2023 UCare Medicare Advantage Plans

Comparison Chart

South
UCare plans available in Southern counties

UCare Prime (HMO-POS)*
UCare Standard (HMO-POS)*
UCare Complete (HMO-POS)*
UCare Classic (HMO-POS)*
   UCare Classic is only available in Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona counties.
UCare Value Plus (HMO-POS)*
UCare Value (HMO-POS)*

Statewide network

UCare Medicare Plans include 96% of all Minnesota providers.
So you're likely covered at home and everywhere in Minnesota.
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.
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**
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

**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.

TruHearing is a registered trademark of TruHearing, Inc.
MultiPlan is a registered trademark of Multiplan, Inc.
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.

**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).

### Summary of Benefits

**Summary of Benefits**
- **Routine dental with optional UCare Anywhere included**
- **MultiPlan national network and Medicare criteria**
- **Access to out-of-state providers at in-network rates.**

**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**

**Inpatient Hospital Care**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Outpatient Hospital or Procedure**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Diagnostic Tests**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Dental Coverage**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Hearing Services**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Health Club Savings program**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Acupuncture**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Fitness Programs**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Medicare Part D Prescription Drug Coverage**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

### Medicare Part B Premiums

<table>
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<tr>
<th>Plan Type</th>
<th>UCare Prime</th>
<th>UCare Standard</th>
<th>UCare Select</th>
<th>UCare Classic</th>
<th>UCare Value Plus</th>
<th>UCare Value</th>
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<tr>
<td>Premium</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

### Evidence of Coverage

**Medical deductible (most Medicare B services)**
- **$125**

**Maximum Out-of-pocket**
- **$7,500; then 100% covered**
- **$6,000; then 100% covered**
- **$5,300; then 100% covered**
- **$4,200; then 100% covered**
- **$5,500; then 100% covered**
- **$3,400; then 100% covered**

**Preventive Care**
- **$20 copay for many services**
- **$20 copay for many services**
- **$20 copay for many services**
- **$20 copay for many services**
- **$20 copay for many services**
- **$20 copay for many services**

**Doctor Visits**
- **Primary care (22 copay)**
- **Primary care (10 copay)**
- **Primary care (10 copay)**
- **Primary care (10 copay)**
- **Primary care (10 copay)**
- **Primary care (10 copay)**

**Inpatient Hospital Care**
- **$1,500 copay for stay that are not covered**
- **$500 copay per day (stay 1 – 3)**
- **$300 copay per stay (not per stay)**
- **$125 copay per stay (not per stay)**
- **$150 copay per stay (not per stay)**
- **$200 copay per stay (not per stay)**

**Outpatient Hospital or Procedure**
- **$425 copay**
- **$300 copay**
- **$250 copay**
- **$150 copay**
- **$250 copay**
- **$250 copay**

**Lab Services**
- **$30 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Diagnostic Tests**
- **$7,500; then 100% covered**
- **$6,000; then 100% covered**
- **$5,300; then 100% covered**
- **$4,200; then 100% covered**
- **$5,500; then 100% covered**
- **$3,400; then 100% covered**

**Coverage When Traveling**
- **$75 allowance two a year**
- **$75 allowance two a year**
- **$75 allowance two a year**
- **$75 allowance two a year**
- **$75 allowance two a year**
- **$75 allowance two a year**

**Hearing Services**
- **$699 copay for Advanced**
- **$699 copay for Premium**
- **$999 copay for Advanced**
- **$999 copay for Premium**
- **$499 copay for Advanced**
- **$999 copay for Premium**

**Eyewear**
- **$100 annual allowance**
- **$100 annual allowance**
- **$200 annual allowance**
- **$200 annual allowance**
- **$100 annual allowance**
- **$150 annual allowance**

**Eyewear**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**
- **$0 copay**

**Acupuncture**
- **$0 copay**
- **$0 copay**
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- **$0 copay**
- **$0 copay**
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**Fitness Programs**
- **$0 copay**
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**Medicare Part D Prescription Drug Coverage**
- **$0 copay**
- **$0 copay**
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For more benefit details, please see your Evidence of Coverage.