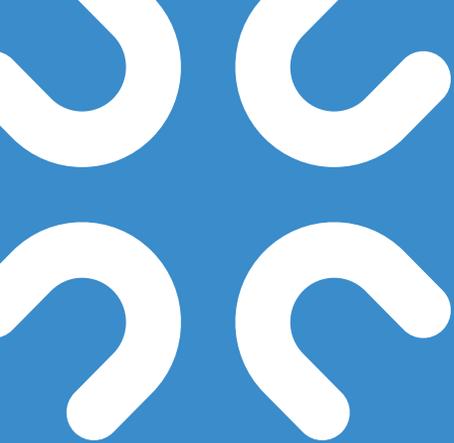


2022 UCare Individual & Family Plans

For Minnesotans who buy health
coverage on their own





Health plan simplifiers

UCare health plan simplifiers can help you pick a plan that fits your needs and budget. We've been the top plan on MNsure for the last five years and have been serving families like yours since 1984. When you choose UCare's Individual & Family Plans, you join more than 50,000 Minnesotans who count on us to sort through the details and simplify their health plan options — no matter the situation.

Contact our health plan figure-outers 8 am – 5 pm. Monday – Friday for help comparing plans, understanding your options and choosing the plan that's right for you.

1-855-307-6975 (TTY 1-800-688-2534) | ifpsales@ucare.org | ucare.org/ifp

Find a broker in your area

Brokers can help you select a health plan and enroll on MNsure. Find an independent broker who works with UCare at ucare.org/ifp-brokers.

Enroll on MNsure

Go to mnsure.org to see if you qualify for a subsidy — most do, with the average household saving \$507 each month — and enroll in your UCare plan. Even if you didn't previously qualify for a subsidy, you now may due to recent federal changes.

UCare Individual & Family Plans

Around the state, our plans offer:

- Some of the lowest rates so you can save on your monthly premium and get more for your money
- A large network of health providers so you can keep your doctor
- A variety of plans and coverage levels that offer flexibility to best suit your lifestyle, like plans with unlimited copays for primary and specialty care visits if you need regular care
- Online and convenience care at no additional cost* so you can save a trip to the doctor
- In-network preventive care covered at 100%
- Valuable member perks like reimbursements for gym memberships, savings up to \$200 each month on healthy groceries, support and resources through member assistance programs and more!

*Online and convenience care are available at no additional cost with copay plans but require payment for HSA-compatible plans.

**Ranked #1 on MNsure
five years running,
with more than twice
as many members as
other plans.**



A health plan with one of the largest networks across the state

From broad to focused health care networks, UCare Individual & Family Plans are available in 77 counties across Minnesota. We offer one of the largest networks in the metro area and beyond.

Broad network

Our broad network includes more than 47,000 primary and specialty care doctors and clinics from these and other health providers across most of the state:

- Allina Health
- Altru Health System
- Avera Health System
- Carris Health
- CentraHealth
- Essentia Health
- Gundersen Health System
- Hennepin Healthcare
- Lake Region Healthcare
- M Health Fairview
- Mayo Clinic*
- Mayo Clinic Health System
- Northfield Hospital and Clinics
- Olmsted Medical Center
- Park Nicollet Clinics
- Sanford Health
- St. Luke's
- Winona Health

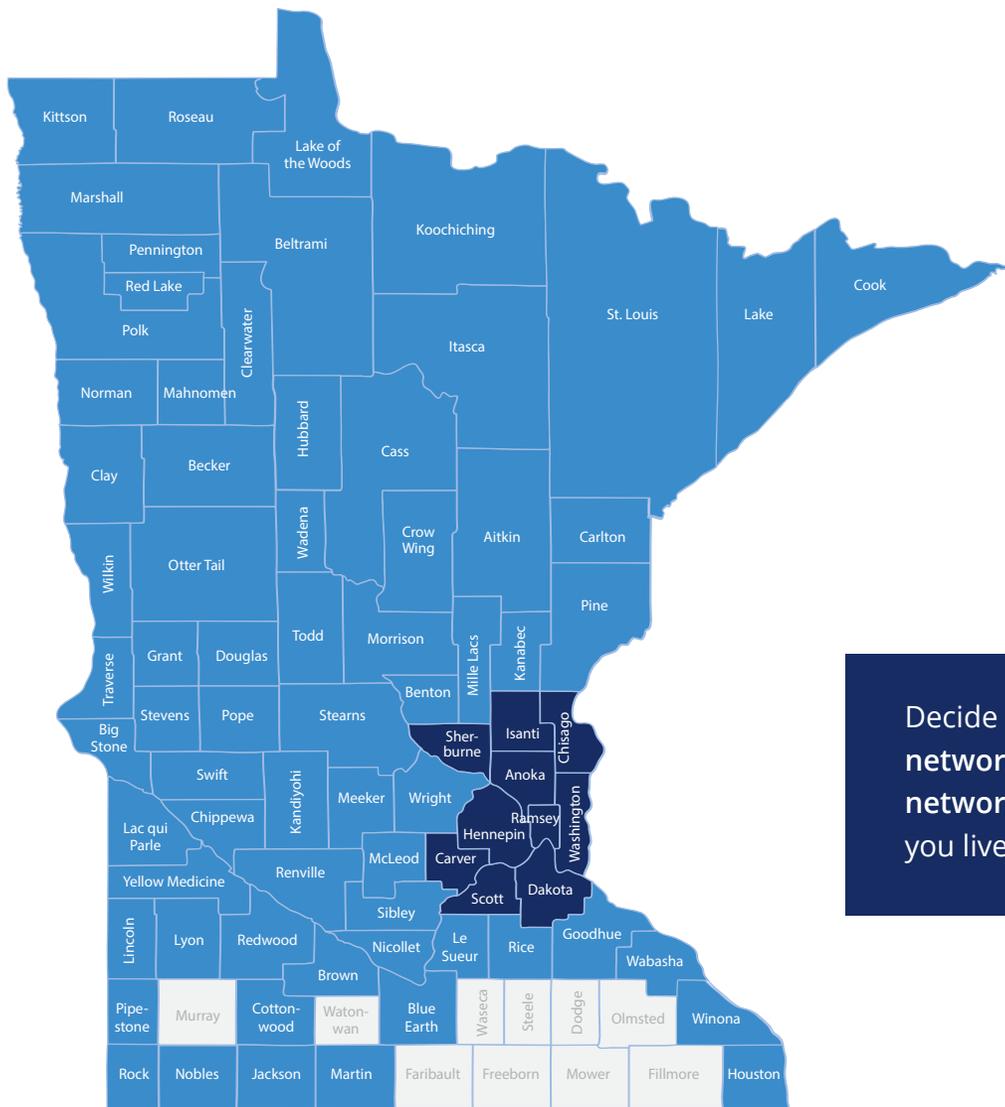
*Specialty care for rare, complex and serious conditions is available for broad network members at Mayo Clinic in Rochester by referral from a health care provider and with prior authorization obtained from UCare Clinical Services.

Focused network

If you're in the 10-county metro area surrounding the Twin Cities, choose between our broad or more focused network with M Health Fairview.

The **focused M Health Fairview network** gives you access to this leading health system with coordinated care across 122 primary care clinics, 460 specialty care clinics and 11 hospitals as well as specialists at the University of Minnesota and other independent providers in the network.

Health plans with a more focused network offer less expensive monthly premiums in exchange for a more localized provider network.



Decide between UCare's broad network or our more focused network with M Health Fairview, if you live in the 10-county metro.

Service Area

- UCare Individual & Family Plans (**broad network**)
- Choice of UCare Individual & Family Plans (**broad network**) or UCare Individual & Family Plans with M Health Fairview (**focused network**)

Plan comparisons

Compare plans easily by reviewing plan types and cost-sharing levels to find the plan that fits your lifestyle.

Two plan types

- **Copay plans** offer greater upfront protection at a higher premium. They are best if you need ongoing health care in the plan year.
- **HSA-compatible plans** offer a lower monthly premium with greater upfront deductible before the health plan begins to pay for care. These are best if you don't expect large expenses in the plan year or want to maximize tax savings for retirement.

Four cost-sharing levels

“Metal levels” determine how you and your health plan split the cost for care. UCare offers four metal levels for its copay plans and two for its HSA-compatible plans. The greater the metal level, the lower the deductible and higher the premium is, generally.

HSA-compatible plans

	UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview	
	Bronze	Silver
Individual deductible	\$7,050	\$3,000
Family deductible For a family of two or more	\$14,100	\$6,000
Individual out-of-pocket limit	\$7,050	\$6,800
Family out-of-pocket limit For a family of two or more	\$14,100	\$13,600
Preventive care	No charge	No charge
After the deductible		
Office visit / urgent care	0% coinsurance	25% coinsurance
Retail and online visits	0% coinsurance	25% coinsurance
Preferred generic drugs	0% coinsurance	25% coinsurance
Non-preferred generic drugs	0% coinsurance	25% coinsurance
Preferred brand drugs	0% coinsurance	25% coinsurance
Emergency room	0% coinsurance	25% coinsurance
Diagnostic tests	0% coinsurance	25% coinsurance
Hospital stays	0% coinsurance	25% coinsurance

Amounts shown in these charts reflect in-network care. Out-of-pocket costs are greater for care received from a provider who is not in the network.

Copay plans

	UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview			
	Core*	Bronze	Silver	Gold
Individual deductible	\$8,700	\$5,900	\$2,900	\$900
Family deductible For a family of two or more	\$17,400	\$11,800	\$5,800	\$1,800
Individual out-of-pocket limit	\$8,700	\$8,700	\$8,000	\$7,400
Family out-of-pocket limit For a family of two or more	\$17,400	\$17,400	\$16,000	\$14,800
Office visit / urgent care	\$30 copay first three primary care office visits, then 0% after deductible	\$60 copay first three visits, then 35% after deductible	\$40 per primary care visit (unlimited), \$70 copay per specialist visit (unlimited, incl. Urgent Care)	\$20 copay per visit
Retail and online visits	No charge	No charge	No charge	No charge
Preventive care	No charge	No charge	No charge	No charge
Preferred generic drugs	0% coinsurance after the deductible	\$15 copay per prescription. \$30 copay for 90-day supply	\$10 copay per prescription. \$20 copay for 90-day supply	\$5 copay per prescription. \$10 copay for 90-day supply
Non-preferred generic drugs	0% coinsurance after the deductible	\$25 copay per prescription. \$50 copay for 90-day supply	\$20 copay per prescription. \$40 copay for 90-day supply	\$15 copay per prescription. \$30 copay for 90-day supply
Preferred brand drugs	0% coinsurance after the deductible	\$200 copay per prescription	\$175 copay per prescription	\$125 copay per prescription
Emergency room	0% coinsurance after the deductible	35% coinsurance after the deductible	30% coinsurance after the deductible	\$500 first visit, then 20% coinsurance after deductible
Diagnostic tests	0% coinsurance after the deductible	35% coinsurance after the deductible	30% coinsurance after the deductible	20% coinsurance after the deductible
Hospital stays	0% coinsurance after the deductible	35% coinsurance after the deductible	30% coinsurance after the deductible	20% coinsurance after the deductible

*Available only to those who are under age 30 or those with a federal hardship exemption based on coverage being unaffordable.

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው፡ 612-676-6810/1-800-688-2534)።

ບົນລູດໂບນດາ:-နမ့်ကတိၤ ကညိ ကျိၣ်အသိၣ်, နမ့ၣ်န့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၤ နီတမံၤဘျုးသ့ၣ်န့ၣ်လီၤ. ကိး 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អលក់ ក៏អាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).



500 Stinson Blvd
Minneapolis, MN 55413
1-855-307-6975 | TTY 1-800-688-2534
8 am – 5 pm, Monday - Friday
ucare.org/ifp

U7265 (09/2021)