

# 2023 Plan Highlights



## UCare Individual & Family Plans

UCare Individual & Family Plans offer many options with different cost-sharing and premiums. The plans are offered exclusively on MNsure, Minnesota’s health insurance marketplace.

UCare product	Eligibility	Service area (MN counties)	Network
<b>UCare Individual &amp; Family Plans (Qualified Health Plan)</b>  Plan options: <ul style="list-style-type: none"> <li>• Bronze</li> <li>• Silver</li> <li>• Gold</li> <li>• Core</li> <li>• Bronze HSA</li> <li>• Silver HSA</li> </ul>	Individuals and families who: <ul style="list-style-type: none"> <li>• Live in the UCare Individual &amp; Family Plans service area</li> <li>• Are U.S. citizens and Minnesota residents</li> <li>• Not incarcerated at the time of enrollment</li> <li>• Not enrolled in certain Medicare programs</li> </ul>	Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nicollet, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Washington, Wilkin, Winona, Wright and Yellow Medicine	All UCare network providers

### 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. Full details are available at [ucare.org/member-documents](https://ucare.org/member-documents).

In-Network Service	UCare Core	UCare Bronze	UCare Bronze Access	UCare Silver	UCare Gold	UCare Gold Access	UCare Bronze HSA	UCare Silver HSA
<b>Deductible*</b>	\$9,100	\$5,900	\$8,000	\$3,000	\$950	\$2,000	\$7,500	\$3,000
<b>Preventive care**</b>	No charge							
<b>Primary Care Visit</b>	\$30 copay for first three office visits, then 0% coinsurance after deductible	\$60 copay for first three office visits, then 35% after deductible	\$60 copay for first three office visits, then 45% after deductible	\$40 copay (unlimited), \$0 if telehealth	\$20 copay (unlimited)	\$20 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible
<b>Specialty Care/Urgent Care Visit</b>	0% coinsurance after deductible (both)	\$60 copay for first three office visits, then 35% after deductible (both)	\$60 copay for first three office visits, then 45% after deductible (both)	\$95 copay (unlimited) (both)	\$35 copay (unlimited) (both)	Specialty - \$35 copay (unlimited) Urgent - 20% coinsurance after deductible	0% coinsurance after deductible (both)	25% coinsurance after deductible (both)
<b>Convenience/retail clinics</b>	No charge	No charge	No charge	No charge	No charge	\$10 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible
<b>Mental Health Outpatient Counseling</b>	0% coinsurance after deductible	\$60 copay for first three office visits, then 35% after deductible	\$60 copay for first three office visits, then 45% after deductible	\$40 copay (unlimited), \$0 if telehealth	\$20 copay (unlimited)	\$20 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible
<b>Diagnostic tests</b>	0% coinsurance after deductible	35% coinsurance after deductible	45% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
<b>Hospital stay</b>	0% coinsurance after deductible	35% coinsurance after deductible	45% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
<b>Outpatient surgery</b>	0% coinsurance after deductible	35% coinsurance after deductible	45% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
<b>Emergency room</b>	0% coinsurance after deductible	35% coinsurance after deductible	45% coinsurance after deductible	30% coinsurance after deductible	\$500 copay for the first visit, then 20% after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
<b>Pediatric dental check-up***</b>	No charge							
<b>Pediatric eye exam (annual)</b>	No charge							
<b>Prescription Drugs</b>	See member contract and formulary ( <a href="https://www.ucare.org/member-documents">https://www.ucare.org/member-documents</a> ) for information on preferred/non-preferred generic and brand drugs.							
<b>Maximum out-of-pocket</b>	\$9,100	\$9,100	\$9,100	\$8,200	\$7,400	\$8,000	\$7,500	\$6,800

\*Deductible and maximum out-of-pocket amounts shown for individuals (amounts for family coverage are twice that of an individual). No out-of-pocket limit for non-network services. // \*\*Preventive care for adults includes routine exams, immunizations, cancer screenings, pregnancy care and quit smoking help. Preventive care for children up to age 18 includes routine exams, well-baby care and immunizations. See the U.S. Preventive Services Task Force recommendations for coverage of preventive services at <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations> // \*\*\*Limit of two pediatric (children up to age 18) dental exams/cleanings per year for all plans. **NOTE:** People who qualify for cost sharing reductions and Native Americans may pay lower or no costs for the benefits in this grid. Visit [MNSure.org](https://www.mnsure.org) to learn more.