## 2024 Plan Highlights

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### **EssentiaCare Medicare Plans**

UCare and Essentia Health formed a partnership to offer EssentiaCare health plans to Medicareeligible individuals in Minnesota and northern Wisconsin. Three plan options are available.

<b>UCare product</b>	Eligibility	Service area	Network
EssentiaCare (Medicare Advantage PPO) plans • Access	Must have Medicare Part A and Part B	Minnesota counties: St. Louis Wisconsin counties: Bayfield, Douglas and Washburn	Essentia Health clinics and hospitals
EssentiaCare (Medicare Advantage PPO) plans • Secure • Grand	Must have Medicare Part A and Part B	Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine and St. Louis Wisconsin counties: Bayfield, Douglas and Washburn	Essentia Health clinics and hospitals

EssentiaCare is a Medicare Advantage and Preferred Provider Organization (PPO) plan. EssentiaCare plans combine medical care from Essentia Health providers and health coverage from UCare. They are comprehensive Medicare plans that offer many extras, including dental and prescription drug coverage.

#### **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

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.

#### Newsletter sign up

Join our email list at 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	EssentiaCare Access	EssentiaCare Secure	EssentiaCare Grand
Primary care visits	\$10 copay	\$0 copay	\$0 copay
Specialist office visits	\$50 copay	\$45 copay	\$30 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests, radiation therapy and x-rays	20% coinsurance	10% coinsurance up to a maximum of \$150 per day	10% coinsurance up to a maximum of \$50 per day
Inpatient hospital care	\$300 copay per day for days 1-5, then 100% covered	\$300 copay per day for days 1-5, then 100% covered	\$250 copay per stay (not per day), then 100% covered
Emergency care	\$100 copay		
Urgent care	\$45 copay		
Medicare Part D prescription drug coverage Copays based on drug tiers/standard and preferred pharmacies	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%
Preventive dental coverage	\$900 combined yearly allowance for dental, vision and hearing	Routine and restorative dental coverage at no additional cost. Optional coverage available.	Routine and restorative dental coverage at no additional cost. Optional coverage available.
Vision coverage	\$0 copay for annual routine eye exam \$900 combined annual allowance for dental, vision and hearing	\$0 copay for annual routine eye exam \$100 annual allowance for eyeglasses or contacts	\$0 copay for annual routine eye exam \$200 annual allowance for eyeglasses or contacts
Hearing coverage	\$0 copay for routine hearing exam \$900 combined annual allowance for dental, vision and hearing	\$0 copay for routine hearing exam  No hearing aid benefit	\$0 copay for routine hearing exam \$500 annual allowance for hearing aids
Out-of-pocket maximum in network	\$4,400; then 100% covered	\$4,500; then 100% covered	\$3,000; then 100% covered

