

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	UCare Complete	UCare Classic
2025 monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$51	\$6.90	\$38	\$98	\$214
Monthly Medicare Part B premium giveback	\$24	None	\$20	None	None	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	\$3,200; then 100% covered	\$2,800; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$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	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 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	\$150 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered
Outpatient hospital or procedure	\$400 copay	\$200 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$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	10% coinsurance up to a maximum of \$75 per day	\$0 copay
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	MultiPlan Network and UCare Anywhere 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	\$1,600 annual flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	\$600 annual allowance	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available
Hearing services Through TruHearing®	UCare Your Choice members may use any hearing aid provider of their choice.	UCare Your Choice Plus members may use any hearing aid provider of their choice.	\$699 copay for Advanced \$999 copay for Premium	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$499 copay for Advanced \$799 copay for Premium
Eyewear allowance			\$150 annual allowance	\$150 annual allowance	\$200 annual allowance	\$200 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	\$45 allowance per month	\$70 allowance per month
One Pass fitness program	\$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
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%	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%

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	Medical coverage only		Medical and Medicare Part D drug coverage		
	UCare Value Plus	UCare Value	EssentiaCare Access	EssentiaCare Secure	EssentiaCare Grand
2025 monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$19	\$0	\$8	\$62
Monthly Medicare Part B premium giveback	\$75	None	\$11	None	None
Maximum out-of-pocket The most you may owe on medical costs per year	\$5,500; then 100% covered	\$3,400; then 100% covered	\$4,400; then 100% covered	\$4,500; then 100% covered	\$3,000; then 100% covered
Preventive care	\$0 copay for many services	\$0 copay for many services	\$0 copay	\$0 copay	\$0 copay
Doctor visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay	Primary \$10 copay Specialist \$50 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$30 copay
Inpatient hospital care (per admission)	\$150 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$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
Outpatient hospital or procedure	\$250 copay	\$250 copay	\$395 copay	\$350 copay	\$300 copay
Outpatient mental health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$50 per day	20% coinsurance	10% coinsurance up to a maximum of \$150 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	Out-of-network coverage	Out-of-network coverage	Out-of-network coverage
Dental coverage	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	\$600 annual flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	Routine dental with optional coverage available	Routine dental with optional coverage available
Hearing services Through TruHearing	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium		Not covered	\$500 annual allowance
Eyewear allowance	\$100 annual allowance	\$150 annual allowance		\$100 annual allowance	\$200 annual allowance
Over-the-counter allowance	\$75 allowance twice a year	\$75 allowance twice a year	\$50 allowance every month	\$50 allowance every month	\$50 allowance every month
One Pass fitness program	\$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
Medicare Part D prescription drug coverage	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$125 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$95 Cost shares Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 29%	Annual deductible Tiers 1 – 5 = \$0 Cost shares Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%

TruHearing is a registered trademark of TruHearing, Inc. EssentiaCare is a registered trademark of Essentia Health nonprofit corporation. UCare is an HMO-POS/PPO plan with a Medicare contract. Enrollment in UCare depends on contract renewal.