

2025 Plan Highlights

EssentiaCare Medicare Plans



UCare and Essentia Health formed a partnership to offer EssentiaCare health plans to Medicare-eligible individuals in Minnesota and northern Wisconsin. Three plan options are available.

| UCare product | Eligibility | Service area | Network |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| EssentiaCare (Medicare Advantage PPO) plans <ul style="list-style-type: none">• Access | Must have Medicare Part A and Part B | Minnesota counties: St. Louis Wisconsin counties: Bayfield, Douglas and Washburn | Essentia Health clinics and hospitals |
| EssentiaCare (Medicare Advantage PPO) plans <ul style="list-style-type: none">• Secure• Grand | Must have Medicare Part A and Part B | Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine and St. Louis Wisconsin counties: Bayfield, Douglas and Washburn | Essentia Health clinics and hospitals |

EssentiaCare is a Medicare Advantage and Preferred Provider Organization (PPO) plan. EssentiaCare plans combine medical care from Essentia Health providers and health coverage from UCare. They are comprehensive Medicare plans that offer many extras, including dental and prescription drug coverage.

Resources and contacts for providers

Provider Assistance Center

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 service | EssentiaCare Access | EssentiaCare Secure | EssentiaCare Grand |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Primary care visits | \$10 copay | \$0 copay | \$0 copay |
| Specialist office visits | \$50 copay | \$45 copay | \$30 copay |
| Outpatient mental health care | \$0 copay | | |
| Diagnostic tests, radiation therapy and x-rays | 20% coinsurance | 10% coinsurance up to a maximum of \$150 per day | 10% coinsurance up to a maximum of \$50 per day |
| Inpatient hospital care | \$300 copay per day (days 1-5); then 100% covered | \$300 copay per day (days 1-5); then 100% covered | \$250 copay per stay (not per day); then 100% covered |
| Emergency care | \$100 copay | | |
| Urgently needed services | \$45 copay | | |
| Medicare Part D prescription drug coverage Copays based on drug tiers/standard and preferred pharmacies | Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28% | Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29% | Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33% |
| Preventive dental coverage | \$600 flexible benefit allowance to use on one or combination of eligible dental, hearing aids and prescription eyewear. | Routine dental with optional coverage available. \$2,000 annual plan maximum. | Routine dental with optional coverage available. \$2,000 annual plan maximum. |
| Vision coverage | \$0 copay for annual routine eye exam \$600 flexible allowance to use on one or combination of eligible dental, hearing aids and prescription eyewear. | \$0 copay for annual routine eye exam \$100 annual allowance for eyeglasses or contacts | \$0 copay for annual routine eye exam \$200 annual allowance for eyeglasses or contacts |
| Hearing coverage | \$0 copay for routine hearing exam \$600 flexible allowance to use on one or combination of eligible dental, hearing aids and prescription eyewear. | \$0 copay for routine hearing exam No hearing aid benefit | \$0 copay for routine hearing exam \$500 annual allowance for hearing aids |
| Out-of-pocket maximum in network | \$4,400; then 100% covered | \$4,500; then 100% covered | \$3,000; then 100% covered |