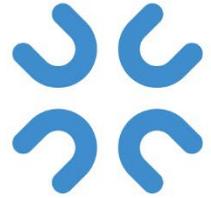


# 2024 Plan Highlights



## UCare Institutional Special Needs Plan

UCare Institutional Special Needs Plans (I-SNP) meet the health care needs and budgets of eligible Medicare members with integrated in-facility primary care and care coordination. Eligible members have either institutional status (live in participating skilled nursing facility) or institutional-equivalent status (live in participating assisted living or memory care but are assessed as needing nursing home level of care).

| UCare product  | Eligibility   | Service area (MN counties)   | Network   |
|--|---|--|---|
| UCare I-SNP Plans <ul style="list-style-type: none"> <li>UCare Advocate Choice (HMO-I-SNP)</li> <li>UCare Advocate Plus (HMO-I-SNP)</li> </ul> | <ul style="list-style-type: none"> <li>Must have Medicare Part A and Part B</li> <li>Receive or qualify for a nursing-home level of care (for 90 days or more) in a participating skilled nursing, assisted living or memory care facility</li> </ul> | Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Douglas, Freeborn, Hennepin, Hubbard, Isanti, Mille Lacs, Morrison, Otter Tail, Pope, Ramsey, Rice, Scott, Sherburne, Stearns, Washington and Wright | The following provide in-facility primary care: <ul style="list-style-type: none"> <li>Genevive</li> <li>Fairview Partners</li> <li>Bluestone Physician Services</li> <li>Lifespark Health</li> <li>CareChoice</li> </ul> For a complete list of facilities, visit: <a href="https://ucare.org/advocate">ucare.org/advocate</a> |

### Resources and contacts for providers

#### Provider Assistance Center

Call 612-676-3300 or 1-888-531-1493 toll-free, 8 am-5 pm, Monday through Friday.

#### [ucare.org/providers](https://ucare.org/providers)

Find information and resources related to authorizations, claims and billing, policies and resources, training and education, our network, credentialing and the Provider Manual. Log in to the provider portal to look up member eligibility, claims, EOPs and authorization status.

#### Newsletter sign up

Join our email list at [ucare.org/providers](https://ucare.org/providers) to receive UCare’s provider newsletters, bulletins and alerts.

**For additional details, see back for overview of benefits and cost share information. Full details are available at [ucare.org/member-documents](https://ucare.org/member-documents).**

| In-network service   | UCare Advocate Choice   | UCare Advocate Plus   |
|--|---|---|
| Primary care visits  | \$0 copay   |   |
| Specialist office visits   | \$0 copay in facility where member lives<br>\$45 copay outside of facility where member lives   | \$0 copay in facility where member lives<br>\$40 copay outside of facility where member lives   |
| Diagnostic services, labs and imaging  | \$0 copay for lab and bloodwork<br>20% coinsurance for diagnostic tests, x-rays, MRIs and CT  | \$0 copay for lab and bloodwork<br>20% coinsurance for diagnostic tests, x-rays, MRIs and CT scans with a \$75 cap  |
| Inpatient hospital care  | \$0 copay per day for days 1-5<br>\$275 copay per day for days 6-10   | \$0 copay per day for days 1-5<br>\$250 copay per day for days 6-10   |
| Emergency care   | \$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)   |   |
| Urgent care  | \$45 copay  |   |
| Outpatient mental health care  | \$0 copay   |   |
| <a href="#">Medicare Part D prescription drug coverage</a>                           | Tier 1 = \$3 copay<br>Tier 2 = \$15 copay<br>Tier 3 = \$47 copay<br>Tier 4 = \$100 copay<br>Tier 5 = 31% coinsurance<br><br>Tiers 1 - 2 = \$0 deductible<br>Tiers 3 - 5 = \$125 deductible<br><br>\$35 cap per month on insulins covered by the plan, no deductible | Tier 1 = \$2 copay<br>Tier 2 = \$12 copay<br>Tier 3 = \$47 copay<br>Tier 4 = \$100 copay<br>Tier 5 = 33% coinsurance<br><br>Tiers 1 - 5 = \$0 deductible<br><br>\$35 cap/month on insulins covered by the plan, no deductible |
| Health promotion   | Rechargeable toothbrush with charger every three years with two replacement heads per year, and Strong & Stable fall prevention kit   |   |
| Support for members with chronic conditions  | Members with COPD or CHF: \$0 copay for nebulizer, \$0 copay for pulse oximeter<br>\$0 copay for telemonitoring scale for members with CHF  |   |
| Hearing services<br>Routine hearing exam and hearing aids are provided by TruHearing | 20% coinsurance for Medicare-covered exams<br>\$0 copay for routine exams<br>\$400 hearing aid allowance<br>\$0 copay for unlimited fittings and evaluations  | 20% coinsurance for Medicare-covered exams<br>\$0 copay for routine exams<br>\$550 hearing aid allowance<br>\$0 copay for unlimited fittings and evaluations  |
| Preventive dental coverage (administered by Delta Dental)                            | Up to \$600 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare   | Up to \$700 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare   |
| Vision coverage  | 20% coinsurance for Medicare-covered exams<br>\$0 copay for a routine exam<br>\$200 annual eyewear allowance  | 20% coinsurance for Medicare-covered exams<br>\$0 copay for a routine exam<br>\$225 annual eyewear allowance  |
| Transportation   | \$500 annual allowance for all modes of transportation or health plans to any approved locations  |   |
| Maximum out-of-pocket  | \$4,500   | \$3,850   |