

UCare Medicare Advantage Plans

2025 Comparison Chart

Coverage in Minnesota and beyond

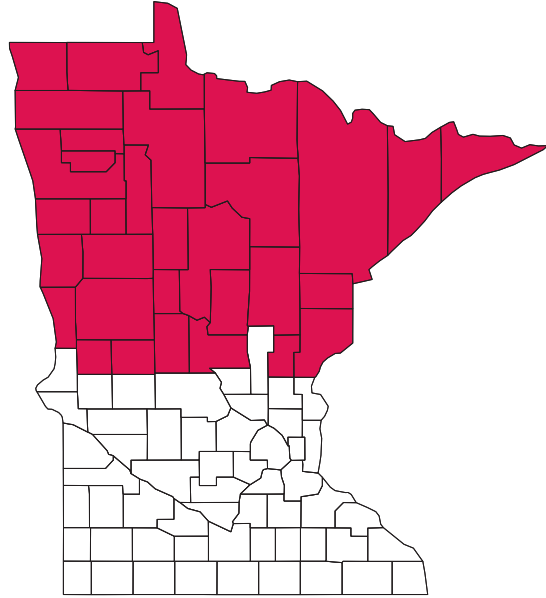
Northern counties

Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Wadena and Wilkin

■ UCare Your Choice Plans (PPO*) available in Northern counties

UCare Your Choice

UCare Your Choice Plus



■ UCare Medicare Plans (HMO-POS**) available in Northern counties

UCare Aware

UCare Essentials Rx

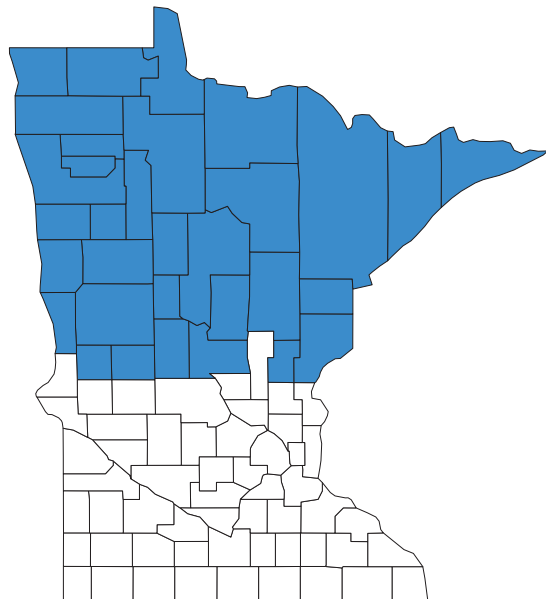
UCare Complete

UCare Classic

UCare Classic is only available in Aitkin, Becker, Carlton, Cass, Clay, Cook, Crow Wing, Hubbard, Kanabec, Lake, Morrison, Pine and St. Louis counties.

UCare Value Plus

UCare Value



Coverage area

Provider network features 97%[†] of all Minnesota medical clinics and hospitals in network. Plus, your coverage travels with you to many participating out-of-state providers.

*PPO: Preferred Provider Organization

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

[†]Based on 2023 CMS data

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 Your Choice Plus	UCare Aware	UCare Essentials Rx	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
2025 monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$51	\$6.90	\$38	\$98	\$214	\$0	\$19
Monthly Medicare Part B premium giveback	\$24	None	\$20	None	None	None	\$75	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	\$5,500; then 100% covered	\$3,400; 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
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
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
Outpatient hospital or procedure	\$400 copay	\$200 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Lab services	\$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
Coverage when traveling Access to out-of-state providers at in-network rates	Out-of-state network included, plus many benefits covered at in-network copays nationwide	Out-of-state network included, plus many benefits covered at in-network copays nationwide	Out-of-state network and UCare Anywhere SM included	Out-of-state network and UCare Anywhere included	Out-of-state network and UCare Anywhere included	Out-of-state network and UCare Anywhere included	Out-of-state network and UCare Anywhere included	Out-of-state 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	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost
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	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium
Eyewear allowance			\$150 annual allowance	\$150 annual allowance	\$200 annual allowance	\$200 annual allowance	\$100 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	\$45 allowance every month	\$70 allowance every month	\$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	Doctor visit copays apply
One Pass fitness programs	\$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	\$0 basic membership and more	\$0 basic membership and more
Medicare Part D prescription drug coverage	Annual deductible Tiers 1 – 5 = \$0 Your cost by tier Tier 1 = \$0 Tier 2 = \$12 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tiers 1 – 5 = \$0 Your cost by tier Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 33%	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$295 Your cost by tier 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 Your cost by tier 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 Your cost by tier Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = \$100 Tier 5 = 30%	Annual deductible Tiers 1 – 5 = \$0 Your cost by tier 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

Choose a 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.



Ask a Medicare de-complicator

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



Compare plan benefits

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

Visit ucare.org/medicare123

TruHearing is a registered trademark of TruHearing, Inc.

This information is not a complete description of benefits.

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

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).

