

# Compare plans

For services at in-network providers. See the Summary of Benefits for details.

	Medical and Medicare Part D drug coverage				Medical coverage only	
	UCare Your Choice	UCare Standard	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
<b>2025 monthly plan premium</b> You must continue to pay your Medicare Part B premium	\$0	\$38	\$142	\$212	\$0	\$19
<b>Monthly Medicare Part B premium giveback</b>	\$24	None	None	None	\$75	None
<b>Maximum out-of-pocket</b>	\$4,900 combined in- and out-of-network; then 100% covered	\$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
<b>Preventive care</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay for many services	\$0 copay for many services
<b>Doctor visits</b> In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$40 copay	Primary \$0 copay Specialist \$40 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay
<b>Inpatient hospital care</b> (per admission)	\$350 copay per <b>day</b> (days 1 – 5); then 100% covered	\$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>Outpatient hospital or procedure</b>	\$400 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
<b>Outpatient mental health care</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Emergency care</b>	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Lab services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Diagnostic tests</b> (e.g., MRI and CT scans), radiation therapy and X-rays	\$25 – \$100 copay	10% coinsurance up to a maximum of \$100 per day	10% coinsurance up to a maximum of \$75 per day	\$0 copay	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$50 per day
<b>Coverage when traveling</b> Access to out-of-state providers at in-network rates	MultiPlan Network included, plus many benefits covered at in-network rates nationwide	MultiPlan Network and UCare Anywhere <sup>SM</sup> included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included
<b>Dental coverage</b>	\$1,200 annual flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	Routine dental with optional restorative coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional restorative coverage available	Routine dental with optional restorative coverage available	Routine and restorative dental coverage at no additional cost
<b>Hearing services</b> Through TruHearing <sup>®</sup>	UCare Your Choice members may use any hearing aid provider of their choice.	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$499 copay for Advanced \$799 copay for Premium	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium
<b>Eyewear allowance</b>		\$100 annual allowance	\$200 annual allowance	\$200 annual allowance	\$100 annual allowance	\$150 annual allowance
<b>Over-the-counter allowance</b>	\$75 allowance twice a year	\$75 allowance twice a year	\$45 allowance every month	\$50 allowance every month	\$75 allowance twice a year	\$75 allowance twice a year
<b>One Pass fitness program</b>	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more
<b>Medicare Part D prescription drug coverage</b>	<b>Annual deductible</b> Tiers 1 – 5 = \$0  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$12 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	<b>Annual deductible</b> Tier 1 = \$0 Tiers 2 – 5 = \$480  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 27%	<b>Annual deductible</b> Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 30%	<b>Annual deductible</b> Tiers 1 – 5 = \$0  <b>Cost shares</b> Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$35 Tier 4 = \$100 Tier 5 = 33%	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan

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UCare is an HMO-POS/PPO plan with a Medicare contract. Enrollment in UCare depends on contract renewal.

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