

Compare plans

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

	Medical and Medicare Part D drug coverage			
	UCare Your Choice	UCare Your Choice Plus	UCare Aware	UCare Essentials Rx
2025 monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$51	\$6.90	\$20
Monthly Medicare Part B premium giveback	\$24	None	\$20	None
Maximum out-of-pocket The most you may owe on medical costs per year	\$4,900 combined in- and out-of-network; then 100% covered	\$3,000 combined in- and out-of-network; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Doctor visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$40 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$45 copay
Inpatient hospital care (per admission)	\$350 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered	\$400 copay per stay (not per day); then 100% covered
Outpatient hospital or procedure	\$400 copay	\$200 copay	\$300 copay	\$300 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	\$25 – \$100 copay	\$15 – \$75 copay	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 per day
Coverage when traveling Access to out-of-state providers at in-network rates	MultiPlan Network included, plus many benefits covered at in-network rates nationwide	MultiPlan Network included, plus many benefits covered at in-network rates nationwide	MultiPlan Network and UCare Anywhere SM included	MultiPlan Network and UCare Anywhere included
Dental coverage	\$1,200 annual flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear UCare Your Choice members may use any hearing aid provider of their choice.	\$1,600 annual flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear UCare Your Choice Plus members may use any hearing aid provider of their choice.	\$600 annual allowance	Routine dental with optional coverage available
Hearing services Through TruHearing [®]			\$699 copay for Advanced \$999 copay for Premium	\$699 copay for Advanced \$999 copay for Premium
Eyewear allowance			\$150 annual allowance	\$150 annual allowance
Over-the-counter allowance	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
One Pass fitness program	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more
Medicare Part D prescription drug coverage	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$12 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29%

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	Medical and Medicare Part D drug coverage		Medical coverage only	
	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
2025 monthly plan premium You must continue to pay your Medicare Part B premium	\$93	\$156	\$0	\$19
Monthly Medicare Part B premium giveback	None	None	\$75	None
Maximum out-of-pocket The most you may owe on medical costs per year	\$3,000; then 100% covered	\$2,800; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$0 copay for many services	\$0 copay for many services
Doctor visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay
Inpatient hospital care (per admission)	\$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
Outpatient hospital or procedure	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	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
Coverage when traveling Access to out-of-state providers at in-network rates	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included
Dental coverage	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost
Hearing services Through TruHearing	\$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
Eyewear allowance	\$200 annual allowance	\$200 annual allowance	\$100 annual allowance	\$150 annual allowance
Over-the-counter allowance	\$45 allowance every month	\$50 allowance every month	\$75 allowance twice a year	\$75 allowance twice a year
One Pass fitness program	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more	\$0 basic membership and more
Medicare Part D prescription drug coverage	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 30%	Annual deductible Tiers 1 – 5 = \$0 Cost shares 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