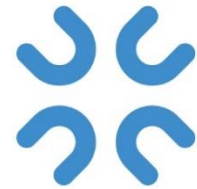


2025 Plan Highlights



UCare Your Choice Plan (PPO)

UCare Your Choice Plans (PPO) meets the health care needs and budgets of eligible Medicare members. This simple and flexible plan design is suitable for individuals with lower health care and prescription drug needs.

UCare product	Eligibility	Service area (MN counties)	Network
UCare Your Choice	Must have Medicare Part A and Part B	All Minnesota Counties	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®
UCare Your Choice Plus	Must have Medicare Part A and Part B	Aitkin, Anoka, Becker, Beltrami, Benton, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Cook, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Wilkin and Wright	All UCare network providers, plus coverage at many out-of-state providers within the MultiPlan Network®

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 service	UCare Your Choice (PPO)	UCare Your Choice Plus (PPO)
Primary care visits	\$0 copay	
Specialist office visits	\$40 copay	\$30 copay
Diagnostic tests/procedures	\$25 copay	\$20 copay
Inpatient hospital care	\$350 copay per day (days 1-5); then 100% covered	\$200 copay per stay (not per day); then 100% covered
Emergency care	\$100 copay	
Urgently needed services	\$45 copay	
Outpatient mental health care	\$0 copay	
Medicare Part D prescription drug coverage	Copays Tier 1 = \$0 Tier 2 = \$12 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33% Deductible Tiers 1 – 5 = \$0	Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33% Deductible Tiers 1 – 5 = \$0
Hearing services	\$0 annual routine hearing exam \$1,200 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear annual flexible	\$0 annual routine hearing exam \$1,600 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear
Dental coverage	\$1,200 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear	\$1,600 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear
Vision coverage	\$0 copay for annual routine eye exam \$1,200 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear	\$0 copay for annual routine eye exam \$1,600 annual flexible benefit allowance for eligible dental, hearing aids or prescription eyewear
Maximum out-of-pocket	\$4,900 combined in and out of network; then 100% covered	\$3,000 combined in and out of network; then 100% covered