



2024 Plan Highlights

UCare Medicare Plans - Metro

UCare offers a range of Medicare Advantage plans to meet the health care needs and budgets of our Medicare-eligible members.

UCare product	Eligibility	Service area (MN counties)	Network
UCare Medicare Plans (HMO-POS) <ul style="list-style-type: none"> • Aware • Classic • Complete • Essentials Rx • Value • Value Plus • Group Plans* 	Must have Medicare Part A and Part B	Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington and Wright	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®

UCare Medicare Plans are Health Maintenance Organization Point of Service (HMO-POS) plans. All are Medicare Advantage plans that offer many extras, including dental, vision and hearing. Most plans also include prescription drug coverage.

*UCare Medicare Group Plans are available to public sector and union groups who are required to provide coverage to their retirees. They are also available to employers who choose to provide health plans for their Medicare-eligible retirees.

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

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 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.

In-network services	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
Primary care visits	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical	\$0 copay, \$0 copay annual physical
Specialist office visits	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Inpatient hospital care (per admission)	\$250 copay per day (days 1-5), then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$150 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
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent care	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Medicare Part D prescription drug coverage	Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28% Deductibles Tier 1 = \$0 Tiers 3-5 = \$295	Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28% Deductibles Tiers 1-2 = \$0 Tiers 3-5 = \$295	Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29% Deductibles Tiers 1-2 = \$0 Tiers 3-5 = \$235	Copays Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$35 Tier 4 = \$100 Tier 5 = 33%	Not covered	Not covered
Dental coverage	\$600 yearly allowance	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine and restorative dental coverage at no additional cost. Deductible \$100 (does not apply to routine or periodontal services). Dental coverage up to \$2,000 max per year.	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine dental coverage at no additional cost. Additional optional coverage available.	Routine and restorative dental coverage at no additional cost. Deductible \$75 (does not apply to routine or periodontal services). Dental coverage up to \$2,000 max per year.
Vision coverage	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear	\$0 copay for annual routine eye exam \$200 annual allowance for eyewear	\$0 copay for annual routine eye exam \$200 annual allowance for eyewear	\$0 copay for annual routine eye exam \$100 annual allowance for eyewear	\$0 copay for annual routine eye exam \$150 annual allowance for eyewear
Hearing aid services *TruHearing brand hearing aids	\$0 copay for routine exam \$699 and \$999 for hearing aids*	\$0 copay for routine exam \$699 and \$999 for hearing aids	\$0 copay for routine exam \$599 and \$899 for hearing aids	\$0 copay for routine exam \$499 and \$799 for hearing aids	\$0 copay for routine exam \$699 and \$999 for hearing aids	\$0 copay for routine exam \$599 and \$899 for hearing aids
Out-of-pocket maximum in network	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$2,800; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered