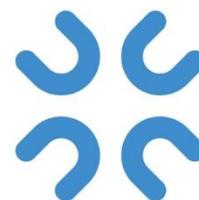


# 2024 Plan Highlights



## UCare Medicare Plans - South

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"> <li>• Complete</li> <li>• Standard</li> <li>• Value</li> <li>• Value Plus</li> <li>• Group Plans*</li> </ul>	Must have Medicare Part A and Part B	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 and Yellow Medicine	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®
UCare Medicare Plans (HMO-POS) <ul style="list-style-type: none"> <li>• Classic</li> </ul>	Must have Medicare Part A and Part B	Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona	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](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 services	UCare Standard	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>Primary care visits</b>	\$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
<b>Specialist office visits</b>	\$40 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
<b>Inpatient hospital care</b>	\$500 copay per <b>day</b> (days 1-3); then 100% covered	\$300 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
<b>Emergency care</b>	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Urgent care</b>	\$40 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay
<b>Outpatient mental health care</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<a href="#"><u>Medicare Part D prescription drug coverage</u></a>	Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 25%  Deductibles Tier 1 = \$0 Tiers 2-5 = \$480	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%  Deductibles Tiers 1-5 = \$0	Not covered	Not covered
<b>Dental coverage</b>	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.
<b>Vision coverage</b>	\$0 copay for annual routine eye exam \$100 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
<b>Hearing aid services</b> *TruHearing brand 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
<b>Out-of-pocket maximum in network</b>	\$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