

## 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](https://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

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

# 2023 UCare Medicare Advantage Plans

## Comparison Chart

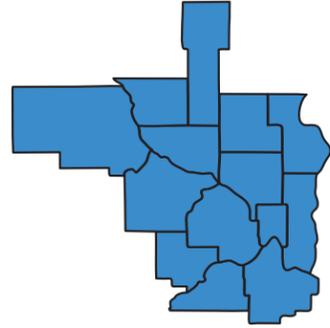
Metro — UCare Your Choice Plans



## UCare Your Choice plans available in Metro counties

UCare Your Choice (PPO)\*

UCare Your Choice Plus (PPO)\*



 Metro counties (including St. Cloud)

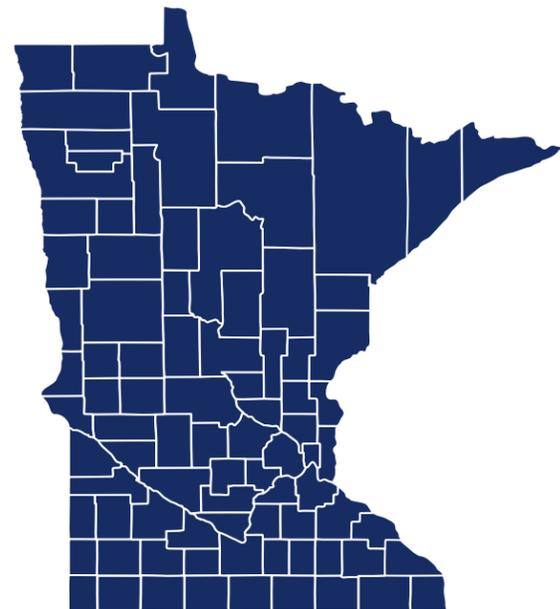
Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright

## 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
<b>2023 Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium	\$0		\$75	
<b>Maximum Out-of-pocket</b>	\$5,900; combined in and out of network then 100% covered		\$3,000 combined in and out of network then 100% covered	
<b>Preventive Care</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Doctor Visits</b> 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
<b>Inpatient Hospital Care</b> (per admission)	\$350 copay per <b>day</b> (days 1 – 5); then 100% covered	\$500 copay per <b>day</b> (days 1 – 5); then 100% covered	\$200 copay per <b>stay</b> (not per day); then 100% covered	\$800 copay per <b>stay</b> (not per day); then 100% covered
<b>Outpatient Hospital or Procedure</b>	\$400 copay	\$600 copay	\$200 copay	\$300 copay
<b>Lab Services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Diagnostic Tests</b> (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
<b>Dental</b>	\$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	
<b>Prescription Eyewear</b>				
<b>Hearing Aid</b>				
<b>Over-the-counter Benefit</b>	\$75 allowance twice a year	Not covered	\$75 allowance twice a year	Not covered
<b>Acupuncture</b> 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
<b>Fitness Programs</b>	Basic membership	Not covered	Basic membership	Not covered
<b>Medicare Part D Prescription Drug Coverage</b> Cost shares shown at preferred pharmacy rates	<b>Annual deductible</b> Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$245  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$12 Tier 3 = 25% Tier 4 = 50% Tier 5 = 29%		<b>Annual deductible</b> Tiers 1 – 3 = \$0 Tiers 4 & 5 = \$200  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 29%	