

2023 Plan Highlights

UCare Your Choice Plan (PPO)



UCare Your Choice Plans (PPO) meets the health care needs and budgets of eligible Medicare members. This simple and flexible plan design is suitable for individuals with lower health care and prescription drug needs.

UCare product	Eligibility	Service area (MN counties)	Network
<ul style="list-style-type: none">UCare Your ChoiceUCare Your Choice Plus	Must have Medicare Part A and Part B to enroll	Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington and Wright	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®

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 Service	UCare Your Choice (PPO)	UCare Your Choice Plus (PPO)
Primary care visits	\$0 copay	
Specialist office visits	\$40 copay	\$30 copay
Diagnostic tests/procedures	\$25 copay	\$20 copay
Inpatient hospital care	\$350/day for days 1-5; then 100% covered	\$200 per stay
Emergency care	\$100 copay	\$100 copay
Urgent care	\$45 copay	
Outpatient mental health care	\$40	\$30
Medicare Part D prescription drug deductible (ESI)	Tier 1 = \$0 Tiers 2-5 = \$245	Tiers 1-3 = \$0 Tiers 4-5 = \$200
Hearing services Routine hearing exam and hearing aids	\$0 routine exam \$900 combined yearly allowance for dental, hearing aids and eyewear	\$0 routine exam \$1,800 combined yearly allowance for dental, hearing aids and eyewear
Dental coverage	\$900 combined yearly allowance for dental, hearing aids and eyewear	\$1,800 combined yearly allowance for dental, hearing aids and eyewear
Vision coverage	\$0 copay for a routine exam \$900 combined yearly allowance for dental, hearing aids and eyewear	\$0 copay for a routine exam 1,800 combined yearly allowance for dental, hearing aids and eyewear
Maximum out-of-pocket	\$5,900 combined in and out of network; then 100% covered	\$3,000 combined in and out of network; then 100% covered