



2023 Plan Highlights

UCare Individual & Family Plans with M Health Fairview

UCare Individual & Family Plans with M Health Fairview 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
UCare Individual & Family Plans with M Health Fairview (Qualified Health Plan) Plan options: <ul style="list-style-type: none"> • Bronze • Silver • Gold • Core • Bronze HSA • Silver HSA 	Individuals and families who: <ul style="list-style-type: none"> • Live in the UCare Individual & Family Plans with M Health Fairview service area • Are U.S. citizens and Minnesota residents • Not incarcerated at the time of enrollment • Not enrolled in certain Medicare programs 	Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne and Washington	M Health Fairview network only. Includes HealthEast and many independents without Fairview in their name, including University of Minnesota specialists.

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.

In-Network Service	UCare M Health Fairview Core	UCare M Health Fairview Bronze	UCare M Health Fairview Silver	UCare M Health Fairview Gold	UCare M Health Fairview Bronze HSA	UCare M Health Fairview Silver HSA
Deductible*	\$9,100	\$5,900	\$3,000	\$950	\$7,500	\$3,000
Preventive care**	No charge					
Convenience/retail clinics	No charge	No charge	No charge	No charge	0% coinsurance after deductible	25% coinsurance after deductible
Primary Care Visit	\$30 copay for first three primary care visits, then 0% coinsurance after deductible	\$60 copay for first three visits, then 35% after deductible	\$40 copay (unlimited)	\$20 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible
Specialty Care/Urgent Care Visit	0% coinsurance after deductible (both)	\$60 copay for first three visits, then 35% after deductible (both)	\$95 copay (unlimited) (both)	\$40 copay (unlimited) (both)	0% coinsurance after deductible (both)	25% coinsurance after deductible (both)
Convenience/retail clinics	No charge	No charge	No charge	No charge	0% coinsurance after deductible	25% coinsurance after deductible
Mental Health Outpatient Counseling	0% coinsurance after deductible	\$60 copay for first three office visits, then 35% after deductible	\$40 copay (unlimited)	\$20 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible
Diagnostic tests	0% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
Hospital stay	0% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
Outpatient surgery	0% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible
Emergency room	0% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	\$500 copay for the first visit, then 20% after deductible	0% coinsurance after deductible	25% coinsurance after deductible
Prescription Drugs	See member contract and formulary (https://www.ucare.org/member-documents) for information on preferred/non-preferred generic and brand drugs.					
Pediatric dental check-up***	No charge					
Pediatric eye exam (annual)	No charge					
Maximum out-of-pocket	\$9,100	\$9,100	\$8,200	\$7,400	\$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. UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview are only available on [MNsure.org](https://www.mnsure.org).