# **2024 Plan Highlights**



## **UCare Medicare Plans with M Health Fairview & North Memorial**

UCare offers a range of Medicare Advantage plans to meet the health care needs and budgets of our Medicare-eligible members.

| ligibility                             | Service area (MN counties)                                            | Network                                                                                                             |
|----------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1ust have Medicare<br>art A and Part B | Anoka, Chisago, Dakota,<br>Hennepin, Isanti, Ramsey<br>and Washington | M Health Fairview and<br>North Memorial<br>Health, UMN Health,<br>Entira Family Clinics<br>and Voyage<br>Healthcare |
| 1u                                     | st have Medicare                                                      | st have Medicare t A and Part B (MN counties)  Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey                     |

UCare Medicare Plans with M Health Fairview & North Memorial are Medicare Advantage and Health Maintenance Organization Point of Service (HMO-POS) plans. UCare Medicare Plans with M Health Fairview & North Memorial plans combine medical care from M Health Fairview & North Memorial providers and health coverage from UCare. These plans offer dental and prescription drug coverage.

## **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

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                              | Care Wise                                                                                                                         | Care Core                                                                                                                         |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Primary care visits                             | \$0 copay                                                                                                                         |                                                                                                                                   |  |
| Specialist office visits                        | \$45 copay                                                                                                                        | \$40 copay                                                                                                                        |  |
| Diagnostic tests and x-rays                     | 20% coinsurance                                                                                                                   | 10% coinsurance up to a maximum of \$150 per day                                                                                  |  |
| Inpatient hospital care                         | \$350 copay per day for days 1-5, then<br>100% covered                                                                            | \$250 copay per day for days 1-5, then<br>100% covered                                                                            |  |
| Emergency care                                  | \$100 copay                                                                                                                       |                                                                                                                                   |  |
| Urgent care                                     | \$45 copay                                                                                                                        |                                                                                                                                   |  |
| Outpatient mental health care                   | \$0 copay                                                                                                                         |                                                                                                                                   |  |
| Medicare Part D prescription drug coverage      | Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 25% Copays based on drug tiers/standard and preferred pharmacies | Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28% Copays based on drug tiers/standard and preferred pharmacies |  |
| Preventive dental coverage                      | Covered up to \$850<br>allowance limit                                                                                            | Routine and restorative dental coverage at no additional cost. Dental coverage up to \$2,000 max per year.                        |  |
| Vision coverage                                 | \$0 copay for annual routine eye exam<br>\$100 annual allowance for eyeglasses or contacts                                        |                                                                                                                                   |  |
| Hearing coverage *TruHearing brand hearing aids | \$0 copay for routine exam<br>\$699 to \$999 for hearing aids*                                                                    |                                                                                                                                   |  |
| Out-of-pocket maximum in network                | \$5,800; then 100% covered                                                                                                        | \$5,500; then 100% covered                                                                                                        |  |

