

2022 Plan Highlights

EssentiaCare Medicare Plans



UCare and Essentia Health have formed a partnership to offer EssentiaCare health plans to Medicare-eligible individuals in Minnesota and northern Wisconsin. Three plan options are available.

UCare product	Eligibility	Service area	Network
EssentiaCare (Medicare Advantage PPO) plans • Access	Must have Medicare Part A and Part B	Minnesota counties: St. Louis Wisconsin counties: Bayfield, Douglas and Washburn	Essentia Health clinics and hospitals
EssentiaCare (Medicare Advantage PPO) plans • Secure • Grand	Must have Medicare Part A and Part B	Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine and St. Louis Wisconsin counties: Bayfield, Douglas and Washburn	Essentia Health clinics and hospitals

EssentiaCare is a Medicare Advantage and Preferred Provider Organization (PPO) plan. EssentiaCare plans combine medical care from Essentia Health providers and health coverage from UCare. They are comprehensive Medicare plans that offer many extras, including dental and prescription drug coverage.

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 to receive UCare's provider newsletters, bulletins and alerts.

In-Network Service	EssentiaCare Access	EssentiaCare Secure	EssentiaCare Grand
Primary care visits	\$22 copay	\$0 copay	\$0 copay
Specialist office visits	\$50 copay	\$45 copay	\$30 copay
Diagnostic tests, radiation therapy and x-rays	20% coinsurance	10% coinsurance up to a maximum of \$150 per day	10% coinsurance up to a maximum of \$50 per day
Inpatient hospital care	\$300 copay per day for days 1-5, then 100% covered	\$300 copay per day for days 1-5, then 100% covered	\$250 copay per stay (not per day), then 100% covered
Emergency care	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$45 copay	\$45 copay
Medicare Part D prescription drug coverage Copays based on drug tiers/standard and preferred pharmacies	Tier 1 = \$0 Tiers 2-5 = \$480	Tiers 1 & 2 = \$0 Tiers 3-5 = \$400	Tiers 1 & 2 = \$0 Tiers 3-5 = \$250
Preventive dental coverage	\$250 annual dental allowance	Routine dental with optional coverage available. One oral examination per year, one routine cleaning per year, annual bitewing x-ray, fluoride treatment and one periodontal maintenance cleaning.	Routine dental with optional coverage available. One oral examination per year, one routine cleaning per year, annual bitewing x-ray, fluoride treatment and one periodontal maintenance cleaning.
Vision coverage	\$0 copay for annual routine eye exam \$100 annual allowance for eyeglasses or contacts	\$0 copay for annual routine eye exam \$100 annual allowance for eyeglasses or contacts	\$0 copay for annual routine eye exam \$200 annual allowance for eyeglasses or contacts
Hearing coverage	\$50 copay for routine hearing exam No hearing aid benefit	\$45 copay for routine hearing exam No hearing aid benefit	\$35 copay for routine hearing exam \$500 annual allowance for hearing aids
Out-of-pocket maximum in network	\$6,500; then 100% covered	\$4,500; then 100% covered	\$3,500; then 100% covered