

Choose the plan that's right for you.

This chart helps you compare costs and coverage to find a plan that fits your needs and budget. If you'd rather talk through your options with an expert, our Medicare de-complicators are ready to help.



by phone

CURRENT MEMBERS

612-676-6526 or
1-833-951-3183 toll free

8 am – 8 pm,
seven days a week

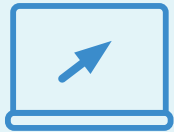
MEDICARE SHOPPERS

612-676-6514 or
1-833-951-3194 toll free

8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

Call a trusted UCare broker near you

TTY users call 612-676-6810 or 1-800-688-2534 toll free



online

COMPARE PLAN BENEFITS

- Look up participating doctors, dentists and pharmacies
- Look up covered prescription drugs

Visit ucare.org/medicare123

MultiPlan is a registered trademark of Multiplan, Inc.

This information is not a complete description of benefits.

UCare Your Choice is a PPO plan with a Medicare contract. Enrollment in UCare Your Choice depends on contract renewal.

Statement 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.

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).



500 Stinson Blvd
Minneapolis, MN 55413

Y0120_8070_11882_092022_M

U11882 (09/2022) METRO — UCare Your Choice Plans

2023 UCare Medicare Advantage Plans

Comparison Chart

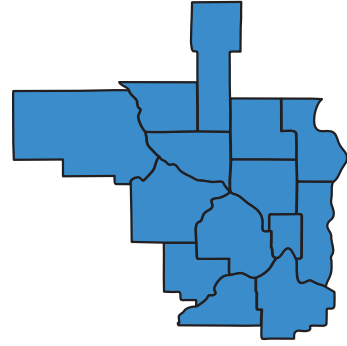
Metro — UCare Your Choice Plans




UCare Your Choice plans available in Metro counties

UCare Your Choice (PPO)*

UCare Your Choice Plus (PPO)*



 Metro counties (including St. Cloud)

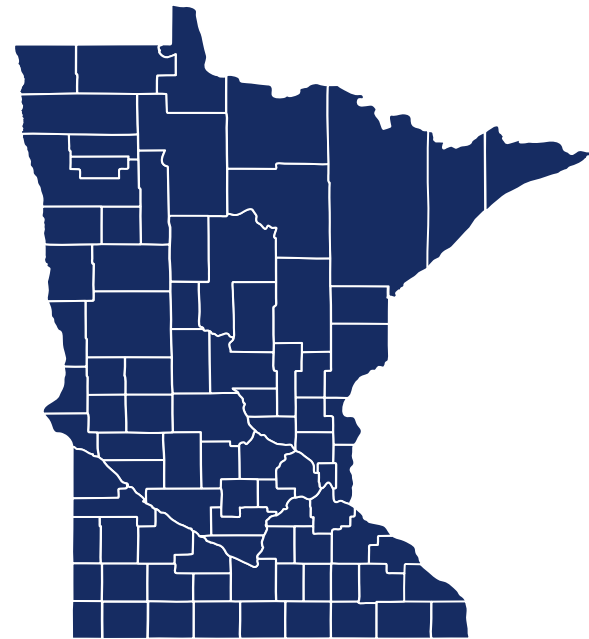
Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright

Coverage area

UCare Your Choice plans include 96% of all Minnesota providers. You can go to any out-of-network provider who accepts Medicare, but you may pay more.

So you're likely covered in the city and at the lake.

Plus, your coverage travels with you at many out-of-state providers in our MultiPlan® national network.



*PPO: Preferred Provider Organization

For more benefit details, please see your *Evidence of Coverage*.

	UCare Your Choice		UCare Your Choice Plus	
	In-network	Out-of-network	In-network	Out-of-network
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0		\$75	
Maximum Out-of-pocket	\$5,900; combined in and out of network then 100% covered		\$3,000 combined in and out of network 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: \$40 copay	Primary: \$0 copay Specialist: \$40 copay	Primary: \$0 copay Specialist: \$30 copay	Primary: \$0 copay Specialist: \$30 copay
Inpatient Hospital Care (per admission)	\$350 copay per day (days 1 – 5); then 100% covered	\$500 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$800 copay per stay (not per day); then 100% covered
Outpatient Hospital or Procedure	\$400 copay	\$600 copay	\$200 copay	\$300 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests (See <i>Summary of Benefits</i> or <i>Evidence of Coverage</i> for more details)	\$25 – \$100 copay	30% coinsurance	\$15 – 75 copay	30% coinsurance
Dental	\$900 flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear		\$1,800 flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	
Prescription Eyewear				
Hearing Aid				
Over-the-counter Benefit	\$75 allowance twice a year	Not covered	\$75 allowance twice a year	Not covered
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply
Fitness Programs	Basic membership	Not covered	Basic membership	Not covered
Medicare Part D Prescription Drug Coverage Cost shares shown at preferred pharmacy rates	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$245 Cost shares Tier 1 = \$0 Tier 2 = \$12 Tier 3 = 25% Tier 4 = 50% Tier 5 = 29%		Annual deductible Tiers 1 – 3 = \$0 Tiers 4 & 5 = \$200 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 29%	