

Compare plans

For services at in-network providers.

	UCare Your Choice	UCare Your Choice Plus	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic
2024 monthly plan premium You must continue to pay your Medicare Part B premium.	\$0	\$56	\$5	\$38	\$83	\$161
Medicare Part B premium giveback	\$39 per month	None	None	None	None	None
Maximum out-of-pocket	\$4,900 combined in- and out-of-network; then 100% covered	\$3,000 combined in- and out-of-network; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$2,800; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Doctor visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$40 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 copay
Inpatient hospital care (per admission)	\$350 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$150 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered
Outpatient hospital or procedure	\$400 copay	\$200 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	Diagnostic tests/procedures \$25 copay Diagnostic radiology \$100 copay Therapeutic radiology \$65 copay Outpatient X-rays \$25 copay	Diagnostic tests/procedures \$20 copay Diagnostic radiology \$75 copay Therapeutic radiology \$65 copay Outpatient X-rays \$15 copay	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 per day	\$0 copay
Coverage when traveling Access to out-of-state providers at in-network rates. See the <i>Summary of Benefits</i> for details.	MultiPlan Network included and out-of-network coverage	MultiPlan Network included and out-of-network coverage	MultiPlan Network and UCare Anywhere SM included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included
Dental coverage See the <i>Summary of Benefits</i> for details	\$1,200 flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	\$2,000 flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	\$600 annual allowance	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available
Hearing services Through TruHearing®	UCare Your Choice members may choose TruHearing as an option through the plan's open network for hearing aids.	UCare Your Choice members may choose TruHearing as an option through the plan's open network for hearing aids.	\$699 copay for Advanced \$999 copay for Premium	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$499 copay for Advanced \$799 copay for Premium
Eyewear allowance			\$150 annual allowance	\$150 annual allowance	\$200 annual allowance	\$200 annual allowance
Over-the-counter allowance	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
Fitness programs	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings
Medicare Part D prescription drug coverage	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$12 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29%	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$35 Tier 4 = \$100 Tier 5 = 33%

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	UCare Value Plus	UCare Value	Care Wise	Care Core
2024 monthly plan premium You must continue to pay your Medicare Part B premium.	\$0	\$19	\$0	\$28
Medicare Part B premium giveback	\$50 per month	None	\$25 per month	None
Maximum out-of-pocket	\$5,500; then 100% covered	\$3,400; then 100% covered	\$5,800; then 100% covered	\$5,500; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Doctor visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$40 copay
Inpatient hospital care (per admission)	\$150 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$350 copay per day (days 1 – 5); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered
Outpatient hospital or procedure	\$250 copay	\$250 copay	\$395 copay	\$250 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$50 per day	20% coinsurance	10% coinsurance up to a maximum of \$150 per day
Coverage when traveling Access to out-of-state providers at in-network rates. See the <i>Summary of Benefits</i> for details.	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network plus out-of-network coverage for certain services	MultiPlan Network plus out-of-network coverage for certain services
Dental coverage See the <i>Summary of Benefits</i> for details	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	\$850 annually	Routine and restorative dental coverage at no additional cost
Hearing services Through TruHearing	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$699 for Advanced Aid \$999 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid
Eyewear allowance	\$100 annual allowance	\$150 annual allowance	\$100 annual allowance	\$100 annual allowance
Over-the-counter allowance	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
Fitness programs	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings	One Pass fitness program or Health Club Savings
Medicare Part D prescription drug coverage	Cannot pair with a standalone Part D plan	Cannot pair with a standalone Part D plan	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Cost shares Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 25%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%

TruHearing is a registered trademark of TruHearing, Inc.

UCare is an HMO-POS/PPO plan with a Medicare contract. Enrollment in UCare depends on contract renewal.

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