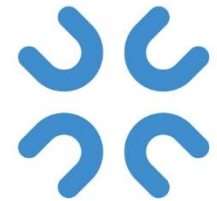


2022 Plan Highlights



UCare Medicare Plans with M Health Fairview & North Memorial

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 with M Health Fairview & North Memorial (HMO-POS) <ul style="list-style-type: none">Care WiseCare Core	Must have Medicare Part A and Part B	Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey and Washington	M Health Fairview North Memorial, UMN Health, Entira Family Clinics and Voyage Healthcare

UCare Medicare Plans with M Health Fairview & North Memorial are Medicare Advantage and Health Maintenance Organization Point of Service (HMO-POS) plans. UCare Medicare Plans with M Health Fairview & North Memorial plans combine medical care from M Health Fairview & North Memorial providers and health coverage from UCare. They 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	Care Wise	Care Core
Primary care visits	\$0 copay	\$0 copay
Specialist office visits	\$45 copay	\$40 copay
Diagnostic tests and x-rays	20% coinsurance	10% coinsurance up to a maximum of \$150 per day
Inpatient hospital care	\$350 copay per day for days 1-5, then 100% covered	\$250 copay per day for days 1-5, then 100% covered
Emergency care	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$50 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 = \$395
Preventive dental coverage	Covered up to \$300 allowance limit	Two oral examinations, two routine cleanings, one annual bitewing, one full mouth x-ray every five years, fluoride treatment and periodontal maintenance cleanings
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
Hearing Coverage *TruHearing brand hearing aids	\$0 copay for routine exam \$699 to \$999 copay for hearing aids*	\$0 copay for routine exam \$699 to \$999 copay for hearing aids*
Out-of-pocket maximum in network	\$5,800; then 100% covered	\$5,500; then 100% covered