



# 2024 Summary of Benefits

UCare Medicare Plans



Our **broadest range of plan choices** includes many extras, and are available with and without Medicare Part D coverage

# Coverage in Minnesota and beyond

## UCare Medicare Plans available in Northern counties

- 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\*)

For information about plans available in other counties, call us at 1-877-671-1058 (TTY users call 1-800-688-2534) 8 am – 8 pm, seven days a week (Oct. 1 – March 31), 8 am – 8 pm, Monday – Friday (April 1 – Sept. 30).

### Coverage area

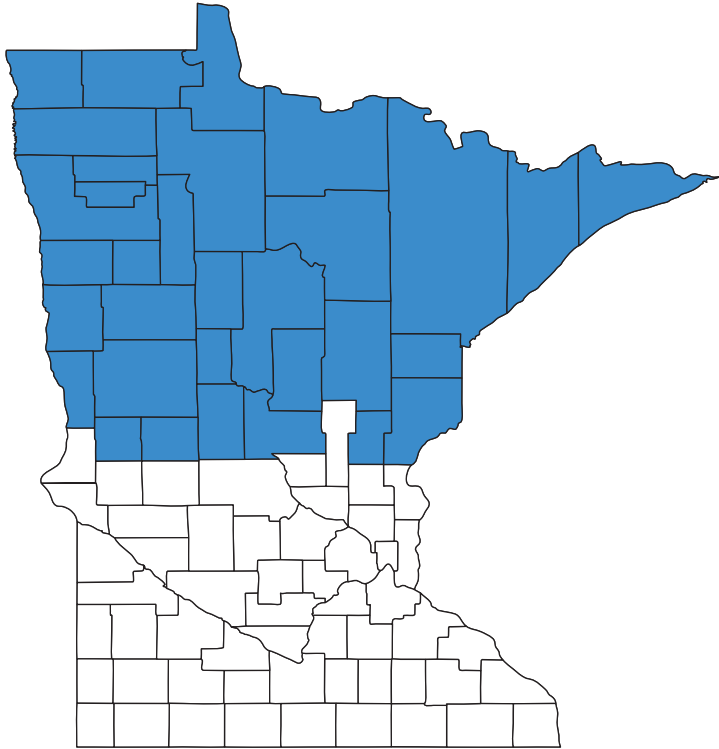
UCare Medicare Plans include 96% of all Minnesota providers statewide. So you're likely covered in the city and at the lake.

Plus, your coverage travels with you at many out-of-state providers in the national MultiPlan Network.

You qualify for Medicare if you are 65 or older or meet special criteria, worked for at least 10 years and paid Medicare taxes (or your spouse did), and are a citizen and a permanent resident of the United States. To join UCare Medicare Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area, shown on the map above.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require prior authorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage. This information is not a complete description of benefits. Call 1-877-671-1058 (TTY users call 1-800-688-2534) for more information.

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



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

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# Plan benefit details

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>2024 monthly plan premium</b> (you must continue to pay your Medicare Part B premium)	\$5	\$56	\$88	\$204	\$0	\$19
Medicare Part B premium giveback	None	None	None	None	\$50	None
Medical deductible	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part D deductible	Tier 1 = \$0 Tiers 2 – 5 = \$295	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235	Tiers 1 – 5 = \$0	Not covered	Not covered
<b>Maximum out-of-pocket</b> The most you will pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium. <b>This is not a deductible.</b>	\$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
<b>Hospital care</b>						
Inpatient hospital care (per admission)	\$250 copay per <b>day</b> (days 1 – 5); then 100% covered	\$400 copay per <b>stay</b> (not per day); then 100% covered	\$150 copay per <b>stay</b> (not per day); then 100% covered	\$125 copay per <b>stay</b> (not per day); then 100% covered	\$150 copay per <b>day</b> (days 1 – 5); then 100% covered	\$200 copay per <b>stay</b> (not per day); then 100% covered
Outpatient hospital or procedure	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Ambulatory surgery center	\$275 copay	\$275 copay	\$225 copay	\$125 copay	\$225 copay	\$225 copay
<b>Doctor visits — in person or telehealth for Medicare-approved services</b>						
Primary	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay
Specialist	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$30 copay <b>Out-of-network</b> \$30 copay	<b>In-network</b> \$20 copay <b>Out-of-network</b> \$20 copay	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$35 copay <b>Out-of-network</b> \$35 copay
E-visits through contracted providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in- and out-of-network for some services.

PREMIUM | MAX OUT-OF-POCKET | HOSPITAL | DOCTOR

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Preventive care</b>						
Routine physical exam	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered
<i>For the next four rows, the \$0 copay applies in-network and out-of-network for all plans.</i>						
"Welcome to Medicare" preventive visit (if in the first 12 months on Part B)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Exam (if you've had Part B for more than 12 months)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Flu and pneumonia vaccines	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Emergency / urgent care — network does not apply</b>						
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgently needed services	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
<b>Diagnostic tests, radiation therapy, X-rays and lab services</b>						
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	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
Lab services (e.g., Protime INR, cholesterol)	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay
<b>Hearing services</b>						
Diagnostic hearing exam	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Annual routine hearing exam, hearing aid fitting and evaluation through TruHearing® (unlimited)	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered
TruHearing aids in both Advanced and Premium models (two different copay amounts; two aids per year)	\$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

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Dental coverage</b>						
Coverage includes	\$600 yearly 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
Premium	Included in your premium at no additional cost	<b>+ \$25</b> per month	Included in your premium at no additional cost	<b>+ \$25</b> per month	<b>+ \$25</b> per month	Included in your premium at no additional cost
Deductible	\$0	\$75 per year	\$100 per year (does not apply to preventive services or periodontal maintenance cleanings)	\$50 per year	\$75 per year	\$75 per year (does not apply to preventive services or periodontal maintenance cleanings)
Annual plan maximum	\$600	\$2,000 <sup>1</sup>	\$2,000	\$2,500 <sup>1</sup>	\$2,000 <sup>1</sup>	\$2,000
Oral examinations	Covered up to \$600 allowance limit	One per year <sup>2</sup> (two total with purchase of optional coverage)	Two per year	Two per year <sup>2</sup>	One per year <sup>2</sup> (two total with purchase of optional coverage)	Two per year
Routine cleanings		One per year <sup>2</sup> (two total with purchase of optional coverage)	Two per year	Three per year <sup>2</sup>	One per year <sup>2</sup> (two total with purchase of optional coverage)	Two per year
X-rays		Annual bitewing <sup>2</sup> (full mouth every five years with purchase of optional coverage)	Annual bitewing and full mouth every five years	Annual bitewing and full mouth every five years <sup>2</sup>	Annual bitewing <sup>2</sup> (full mouth every five years with purchase of optional coverage)	Annual bitewing and full mouth every five years
Fluoride treatment		Covered <sup>2</sup>	Covered	Covered <sup>2</sup>	Covered <sup>2</sup>	Covered
Periodontal maintenance cleanings		One per year <sup>2</sup> (more with purchase of optional coverage)	Covered	Three per year <sup>2</sup>	One per year <sup>2</sup> (more with purchase of optional coverage)	Covered
Basic restorative services (e.g., fillings, root canals, periodontal services)		30% coinsurance with purchase of optional coverage	50% coinsurance	20% coinsurance with purchase of optional coverage	30% coinsurance with purchase of optional coverage	30% coinsurance
Major restorative procedures (e.g., crowns, bridges, implants, dentures)		60% coinsurance with purchase of optional coverage	70% coinsurance	50% coinsurance with purchase of optional coverage	60% coinsurance with purchase of optional coverage	60% coinsurance

<sup>1</sup>Annual plan maximum applies to routine coverage. You get an additional plan maximum of the same amount with optional coverage.

<sup>2</sup>These services are included without purchase of optional coverage and no deductible applies.

For dental limitations and exclusions, see page 19.

The percentages listed above are the percentages that you pay.

Members must be enrolled in plan for 24 consecutive months before coverage applies to bridges, dentures, prosthetics and implants, unless you are enrolled in a plan with a yearly allowance.

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Vision services</b>						
Diagnostic eye exam	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Annual routine eye exam	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered
Prescription eyeglasses or contact lenses after cataract surgery	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual allowance for prescription eyeglasses or contacts at your preferred eyewear retailer	\$150	\$150	\$200	\$200	\$100	\$150
<b>Mental health services</b>						
Inpatient hospital stay (90-day limit per stay) Limited to 190 days in a lifetime in a psychiatric hospital	\$250 copay per <b>day</b> (days 1 – 5); then 100% covered	\$400 copay per <b>stay</b> (not per day); then 100% covered	\$150 copay per <b>stay</b> (not per day); then 100% covered	\$125 copay per <b>stay</b> (not per day); then 100% covered	\$150 copay per <b>day</b> (days 1 – 5); then 100% covered	\$200 copay per <b>stay</b> (not per day); then 100% covered
Outpatient mental health care	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay	<b>In-network</b> \$0 copay <b>Out-of-network</b> \$0 copay
<b>Skilled nursing facility care (or swing bed)<sup>3</sup></b>						
Care in a skilled nursing facility with <b>no prior 3-day hospital stay required</b>	\$0 copay per day for days 1 – 20; \$203 copay per day for days 21 – 100; per benefit period	\$0 copay per day for days 1 – 20; \$203 copay per day for days 21 – 100; per benefit period	\$0 copay per day for days 1 – 20; \$203 copay per day for days 21 – 100; per benefit period	\$0 copay per day for days 1 – 20; \$100 copay per day for days 21 – 100; per benefit period	\$0 copay per day for days 1 – 20; \$203 copay per day for days 21 – 100; per benefit period	\$0 copay per day for days 1 – 20; \$125 copay per day for days 21 – 100; per benefit period
<b>Other services</b>						
Physical therapy	<b>In-network</b> \$40 copay <b>Out-of-network</b> \$40 copay	<b>In-network</b> \$40 copay <b>Out-of-network</b> \$40 copay	<b>In-network</b> \$30 copay <b>Out-of-network</b> \$30 copay	<b>In-network</b> \$20 copay <b>Out-of-network</b> \$20 copay	<b>In-network</b> \$40 copay <b>Out-of-network</b> \$40 copay	<b>In-network</b> \$35 copay <b>Out-of-network</b> \$35 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$275 copay	\$250 copay	\$275 copay	\$225 copay	\$200 copay	\$100 copay
Transportation (non-emergency)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Medicare Part B drugs <sup>4</sup> Generally, drugs that must be administered by a health professional	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

<sup>3</sup>Service requires prior authorization.

<sup>4</sup>Service requires prior authorization. Certain drugs may have a lower coinsurance. You will not pay more than \$35 for a one-month supply of Part B insulin.

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Other services continued</b>						
Chiropractic services through ChiroCare network <sup>5</sup> Manual manipulation of the spine to correct subluxation	<b>In-network</b> \$20 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$20 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$20 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$0 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$20 copay <b>Out-of-network</b> Not covered	<b>In-network</b> \$10 copay <b>Out-of-network</b> Not covered
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)
Podiatry services	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$30 copay <b>Out-of-network</b> \$30 copay	<b>In-network</b> \$20 copay <b>Out-of-network</b> \$20 copay	<b>In-network</b> \$45 copay <b>Out-of-network</b> \$45 copay	<b>In-network</b> \$35 copay <b>Out-of-network</b> \$35 copay
Over-the-counter (OTC) allowance	\$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
Member Assistance Program through M Health Fairview	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Durable medical equipment <sup>5</sup> (e.g., oxygen equipment, CPAP)	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered	<b>In-network</b> 20% coinsurance <b>Out-of-network</b> Not covered
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance
Fitness options	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
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets • Inserts and shoes (insulin and syringes covered under Medicare Part D)	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance	20% coinsurance \$0 copay \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay \$0 copay

<sup>5</sup>Service requires prior authorization.



	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Coverage when traveling</b>						
In addition to being covered at network providers in Minnesota and out-of-state MultiPlan Network providers, you're also covered at providers accepting Medicare at the same copay for some services with UCare Anywhere <sup>SM</sup>						
Primary	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Physical therapy	\$40 copay	\$40 copay	\$30 copay	\$20 copay	\$40 copay	\$35 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab services (e.g., Protime INR, cholesterol)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
E-visits through contracted providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Most other non-emergency services received out-of-network	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgently needed services	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$275 copay	\$250 copay	\$275 copay	\$225 copay	\$200 copay	\$100 copay
<b>Worldwide emergency care (outside the U.S. and its territories)</b>						
Emergency care including post-stabilization	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Ground ambulance to the nearest hospital for emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay

**Note:** Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for services such as air ambulance.



	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Medicare Part D coverage — included with these plan options at no additional premium</b>					<p>Medicare Part D drugs are not covered in UCare Value Plus.</p> <p><b>Note:</b> You CANNOT be a member of this plan and a standalone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other UCare Medicare Plans.</p> <p>These plans are designed for those who have drug coverage through the Veteran's Administration or other programs.</p>	<p>Medicare Part D drugs are not covered in UCare Value.</p> <p><b>Note:</b> You CANNOT be a member of this plan and a standalone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other UCare Medicare Plans.</p> <p>These plans are designed for those who have drug coverage through the Veteran's Administration or other programs.</p>
<b>Cost sharing for deductible:</b> You pay the full cost of your drugs until you reach this amount	Tier 1 = \$0 Tiers 2 – 5 = \$295	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235	Tiers 1 – 5 = \$0		
<b>Initial coverage phase:</b> From \$0 to \$5,030 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below						
<b>Cost sharing (retail)<sup>6</sup></b>						
<b>Tier 1</b> Preferred generic drugs	<b>Retail</b> — 30-day supply \$0 copay	<b>Retail</b> — 30-day supply \$0 copay	<b>Retail</b> — 30-day supply \$0 copay	<b>Retail</b> — 30-day supply \$0 copay		
<b>Tier 2</b> Generic drugs	<b>Retail</b> — 30-day supply \$10 copay	<b>Retail</b> — 30-day supply \$10 copay	<b>Retail</b> — 30-day supply \$10 copay	<b>Retail</b> — 30-day supply \$7 copay		
<b>Tier 3</b> Preferred brand drugs Insulin: \$35 copay, no deductible	<b>Retail</b> — 30-day supply \$47 copay	<b>Retail</b> — 30-day supply \$47 copay	<b>Retail</b> — 30-day supply \$47 copay	<b>Retail</b> — 30-day supply \$35 copay		
<b>Tier 4</b> Non-preferred drugs Insulin: \$35 copay, no deductible	<b>Retail</b> — 30-day supply \$100 copay	<b>Retail</b> — 30-day supply \$100 copay	<b>Retail</b> — 30-day supply \$100 copay	<b>Retail</b> — 30-day supply \$100 copay		
<b>Tier 5</b> Specialty drugs	<b>Retail</b> — 30-day supply 28% coinsurance	<b>Retail</b> — 30-day supply 28% coinsurance	<b>Retail</b> — 30-day supply 29% coinsurance	<b>Retail</b> — 30-day supply 33% coinsurance		
<b>Coverage gap</b>						
Once you have reached \$5,030 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	<b>Tier 1</b> \$0 copay Up to a 30-day supply <b>Tier 2</b> \$7 copay Up to a 30-day supply <b>Tiers 3 – 5</b> 25% of the cost of drugs		
<b>Catastrophic coverage</b>						
Once you have reached \$8,000 in annual prescription drug spending (excluding UCare's cost), you pay \$0	\$0 copay	\$0 copay	\$0 copay	\$0 copay		

<sup>6</sup>Cost sharing may differ based on pharmacy type or status (mail-order, retail, long-term care (LTC), home infusion) or whether the prescription is a 30-, 60-, or extended supply up to 100 days as prescribed by your provider.

**Additional requirements or limits on covered drugs** — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit [ucare.org/medicare123](https://ucare.org/medicare123) to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the UCare Medicare Plans Evidence of Coverage.

### Medication reconciliation

UCare Classic plan members can get help managing medications following hospital discharge. A UCare pharmacist may contact you to review your medications and help you understand how to take them.

# Enrollment

## Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your plan information kit. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

## Forms by mail

We must receive your enrollment application by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period — must be received by 12/7 for a 1/1 effective date).

## Once we receive your enrollment application, you:

- may receive a call from us if any required information is missing from the enrollment form
- will get a letter within 15 days to verify your enrollment
- may receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible
- may receive a letter from us if you are leaving an employer group plan to join our plan
- will get a new member packet
- will get a UCare member identification card that you can begin using on your effective date

Should you require medical services or prescription drugs before you receive your ID card, please call customer service at 1-877-523-1515 (TTY users call 1-800-688-2534).

## How to pay your premiums

You can choose to pay your monthly premium:

- by check
- automatic payment/Electronic Funds Transfer (EFT)
- Social Security or Railroad Retirement Board withdrawal
- online at [member.ucare.org](https://member.ucare.org)

Please do not send payment with your enrollment form.

# 3 ways to enroll



online

[ucare.org/medicare123](https://ucare.org/medicare123)

fast and easy

secure data transfer

save enrollment to finish at later time



by mail

fill out the enrollment form and mail it in the postage-paid envelope



phone

call 1-877-671-1058 to enroll with a licensed Medicare Sales Specialist

call a trusted UCare broker near you

# Additional information

## Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers at different cost-share levels.

Out-of-network/non-contracted providers are under no obligation to treat UCare 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.

## Case Management

UCare Case Management is a short-term (3 – 6 month) telephonic program for members challenged by multiple chronic health conditions. We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. The Case Management team consists of registered nurses whose primary focus is on assisting our members with medical case management needs such as health decision support and disease specific education. The case management team also works with internal and external resources to provide the member with needed support and help with attaining best health outcomes. They conduct care management by phone during business hours.

## Understanding utilization management

### Prior authorization

One way that UCare ensures excellent care is by collaborating with your healthcare professionals to evaluate specific services and procedures. Our goal is to ensure that you receive the best possible care for your individual needs. This Summary of Benefits provides information on the types of care or services that require notification or authorization. It's important to note that this list may change periodically. For instance, some examples of services that require prior approval include spine surgery and home health care.

We offer coverage for certain services listed in the benefits chart only when your doctor or provider obtains advance approval from us. These approved services include inpatient rehabilitation services, genetic and molecular diagnosis tests, lumbar spine surgery, bariatric surgery, vein procedures, bone growth stimulators, and spinal cord stimulators. Other services that require prior authorization and/or notification are marked with a <sup>3,4,5</sup> in the chart.

### Authorization and notification

One of the ways UCare makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and home health care.

### Notification

Hospitals are required to notify UCare if you are admitted to a hospital, long term care facility, or skilled nursing facility. UCare's clinical team will collaborate with your healthcare professionals to ensure you receive the necessary care. If needed, UCare may set up post-hospital care.

### Prior authorization/ preservice review

Before any services can be covered, your healthcare provider must obtain approval from UCare. This applies to providers who are part of the UCare network as well as those who are out-of-network. To determine coverage, UCare's clinical team assesses whether the service is medically necessary, appropriate, and effective for your specific needs. Prior authorization, also known as preservice review, requires your provider to submit information to UCare and request approval before you receive the service. If pre-approval is necessary for the specific service, coverage will only be provided if approval has been granted.

### Urgent/concurrent review

During your stay in a Long-Term Care Facility or Skilled Nursing Facility, urgent concurrent and concurrent reviews may occur. UCare will assess whether your care needs to continue for a longer duration or if alternative care is necessary.

## Post-service review

Post-service review is necessary in case your doctor did not request a pre-service review. It is possible that your claim has already been denied because authorization is required for coverage. Once your doctor submits a review, UCare will carefully evaluate your situation and care plan to ensure that you receive the coverage you are entitled to as a UCare member.

## Appeal

If we deny a request made by you or your doctor for medical services or pharmaceuticals, you or your doctor have the option to appeal our decision. At the time of filing an appeal, you or your doctor may include additional documentation that is relevant to your case. Appeal requests undergo a thorough review by physicians, who assess them considering current medical evidence and your benefit plan. If your appeal is turned down, you will receive guidance on how to proceed with a second-level appeal.

## Learn more

Go to [ucare.org](https://ucare.org) and click on “plan resources.” UCare members can also look up services in their Evidence of Coverage and Annual Notice of Changes documents. These documents note if notification and authorization is required. Every renewal year, members receive an Annual Notice of Changes that explains any changes to their plan benefits.

## Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
- Full-time nursing care in your home

- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services such as basic household assistance, including light housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body part. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation
- Home-delivered meals (except some coverage for members with congestive heart failure in UCare Classic)
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or non prescription contraceptive supplies
- Acupuncture (except for Medicare covered chronic low back pain)
- Naturopath services (uses natural or alternative treatments)

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

## Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime.
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.
- Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

## Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member’s effective date of coverage
6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings

8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member’s effective date. Exception: This exclusion will not apply for any member who has been continuously covered under a UCare Medicare Plan for more than 24 months
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
25. Space maintainers



## Notice of privacy practices

**Effective Date: July 1, 2013**

**Date of Last Review: July 20, 2022**

**This Notice describes how medical information about you\* may be used and disclosed and how you can get access to this information. Please review it carefully.**

*\*In this Notice, “you” means the member and “we” means UCare.*

### Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, PO Box 52, Minneapolis, MN 55440-0052, or by calling our 24 hour Compliance Hotline at 612-676-6525. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

### Why are we telling you this?

UCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

### What do we mean by “information?”

In this Notice, when we talk about “information,” “medical information,” or “health information,” we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

### What kinds of information do we use?

We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, race, ethnicity, language, sexual orientation, gender identity, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

### What do we do with this information?

We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

We do not use or disclose any genetic information, race, ethnicity, language, sexual orientation or gender identity for the purpose of underwriting.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

### Who sees your information?

UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or

for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with the Secretary of the Department of Health and Human Services to investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

### What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. *Please note that while we will try to honor your request, we are not required to agree to your request.*
- You have the right to ask us to send information to you at an address you choose or to request

that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.

- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.
- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013 and was last revised on July 20, 2022.

**How do we protect your information?**

UCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

**What else do you need to know?**

We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call UCare Customer Service at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.

**Notice 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. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

**Oral grievance**

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

**Written grievance**

Mailing Address  
UCare  
Attn: Appeals and Grievances  
PO Box 52  
Minneapolis, MN 55440-0052  
Email: [cag@ucare.org](mailto:cag@ucare.org) Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

TruHearing is a registered trademark of TruHearing, Inc.

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).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သုဂ်ဟ်သး-နမုာ်ကတိၤ ကညီ ကျိာ်အသိၤ. နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢဂ်ဘျုးလၢဂ်စ့ၤ နိတမံၤဘျုးသ့ၤန့ၢ်လိၤ. ကိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

# Plans at a glance



**Kathy**

Kathy is in great health and wants a low premium plan. She's willing to pay a little more if she needs specialty care. UCare Aware offers her excellent value and peace of mind.



**John**

John is in good health and doesn't foresee any large health care expenses. He takes prescription drugs to manage his health. UCare Essentials Rx is a great fit, providing all-in-one coverage for a low premium.



**Betty**

Betty wants low medical and hospital copays and drug coverage at an affordable price. UCare Complete is a perfect fit for her budget and lifestyle. It is an exceptional value and offers additional dental coverage included in her premium.



**Carol**

Carol wants a plan that will cover all the care she needs as she ages, with low or no out-of-pocket costs. UCare Classic gives her peace of mind knowing she'll have the protection she needs today and in the future.



**David**

David is a veteran who gets some of his care and prescriptions through the VA. He also wants an affordable plan with a large provider network. UCare Value Plus also provides a partial refund on his Part B premium.

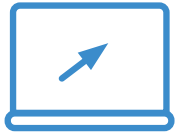


**Rick**

Rick also gets his prescriptions through the VA. But he wants the richer benefits and large provider network UCare Value offers for a small monthly premium. UCare Value is also a good fit for those who choose not to enroll in Part D.

	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
Plan premium (you must continue to pay your Medicare Part B premium)	\$5	\$56	\$88	\$204	\$0	\$19
Medicare Part B premium giveback					\$50	
Medical and hospital	✓	✓	✓	✓	✓	✓
Fitness programs	✓	✓	✓	✓	✓	✓
Dental	✓	✓	✓	✓	✓	✓
Prescription eyewear and hearing aids	✓	✓	✓	✓	✓	✓
Over-the-counter (OTC) allowance	✓	✓	✓	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	✓	✓		
Coverage when traveling	✓	✓	✓	✓	✓	✓
Maximum out-of-pocket	\$5,400	\$3,800	\$3,200	\$2,800	\$5,500	\$3,400

# 3 ways to enroll



## online

**[ucare.org/medicare123](https://ucare.org/medicare123)**

fast and easy

secure data transfer

save enrollment to  
finish at later time



## by mail

fill out the enrollment  
form and mail it in the  
postage-paid envelope



## phone

call 1-877-671-1058  
to enroll with a  
licensed Medicare  
Sales Specialist

call a trusted UCare  
broker near you

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

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



500 Stinson Blvd NE  
Minneapolis, MN 55413  
612-676-6616 | 1-877-671-1058 | TTY 1-800-688-2534  
**[ucare.org](https://ucare.org)**

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