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.



CURRENT MEMBERS 218-722-4915 or 24 hours a day.

seven days a week

MEDICARE SHOPPERS

218-722-4783 or 1-855-432-7025 toll free 1-855-432-7027 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



COMPARE PLAN BENEFITS

• Look up participating doctors, dentists and pharmacies

• Look up covered prescription drugs



Visit ucare.org/medicare123

This information is not a complete description of benefits.

EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal. Out-of-network/noncontracted providers are under no obligation to treat EssentiaCare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services.

EssentiaCare is a registered trademark of Essentia Health non-profit corporation.

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).

EssentiaCare

Essentia Health + UCare

4310 Menard Drive, Suite 600 Hermantown, MN 55811

500 Stinson Blvd Minneapolis, MN 55413

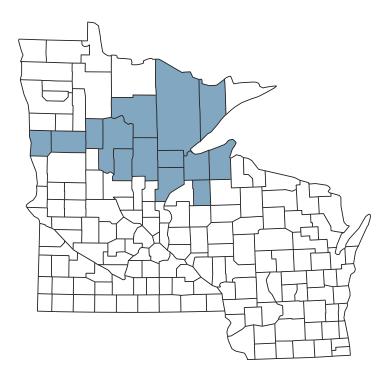
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2023 EssentiaCare Medicare Plans

Comparison Chart





To be eligible for EssentiaCare you must live in one of the following counties:

Minnesota counties

Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine, St. Louis

Wisconsin counties

Bayfield, Douglas, Washburn

Plan options:

EssentiaCare Access (PPO)*

EssentiaCare Access is only available in St. Louis (MN), Bayfield (WI), Douglas (WI) and Washburn (WI) counties.

EssentiaCare Secure (PPO)*

EssentiaCare Grand (PPO)*

For information about plans available in other counties, please call us at 1-855-432-7027, TTY users call 1-800-688-2534, 8 am – 8 pm, seven days a week (Oct. 1 – March 31), 8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

> You can see any provider that accepts Medicare, but you'll pay less when you get care from Essentia Health providers

Coverage when traveling

EssentiaCare plans travel with you whether you're gone for a couple weeks or a few months.

As an EssentiaCare member, here's how it works. In addition to the more than 2,100 Essentia Health providers and its partners, you have access to out-of-state providers with our expanded MultiPlan® national network. At these providers, your plan works the same as in-network — giving you the same great coverage.

EssentiaCare also provides flexibility to see providers out-of-network that accept Medicare, but you may pay more.

Always know that emergencies are covered while traveling in the U.S. and worldwide with a copay.

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

For services at in-network providers.

	Access	
2023 monthly plan premium you must continue to pay your Medicare Part B premium	\$0	
Maximum out-of-pocket	\$4,400; ther 100% covere	
Preventive care	\$0 copay for many service	
Doctor visits in person or telehealth for Medicare-approved services	Primary: \$10 Specialist: \$5	
Inpatient hospital care (per admission)	\$300 copay (days 1–5), th 100% covere	
Outpatient hospital or surgery	\$395 copay	
Lab services	\$0 copay	
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsura	
Coverage when traveling	Out-of-netwo coverage	
Dental coverage (see Summary of Benefits or Brighten Your Smile dental overview brochure for more details)	\$400 flexible allowance to one or a com eligible denta aids and pres eyewear	
Hearing aid allowance		
Eyewear/contacts allowance		
Over-the-counter benefit	\$75 twice a y	
Acupuncture all plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply	
Fitness program	Basic membe	
Medicare Part D prescription drug coverage copays shown at preferred pharmacy rates	Annual deduc Tier 1 = \$0 Tiers 2-5 = \$ Copays: Tier 1 = \$3 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	

		Crond
	Secure	Grand
	\$33	\$93
n ed	\$4,500; then 100% covered	\$3,000; then 100% covered
r 2S	\$O copay for many services	\$0 copay for many services
) copay 50 copay	Primary: \$0 copay Specialist: \$45 copay	Primary: \$0 copay Specialist: \$30 copay
per day hen ed	\$300 copay per day (days 1–5), then 100% covered	\$250 copay per stay (not per day), then 100% covered
	\$350 copay	\$300 copay
	\$O copay	\$O copay
ance	10% coinsurance up to a maximum of \$150 per day	10% coinsurance up to a maximum of \$50 per day
vork	Out-of-network coverage	Out-of-network coverage
e use on nbination of al, hearing scription	Routine dental with optional coverage available	Routine dental with optional coverage available
	Not covered	\$500 annual allowance
	\$100 annual allowance	\$200 annual allowance
year	\$75 twice a year	\$75 twice a year
,	Doctor visit copays apply	Doctor visit copays apply
ership	Basic membership	Basic membership
ctible: \$395	Annual deductible: Tiers 1 & 2 = \$0 Tiers 3–5 = \$345	Annual deductible: Tiers 1–5 = \$0
6	Copays: Tier 1 = \$1 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 27%	Copays: Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 33%