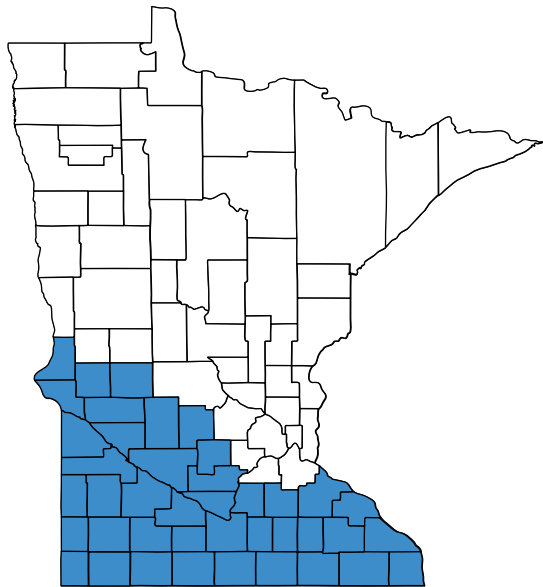




2023 UCare Medicare Advantage Plans

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)*

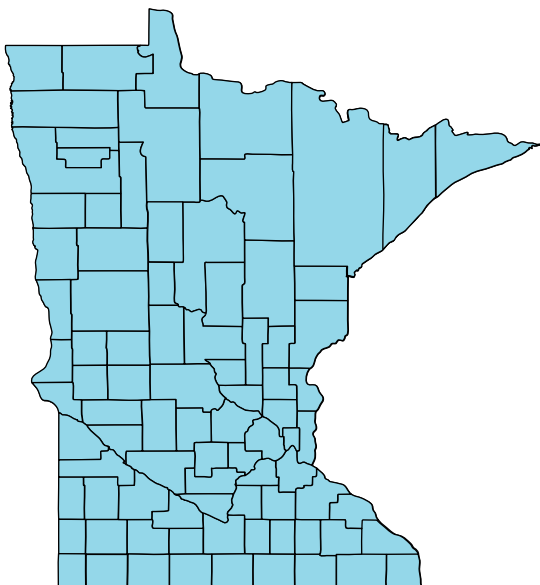
UCare Classic is only available in Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona counties.

UCare Value Plus (HMO-POS)*

UCare Value (HMO-POS)*



Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine



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.



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 contracts. 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).

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

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

For services at in-network providers.

	UCare Prime	UCare Standard	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0	\$80	\$147	\$220	\$0	\$29
Medical deductible (most Medicare B services)	\$198	\$0	\$0	\$0	\$0	\$0
Maximum Out-of-pocket	\$7,550; 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	\$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 \$22 copay Specialist \$50 copay	Primary \$0 copay Specialist \$40 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
Inpatient Hospital Care (per admission)	\$1,500 copay per stay (not per day); then 100% covered	\$500 copay per day (days 1 – 3); then 100% covered	\$300 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
Outpatient Hospital or Procedure	\$425 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Lab Services	\$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	10% coinsurance up to a maximum of \$100 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
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
Dental Coverage (See <i>Summary of Benefits</i> or <i>Brighten Your Smile</i> dental overview brochure for more details)	\$400 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
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
Hearing Services Through TruHearing®	\$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
Eyewear Allowance	\$100 annual allowance	\$100 annual allowance	\$200 annual allowance	\$200 annual allowance	\$100 annual allowance	\$150 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	Doctor visit copays apply
Fitness Programs	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program
Medicare Part D Prescription Drug Coverage Cost sharing shown at preferred pharmacy rates	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Cost sharing Tier 1 = \$3 copay Tier 2 = 20% coinsurance Tier 3 = 20% coinsurance Tier 4 = 50% coinsurance Tier 5 = 25% coinsurance	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Cost sharing Tier 1 = \$3 copay Tier 2 = \$10 copay Tier 3 = 17% coinsurance Tier 4 = 50% coinsurance Tier 5 = 25% coinsurance	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235 Cost sharing Tier 1 = \$0 copay Tier 2 = \$10 copay Tier 3 = \$47 copay Tier 4 = 50% coinsurance Tier 5 = 29% coinsurance	Annual deductible Tiers 1–5 = \$0 Cost sharing Tier 1 = \$0 copay Tier 2 = \$7 copay Tier 3 = \$35 copay Tier 4 = 45% coinsurance Tier 5 = 33% coinsurance	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan