



# UCare Medicare Group Plans

## M Health Fairview Retirees

Effective January 1, 2024 through December 31, 2024

Benefit Category	UCare Group High	UCare Group Core	UCare Group Basic
<b>Premium:</b> monthly, per person	<b>\$342.00</b>	<b>\$177.00</b>	<b>\$79.00</b>
<b>Preventive Care</b> (e.g., physicals, eye & hearing exams, flu shots)	100% coverage	100% coverage	100% coverage
<b>Preventive Dental</b> (at participating dental offices)	100% coverage for 2 oral exams and 3 cleanings per year	100% coverage for 2 oral exams and 3 cleanings per year	100% coverage for 2 oral exams and 3 cleanings per year
<b>Classic Choice Dental</b>	\$25/month	\$25/month	\$25/month
<b>Eyewear</b>	\$200 annual allowance	\$200 annual allowance	\$200 annual allowance
<b>Hearing Aids</b> (TruHearing brand)	\$499 per aid for Advanced Aids \$799 per aid for Premium Aids	\$599 per aid for Advanced Aids \$899 per aid for Premium Aids	\$699 per aid for Advanced Aids \$999 per aid for Premium Aids
<b>Office Visits:</b> <b>Primary Specialist</b>	\$0 copay per visit \$15 copay per visit	\$0 copay per visit \$30 copay per visit	\$0 copay per visit \$40 copay per visit
<b>Inpatient Hospital</b>	\$100 copay per admission	\$125 copay per admission	\$400 copay per admission
<b>Outpatient Surgery</b> <b>Hospital</b> <b>Ambulatory Surgery Center</b>	\$200 copay \$200 copay	\$250 copay \$250 copay	\$250 copay \$250 copay
<b>Outpatient mental health care</b>	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<b>Emergency Services</b> (Worldwide - may travel up to 6 months)	\$50 copay per hospital emergency visit	\$75 copay per hospital emergency visit	\$75 copay per hospital emergency visit
<b>Ambulance Services</b>	\$100 copay	\$100 copay	\$200 copay
<b>Medical Out-of-Pocket Maximum for Part A &amp; B Services</b>	\$2,800 per calendar year Once met, all services are covered 100% for the rest of the year.	\$3,000 per calendar year Once met, all services are covered 100% for the rest of the year.	\$3,400 per calendar year Once met, all services are covered 100% for the rest of the year.

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

Benefit Category	UCare Group High	UCare Group Core	UCare Group Basic
<p><b>Part D Prescription Drug Coverage:</b></p> <p>Annual deductible (No deductible for Tier 1)</p> <p>Tier 1 – Generic drugs</p> <p>Tier 2 – Preferred brand drugs*</p> <p>Tier 3 – Non-preferred drugs*</p> <p>Tier 4 – Specialty drugs</p> <p>Up to a 30-day supply for 1 copay.</p> <p>Up to a 100-day supply for 2 copays through mail order or any network retail pharmacy.</p> <p><b>NOTE:</b> Tier 4 drugs can only be filled for up to a 30-day supply.</p> <p>*Insulin: \$35 copay, no deductible; 1 month supply</p>	<p>\$0</p> <p>\$0 copay</p> <p>\$40 copay</p> <p>\$100 copay</p> <p>30% coinsurance</p> <p>Coverage through the prescription drug gap, or the “donut hole.” Medicare catastrophic drug coverage begins once the <b>\$8,000</b> out-of-pocket costs are met. You will pay nothing during the catastrophic coverage stage.</p>	<p>\$200 for Tiers 2-4</p> <p>\$12 copay</p> <p>\$45 copay</p> <p>\$100 copay</p> <p>25% coinsurance</p> <p>After total yearly drug costs reach <b>\$5,030</b>, Tier 1 Generics will continue to be covered with a \$12 copay and you will pay 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the <b>\$8,000</b> out-of-pocket costs are met. You will pay nothing during the catastrophic coverage stage.</p>	<p>\$345 for Tiers 2-4</p> <p>\$12 copay</p> <p>\$45 copay</p> <p>\$100 copay</p> <p>25% coinsurance</p> <p>After total yearly drug costs reach <b>\$5,030</b> you pay 25% of Tier 1 and Tier 4 Generics and 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the <b>\$8,000</b> out-of-pocket costs are met. You will pay nothing during the catastrophic coverage stage.</p>
<p><b>Medicare Part B Drugs</b></p> <p>*Insulin: \$35 copay, no deductible; 1 month supply</p>	<p>20% coinsurance*</p> <p>Certain drugs may have a lower coinsurance.</p>	<p>20% coinsurance*</p> <p>Certain drugs may have a lower coinsurance.</p>	<p>20% coinsurance*</p> <p>Certain drugs may have a lower coinsurance.</p>
<p><b>Over-the-Counter (OTC)</b></p>	<p>\$75 twice a year</p>	<p>\$75 twice a year</p>	<p>\$75 twice a year</p>
<p><b>Fitness Programs</b></p>	<p>One Pass or Health Club Savings</p>	<p>One Pass or Health Club Savings</p>	<p>One Pass or Health Club Savings</p>

- Service area includes the entire state of Minnesota & 26 counties in western Wisconsin.
- Enrollees must carry both Parts A and B of Medicare; automatic enrollment in Part D.
- See UCare Medicare Group Plans Summary of Benefits for full plan description.
- Website: [www.ucare.org](http://www.ucare.org).

**Contact the UCare Medicare Group Plans Sales Team at:  
612-676-6900 or toll free at 1-877-598-6574 (TTY users: 1-800-688-2534)**

**Email to: [groupsales@ucare.org](mailto:groupsales@ucare.org)**

**We are available 8 am to 8 pm, Monday - Friday.**