 2-5 = \$480 Copays based on drug tiers/standard and preferred pharmacies	Tier 1 = \$0 Tiers 2-5 = \$395 Copays based on drug tiers/standard and preferred pharmacies	Tiers 1 & 2 = \$0 Tiers 3-5 = \$395 Copays based on drug tiers/standard and preferred pharmacies	Tiers 1 & 2 = \$0 Tiers 3-5 = \$235 Copays based on drug tiers/standard and preferred pharmacies	Tiers 1 & 2 = \$0 Tiers 3-5 = \$200 Copays based on drug tiers/standard and preferred pharmacies	Not covered	Not covered
Dental coverage	\$300 yearly allowance	\$600 yearly allowance	Routine dental with additional optional coverage available – routine includes: one oral examination, one routine cleaning, annual bitewing x-ray, fluoride treatment, one periodontal maintenance cleaning.	Routine and restorative dental coverage at no additional cost: two oral examinations, two routine cleanings, annual bitewing and full mouth x-ray (every 5 years), fluoride treatment, periodontal maintenance cleanings, 50-70% coinsurance for restorative procedures.	Routine dental with additional optional coverage available – routine includes: two oral examinations, three routine cleanings or up to three periodontal maintenance cleanings, annual bitewing and full mouth x-ray (every 5 years), fluoride treatment.	Routine dental with additional optional coverage available – routine includes: one oral examination, one routine cleaning, annual bitewing x-ray, fluoride treatment, one periodontal maintenance cleaning.	Routine dental with additional optional coverage available – routine includes: one oral examination, one routine cleaning, annual bitewing x-ray, fluoride treatment, one periodontal maintenance cleaning.
Vision coverage	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear	\$0 copay for annual routine eye exam \$200 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear
Hearing aid services * TruHearing brand hearing aids	\$0 routine exam \$699 to \$999 for hearing aids*	\$0 routine exam \$699 to \$999 for hearing aids*	\$0 routine exam \$699 to \$999 for hearing aids*	\$0 routine exam \$599 to \$899 for hearing aids*	\$0 routine exam \$499 to \$799 for hearing aids*	\$0 routine exam \$699 and \$999 for hearing aids*	\$0 routine exam \$599 to \$899 for hearing aids*
Out-of-pocket maximum in network	\$6,000; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,200; then 100% covered	\$3,000; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered