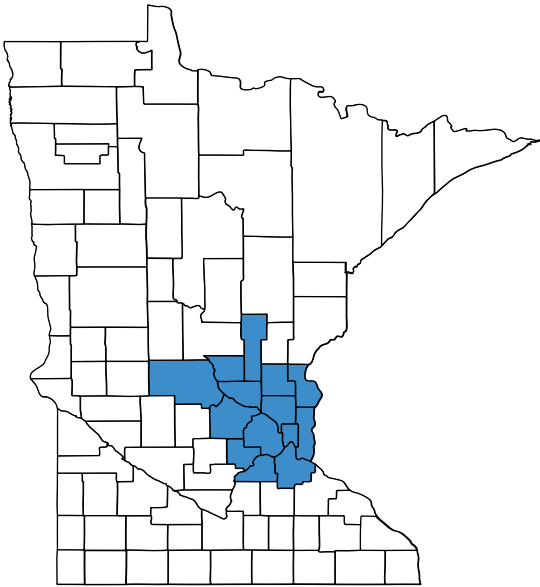




2023 UCare Medicare Advantage Plans

Comparison Chart


Metro



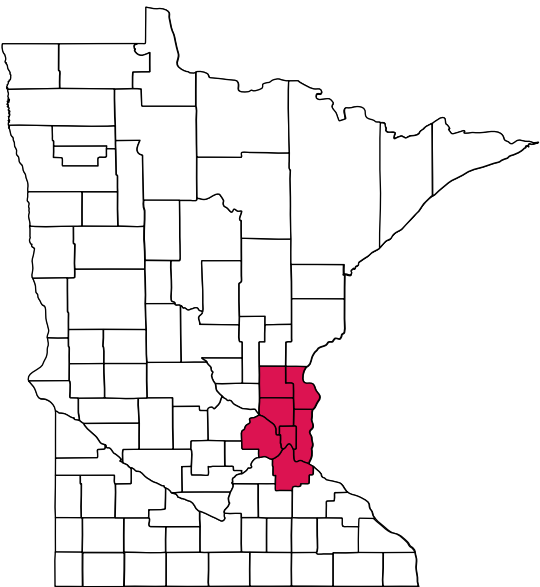
UCare Medicare Plans available in Metro counties

(including St. Cloud)

- UCare Prime (HMO-POS)*
- UCare Aware (HMO-POS)*
- UCare Essentials Rx (HMO-POS)*
- UCare Complete (HMO-POS)*
- UCare Classic (HMO-POS)*
- UCare Value Plus (HMO-POS)*
- UCare Value (HMO-POS)*

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

Provider network features 96% of all Minnesota providers including M Health Fairview and North Memorial Health. Plus, your coverage travels with you at many out-of-state providers in our MultiPlan® national network.



UCare Medicare Plans with M Health Fairview & North Memorial Health

- Care Wise: M Health Fairview & North Memorial (HMO-POS)*
- Care Core: M Health Fairview & North Memorial (HMO-POS)*

 Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Washington

Provider network features M Health Fairview, North Memorial, Voyage Healthcare, Entira Family Clinics and Northwest Family. Plus, your coverage travels with you at many out-of-state providers in our MultiPlan national network.

*HMO-POS: Health Maintenance Organization with a Point-of-Service contract.
MultiPlan is a registered trademark of Multiplan, Inc.

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

612-676-3600 or
1-877-523-1515 toll free

8 am – 8 pm,
seven days a week

MEDICARE SHOPPERS

612-676-3500 or
1-877-523-1518 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

This information is not a complete description of benefits.

UCare Minnesota and UCare Health, Inc. are HMO-POS plans with Medicare contracts. Enrollment in UCare Minnesota and UCare Health depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

TruHearing is a registered trademark of TruHearing, Inc.

MultiPlan is a registered trademark of Multiplan, Inc.

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_2459_0422_8175_082022_1_M

U8175 (09/2022) METRO

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

For services at in-network providers.	UCare Prime	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value	Care Wise	Care Core
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0	\$24	\$52	\$97	\$175	\$0 (includes \$30 reduction on your Part B premium)	\$29	\$0 (includes \$19 reduction on your Part B premium)	\$42
Maximum Out-of-pocket	\$6,000; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$2,800; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered	\$5,800; then 100% covered	\$5,500; then 100% covered
Preventive Care	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services
Doctor Visits In person or telehealth for Medicare-approved services	Primary \$25 copay Specialist \$50 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	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)	\$350 copay per day (days 1 – 5); 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	\$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	\$425 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay	\$395 copay	\$250 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$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	20% coinsurance	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	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 your <i>Summary of Benefits</i> for details.	MultiPlan national network and UCare Anywhere SM included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	Multiplan national network plus out-of-network coverage for certain services	Multiplan national network plus out-of-network coverage for certain services
Dental Coverage (see <i>Summary of Benefits</i> or <i>Brighten Your Smile</i> dental overview brochure for more details)	\$400 annual allowance	\$600 annual allowance	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	\$300 annual allowance	Routine and restorative dental coverage at no additional cost
Over-the-counter Benefit	\$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	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
Hearing Services Through TruHearing®	\$699 copay for Advanced \$999 copay for Premium	\$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	\$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	\$150 annual allowance	\$200 annual allowance	\$200 annual allowance	\$100 annual allowance	\$150 annual allowance	\$100 annual allowance	\$100 annual allowance
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	Doctor visit copays apply 12 additional routine acupuncture visits covered, \$20 copay per visit	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply
Fitness Programs	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership
Medicare Part D Prescription Drug Coverage Copays shown at preferred pharmacy rates	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Copays Tier 1 = \$3 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$345 Copays Tier 1 = \$2 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 27%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$345 Copays Tier 1 = \$2 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 27%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235 Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 29%	Annual deductible Tiers 1 – 5 = \$0 Copays Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$35 Tier 4 = 45% Tier 5 = 33%	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Copays Tier 1 = \$3 Tier 2 = \$15 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$395 Copays Tier 1 = \$3 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 26%