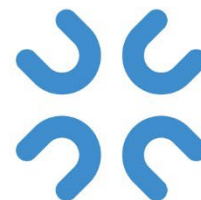


2023 Plan Highlights



UCare Medicare Plans - South

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 (HMO-POS) <ul style="list-style-type: none"> • Complete • Prime • Standard • Value • Value Plus • Group Plans* 	Must have Medicare Part A and Part B to enroll	Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona and Yellow Medicine	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®
UCare Medicare Plans (HMO-POS) <ul style="list-style-type: none"> • Classic 	Must have Medicare Part A and Part B to enroll	Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®

UCare Medicare Plans are Health Maintenance Organization Point of Service (HMO-POS) plans. All are Medicare Advantage plans that offer many extras, including dental, vision and hearing. Most plans also include prescription drug coverage.

*UCare Medicare Group Plans are available to public sector and union groups who are required to provide coverage to their retirees. They are also available to employers who choose to provide health plans for their Medicare-eligible retirees.

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.

In-Network Services	UCare Prime ¹	UCare Standard	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
Primary care visits	\$22 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical
Specialist office visits	\$50 copay	\$40 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Inpatient hospital care	\$1,500 copay per stay (not per day); then 100% covered	\$500 copay per day (days 1-3); then 100% covered	\$300 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered	\$150 copay per day (days 1-5); then 100% covered	\$200 copay per stay (not per day); then 100% covered
Emergency care	\$95 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent care	\$45 copay	\$40 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
Outpatient mental health care	\$40 copay	\$40 copay	\$30 copay	\$20 copay	\$40 copay	\$35 copay
Medicare Part D prescription drug coverage deductible	Tier 1 = \$0 Tiers 2-5 = \$480 Copays based on drug tiers/standard and preferred pharmacies	Tier 1 = \$0 Tiers 2-5 = \$480 Copays based on drug tiers/standard and preferred pharmacies	Tiers 1 & 2 = \$0 Tiers 3-5 = \$235 Copays based on drug tiers/standard and preferred pharmacies	Tiers 1-5 = \$0 Copays based on drug tiers/standard and preferred pharmacies	Not covered	Not covered
Dental coverage	\$400 yearly allowance	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine and restorative dental coverage at no additional cost. Deductible \$100 (does not apply to routine or periodontal services). Dental coverage up to \$2,000 max per year.	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine and restorative dental coverage at no additional cost. Deductible \$75 (does not apply to routine or periodontal services). Dental coverage up to \$2,000 max per year.
Vision coverage	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$200 annual allowance for eyewear	\$0 copay for annual routine eye exam \$200 annual allowance for eyewear	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear
Hearing aid services *TruHearing brand hearing aids	\$0 routine exam \$699 and \$999 for hearing aids*	\$0 routine exam \$699 and \$999 for hearing aids*	\$0 routine exam \$599 and \$899 for hearing aids*	\$0 routine exam \$499 and \$799 for hearing aids*	\$0 routine exam \$699 and \$999 for hearing aids*	\$0 routine exam \$599 and \$899 for hearing aids*
Out-of-pocket maximum in network	\$7,550 then 100% covered	\$6,000; then 100% covered	\$5,300 then 100% covered	\$4,200; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered

¹ \$198 medical deductible on most Part B services.