

2024 Comparison Chart

UCare Medicare Advantage Plans

UCare Your Choice and UCare Medicare Plans available in Metro counties

(including St. Cloud)

UCare Your Choice (PPO*)

UCare Your Choice Plus (PPO*)

UCare Aware (HMO-POS**)

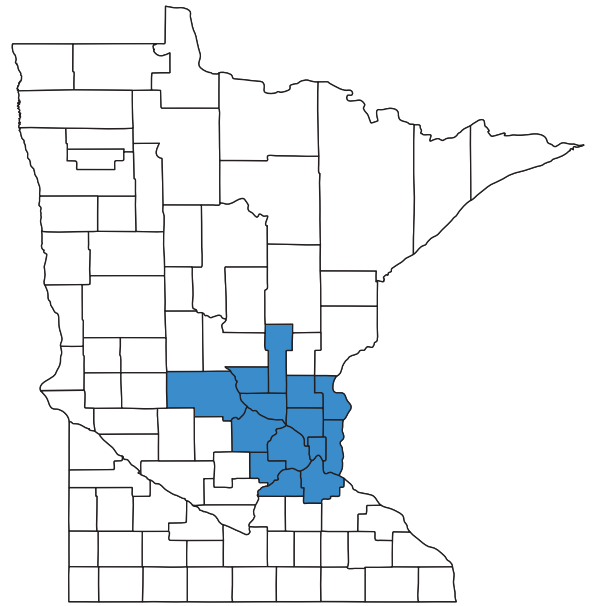
UCare Essentials Rx (HMO-POS**)

UCare Complete (HMO-POS**)

UCare Classic (HMO-POS**)

UCare Value Plus (HMO-POS**)

UCare Value (HMO-POS**)



■ Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright

Coverage area

Provider network features most Minnesota providers including M Health Fairview and North Memorial Health. Plus, your coverage travels with you at many out-of-state providers in the national MultiPlan Network.

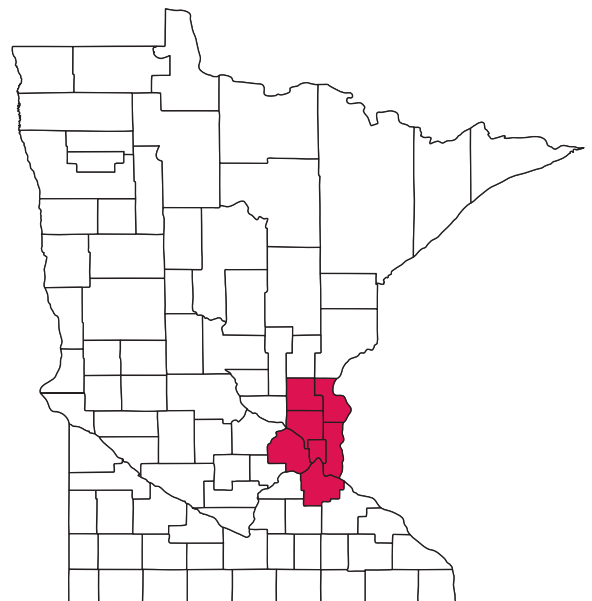
UCare Medicare with M Health Fairview & North Memorial Health

Care Wise: M Health Fairview & North Memorial (HMO-POS**)

Care Core: M Health Fairview & North Memorial (HMO-POS**)

Coverage area

Provider network features M Health Fairview, North Memorial, Voyage Healthcare, Entira Family Clinics and Northwest Family. Plus, your coverage travels with you at many out-of-state providers in the national MultiPlan Network.



■ Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Washington

*PPO: Preferred Provider Organization

**HMO-POS: Health Maintenance Organization with a Point-of-Service contract

For services at in-network providers.	UCare Your Choice	UCare Your Choice Plus	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value	Care Wise	Care Core
2024 monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$56	\$5	\$38	\$83	\$161	\$0	\$19	\$0	\$28
Medicare Part B premium giveback	\$39 per month						\$50 per month		\$25 per month	
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	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$2,800; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered	\$5,800; then 100% covered	\$5,500; then 100% covered
Preventive care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services
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	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$40 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	\$150 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$350 copay per day (days 1 – 5); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered
Outpatient hospital or procedure	\$400 copay	\$200 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay	\$395 copay	\$250 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$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	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
Coverage when traveling Access to out-of-state providers at in-network rates	MultiPlan Network included, plus more	MultiPlan Network included, plus more	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	MultiPlan Network and UCare Anywhere included	MultiPlan Network and UCare Anywhere included	MultiPlan Network plus out-of-network coverage for certain services	MultiPlan Network plus out-of-network coverage for certain services
Dental coverage	\$1,200 flexible benefit allowance to be used for eligible dental, hearing aids or prescription eyewear	\$2,000 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	Routine dental with optional coverage available	Routine dental with optional coverage available	\$850 annual allowance	Routine and restorative dental coverage at no additional cost
Hearing services Through TruHearing®	UCare Your Choice members may choose TruHearing as an option through the plan's open network for hearing aids	UCare Your Choice members may choose TruHearing as an option through the plan's open network for hearing aids	\$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	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$699 for Advanced Aid \$999 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid
Eyewear allowance			\$150 annual allowance	\$150 annual allowance	\$200 annual allowance	\$200 annual allowance	\$100 annual allowance	\$150 annual allowance	\$100 annual allowance	\$100 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	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply 12 additional routine acupuncture visits covered, \$20 copay per visit	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply
One Pass fitness programs	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership	\$0 basic membership
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 = 28%	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 = 28%	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 = 29%	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	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Cost shares Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 25%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$295 Cost shares Tier 1 = \$0 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 28%

Choose the plan that's right for you.

This chart helps you compare costs and coverage to find a plan that fits your needs and budget. If you'd rather talk through your options with an expert, our Medicare de-complicators are ready to help.



by phone

Ask a Medicare de-complicator

612-676-3500 or 1-877-523-1518 toll free

TTY users call 612-676-6810 or 1-800-688-2534 toll free

Call a trusted UCare broker near you



online

Compare plan benefits

- Look up participating doctors, dentists and pharmacies
- Look up covered prescription drugs

Visit ucare.org/medicare123

This information is not a complete description of benefits.

UCare is an HMO-POS/PPO plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

TruHearing is a registered trademark of TruHearing, Inc.

Statement of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

