

New HSA compatible plans

The protection you need with potential tax savings.

UCare now offers HSA-compatible plans. These plans allow you to set aside money in a health savings account to cover health expenses and feature lower premiums.

- Same network options as UCare's other plans
- Choice of coverage levels (silver or bronze) that meets your needs
- Out-of-pocket costs are capped — you are protected against major medical expenses



All UCare Individual & Family Plans offer

- Preventive care covered at no additional cost
- Savings up to \$200 a month on groceries with Healthy Savings®
- Discounts of brand name health products and services with WholeHealth Living™ Choices
- Community education discounts
- Help with quitting tobacco use.
- Retail and online care covered at 100% in-network with copay plans
- For members with diabetes, a \$25-per-month cap on the amount you pay for insulin (if it is included on our drug list.)

[See the plan benefit comparison inside for more details.](#)

UCare Individual & Family Plans

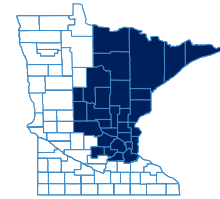
UCare offers a range of plans at some of the lowest rates around

- Core, bronze, silver, and gold plans offer a range of cost-sharing levels
- **New in 2020:** HSA-compatible plans available at the silver or bronze coverage level

[Choose the network that meets your needs](#)

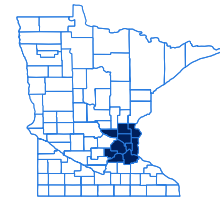
UCare Individual & Family Plans are available in 28 counties in the metro area and northeastern Minnesota

Our network now includes Allina Health, M Health Fairview and Park Nicollet, making it one of the largest networks in the metro area



UCare Individual & Family Plans with M Health Fairview are available in 10 metro area counties

The M Health Fairview network combines the services of Fairview, HealthEast and M Health, giving you access to 10 hospitals and 60 clinics



Questions?

You can compare plans at ucare.org/ifp or call one of our sales representatives for help finding the right plan for you.

Contact us:

612-676-6606 or 1-855-307-6975 toll free
TTY 612-676-6810 or 1-800-688-2534 toll free

We're here from 8 am – 5 pm,
Monday – Friday

Email: IFPSales@ucare.org

When you're ready to enroll, go to MNsured.org to find out whether you qualify for a subsidy and to enroll in your new UCare plan.

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



UCare Individual & Family Plans



U7265 (10/2019)





Ranked #1 on MNsure for three years running, UCare also offers one of the largest networks.



UCare Individual & Family Plans benefit comparison

These charts show basic coverage information for UCare Individual & Family and UCare Individual & Family Plans with M Health Fairview. Find the deductible levels, copays and prescription drug coverage that fit your needs.

Traditional copay plans

	UCARE INDIVIDUAL & FAMILY PLANS				UCARE INDIVIDUAL & FAMILY PLANS WITH M HEALTH FAIRVIEW	
	Core	Bronze	Silver	Gold	Bronze	Silver
Individual deductible	\$8,150	\$5,900	\$2,900	\$900	\$5,900	\$2,900
Family deductible	\$16,300	\$11,800	\$5,800	\$1,800	\$11,800	\$5,800
Individual out-of-pocket limit	\$8,150	\$8,150	\$7,700	\$7,200	\$8,150	\$7,700
Family out-of-pocket limit	\$16,300	\$16,300	\$15,400	\$14,400	\$16,300	\$15,400
Office visit/urgent care	\$30 copay first three primary care office visits, then 0% after deductible	\$60 copay first three office visits, then 30% after deductible	\$30 copay first three office visits, then 30% after deductible	\$20 copay for unlimited visits	\$60 copay first three office visits, then 30% after deductible	\$30 copay first three office visits, then 30% after deductible
Retail and online visits	No charge	No charge	No charge	No charge	No charge	No charge
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Preferred generic drugs	0% after deductible	\$15 copay per prescription. \$30 copay for 90-day supply.	\$10 copay per prescription. \$20 copay for 90-day supply.	\$5 copay per prescription. \$10 copay for 90-day supply.	\$15 copay per prescription. \$30 copay for 90-day supply.	\$10 copay per prescription. \$20 copay for 90-day supply.
Non-preferred generic drugs	0% after deductible	\$25 copay per prescription. \$50 copay for 90-day supply.	\$20 copay per prescription. \$40 copay for 90-day supply.	\$15 copay per prescription. \$30 copay for 90-day supply.	\$25 copay per prescription. \$50 copay for 90-day supply.	\$20 copay per prescription. \$40 copay for 90-day supply.
Preferred brand drugs	0% after deductible	\$200 copay per prescription	\$175 copay per prescription	\$125 copay per prescription	\$200 copay per prescription	\$175 copay per prescription
Emergency room	0% after deductible	30% after deductible	\$250 first visit, then 30% after deductible	\$150 first visit, then 20% after deductible	30% after deductible	\$250 first visit, then 30% after deductible
Diagnostic tests	0% after deductible	30% after deductible	30% after deductible	20% after deductible	30% after deductible	30% after deductible
Hospital stays	0% after deductible	30% after deductible	30% after deductible	20% after deductible	30% after deductible	30% after deductible

Health Savings Account-compatible plans

	UCARE INDIVIDUAL & FAMILY PLANS		UCARE INDIVIDUAL & FAMILY PLANS WITH M HEALTH FAIRVIEW	
	Bronze	Silver	Bronze	Silver
Individual deductible	\$6,800	\$3,300	\$6,800	\$3,300
Family deductible	\$13,600	\$6,600	\$13,600	\$6,600
Individual out-of-pocket limit	\$6,800	\$6,500	\$6,800	\$6,500
Family out-of-pocket limit	\$13,600	\$13,000	\$13,600	\$13,000
Office visit/urgent care	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Retail and online visits	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Preventive care	No charge	No charge	No charge	No charge
Preferred generic drugs	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Non-preferred generic drugs	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Preferred brand drugs	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Emergency room	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Diagnostic tests	0% after deductible	15% after deductible	0% after deductible	15% after deductible
Hospital stays	0% after deductible	15% after deductible	0% after deductible	15% after deductible