



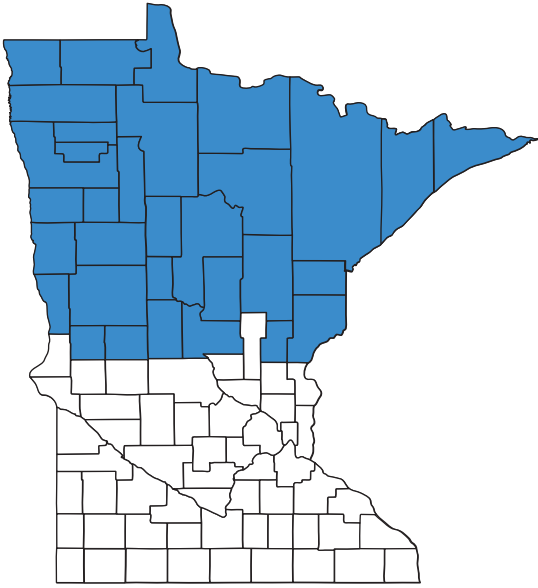
2023 UCare and EssentiaCare Medicare Advantage Plans

Comparison Chart

North



UCare plans available in Northern counties



UCare Prime (HMO-POS)*

UCare Prime is not available in St. Louis county.

UCare Aware (HMO-POS)*

UCare Essentials Rx (HMO-POS)*

UCare Complete (HMO-POS)*

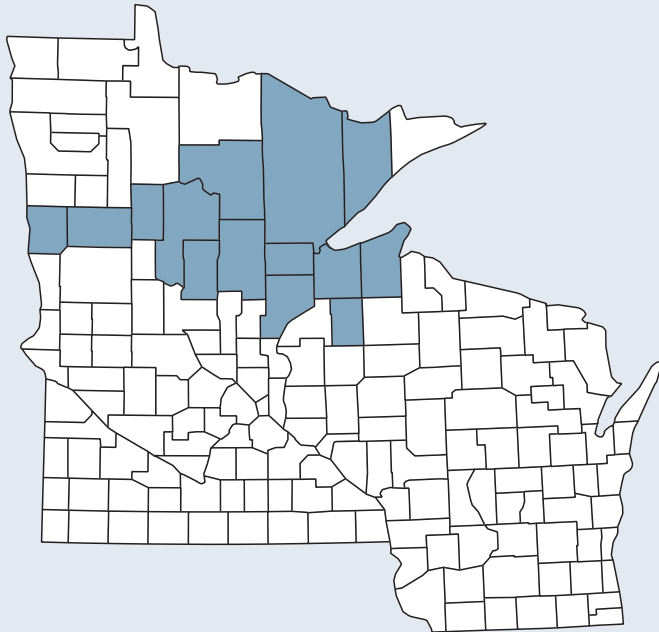
UCare Classic (HMO-POS)*

UCare Classic is only available in Aitkin, Becker, Carlton, Cass, Clay, Cook, Crow Wing, Hubbard, Kanabec, Lake, Morrison, Pine, and St. Louis counties.

UCare Value Plus (HMO-POS)*

UCare Value (HMO-POS)*

■ Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahanomen, Marshall, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Wadena, Wilkin



EssentiaCare plans available in Northern counties

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)**

■ Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine, St. Louis

Wisconsin counties: Bayfield, Douglas, Washburn

*HMO-POS: Health Maintenance Organization with a Point-of-Service contract

**PPO: Preferred Provider Organization

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	EssentiaCare Access	EssentiaCare Secure	EssentiaCare Grand
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0	\$24	\$70	\$102	\$218	\$0 (includes \$30 reduction on your Part B premium)	\$29	\$0	\$33	\$93
Maximum Out-of-pocket	\$6,000; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,200; then 100% covered	\$2,800; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered	\$4,400; then 100% covered	\$4,500; then 100% covered	\$3,000; 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	\$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: \$10 copay Specialist: \$50 copay	Primary: \$0 copay Specialist: \$45 copay	Primary: \$0 copay Specialist: \$30 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	\$300 copay per day (days 1 – 5), then 100% covered	\$300 copay per day (days 1 – 5), then 100% covered	\$250 copay per stay (not per day), then 100% covered
Outpatient Hospital or Procedure	\$425 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay	\$395 copay	\$350 copay	\$300 copay
Lab Services	\$0 copay	\$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	10% coinsurance up to a maximum of \$50 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 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 and out-of-network coverage with providers that accept Medicare	Multiplan national network and out-of-network coverage with providers that accept Medicare	Multiplan national network and out-of-network coverage with providers that accept Medicare
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	\$400 flexible benefit allowance to use on one or a combination of eligible dental services, hearing aids and prescription eyewear	Routine dental with optional coverage available	Routine dental with optional coverage available
HearingServices 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		Not covered	\$500 annual allowance
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	\$200 annual allowance
Over-the-counter Allowance	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year	\$75 twice a year
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	Doctor visit copays apply	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	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 = \$395 Copays: Tier 1 = \$3 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	Annual deductible: Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$345 Copays: Tier 1 = \$1 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 27%	Annual deductible: Tiers 1 – 5 = \$0 Copays: Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 33%

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

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

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).



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