

# 2023 Plan Highlights



## UCare Institutional Special Needs Plan (I-SNP)

UCare Institutional Special Needs Plan (I-SNP) plans meet the health care needs and budgets of eligible Medicare members with integrated in-facility primary care and care coordination. Eligible members have either institutional status (live in participating skilled nursing facility) or institutional-equivalent status (live in participating assisted living or memory care but are assessed as needing nursing home level of care).

UCare product	Eligibility	Service area (MN counties)	Network
UCare I-SNP Plans <ul style="list-style-type: none"> <li>UCare Advocate Choice (HMO-I-SNP)</li> <li>UCare Advocate Plus (HMO-I-SNP)</li> </ul>	<ul style="list-style-type: none"> <li>Must have Medicare Part A and Part B to enroll</li> <li>Receive or qualify for a nursing-home level of care (for 90 days or more) in a participating skilled nursing, assisted living or memory care facility</li> </ul>	Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Freeborn, Hennepin, Isanti, Mille Lacs, Morrison, Ramsey, Rice, Scott, Sherburne, Stearns, Washington and Wright	The following provide in-facility primary care: <ul style="list-style-type: none"> <li>Genevive</li> <li>Fairview Partners</li> <li>Bluestone Physician Services</li> <li>Lifespark Health</li> <li>CareChoice</li> </ul> Enrollees must live in one of the participating facilities listed here to enroll: <a href="https://ucare.org/advocate">ucare.org/advocate</a>

### Resources and contacts for providers

#### Provider Assistance Center

Call 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.

**For additional details, 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 Advocate Choice	UCare Advocate Plus
Primary care visits	\$0 copay	
Specialist office visits	\$0 copay in facility where member lives \$45 copay outside of facility where member lives	\$0 copay in facility where member lives \$40 copay outside of facility where member lives
Diagnostic services, labs and imaging	\$0 copay for lab and bloodwork 20% coinsurance for diagnostic tests, x-rays, MRIs and CT scans	
Inpatient hospital care	\$0 copay/day for days 1-5 \$350 copay/day for days 6-10	\$0 copay/day for days 1-5 \$300 copay/day for days 6-10
Emergency care	\$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)	
Urgent care	\$45 copay	
Outpatient mental health care	\$0 copay days 1-5 \$350/day days 1-6	\$0 copay days 1-5 \$300/day days 6-10
<a href="#">Medicare Part D prescription drug coverage (ESI) deductible</a>	Tier 1 = \$0 deductible Tiers 2-5 = \$125 deductible  There is no deductible for select insulins, members pay a \$35 copay	Tiers 1-5 = \$0 deductible  There is no deductible for select insulins, members pay a \$35 copay
Health Promotion	Rechargeable toothbrush with charger every three years with two replacement heads per year, and Strong & Stable fall prevention kit	
Hearing services Routine hearing exam and hearing aids are provided by TruHearing	20% coinsurance for Medicare-covered exams \$0 copay for routine exams \$400 hearing aid allowance \$0 copay for three fittings per year	20% coinsurance for Medicare-covered exams \$0 copay for routine exams \$500 hearing aid allowance \$0 copay for three fittings per year
Preventive dental coverage (Administered by Delta Dental)	Up to \$550 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare	Up to \$650 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare
Vision coverage	20% coinsurance for Medicare-covered exams \$0 copay for a routine exam \$200 annual eyewear allowance	20% coinsurance for Medicare-covered exams \$0 copay for a routine exam \$225 annual eyewear allowance
Transportation	\$0 for up to 16 one-way rides per year to approved locations within service area	
Maximum out-of-pocket	\$4,900	\$3,900
Support for members with chronic conditions	Members with COPD or CHF: \$0 copay for nebulizer, \$0 copay for pulse oximeter \$0 copay for telemonitoring scale for members with CHF	