2024 Plan Highlights



UCare Individual & Family Plans

UCare Individual & Family Plans 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 (Qualified Health Plan) Plan options:	 Individuals and families who: Live in the UCare Individual & Family Plans service area Are U.S. citizens or lawfully present and Minnesota residents Not incarcerated at the time of enrollment Not enrolled in certain Medicare programs Core plan only available to those under 30 years of age or eligible for a hardship exemption 	Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nicollet, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Washington, Wilkin, Winona, Wright and Yellow Medicine	All UCare network providers

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.

Sign up for email updates

Join our email list at <u>ucare.org/providers</u> 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 Core	UCare Bronze	UCare Bronze Access	UCare Silver Standard Rx	UCare Gold Standard Rx	UCare Gold Access	UCare Bronze HSA	UCare Silver HSA		
Deductible*	\$9,450	\$5,500	\$8,000	\$2,500	\$950	\$1,700	\$8,050	\$3,200		
Preventive care**	No charge									
Primary Care Visit	\$30 copay for first three office visits, then 0% coinsurance after deductible	\$60 copay for first three office visits, then 35% after deductible	\$60 copay for first three office visits, then 45% after deductible	\$40 copay (unlimited), \$0 if telehealth	\$20 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 office visits, then 35% after deductible (both)	\$60 copay for first three office visits, then 45% after deductible (both)	\$95 copay (unlimited) (both)	\$35 copay (unlimited) (both)	Specialty - \$35 copay (unlimited) Urgent - 20% coinsurance after deductible	0% coinsurance after deductible (both)	25% coinsurance after deductible (both)		
Convenience/retail clinics	No charge	No charge	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	\$60 copay for first three office visits, then 45% after deductible	\$40 copay (unlimited), \$0 if telehealth	\$20 copay (unlimited)	\$20 copay (unlimited)	0% coinsurance after deductible	25% coinsurance after deductible		
Diagnostic tests	0% coinsurance after deductible	35% coinsurance after deductible	45% coinsurance after deductible	30% coinsurance after deductible	20% 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	45% coinsurance after deductible	30% coinsurance after deductible	20% 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	45% coinsurance after deductible	30% coinsurance after deductible	20% 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	45% coinsurance after deductible	30% coinsurance after deductible	\$500 copay for the first visit, then 20% after deductible	20% coinsurance after deductible	0% coinsurance after deductible	25% coinsurance after deductible		
Pediatric dental check-up***	No charge									
Pediatric eye exam (annual)	No charge									
Prescription Drugs		See member contract and formulary (https://www.ucare.org/member-documents) for information on preferred/non-preferred generic and brand drugs.								
Maximum out-of- pocket	\$9,450	\$9,100	\$9,450	\$8,400	\$7,400	\$8,000	\$8,050	\$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/uspstf/recommendation-topics/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 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/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 https://www.uspreventiveservicestaskforce.org/uspstf/recommendations to the state of the preventive services at a state of the preventive services at a

