

Here's a summary of basic plan information to keep for quick reference.  
For full plan details, refer to your Member Contract.

|  | Your Plan                                  |
|--|--|
| Individual/family deductible                           | \$8,150/\$16,300                           |
| Individual/family maximum out-of-pocket                | \$8,150/\$16,300                           |
| Coinsurance  | 0%   |
| Preventive visits/screenings                           | You pay nothing                            |
| Office visits  | \$30 copay first three primary care visits |
| Convenience care visits<br>(for example, MinuteClinic) | You pay nothing                            |
| Online visits (for example, oncare.org)                | You pay nothing                            |
| Insulin  | \$25 copay per monthly supply              |
| Preferred generic drugs                                | 0% after deductible                        |
| Non-preferred generic drugs                            | 0% after deductible                        |
| Preferred brand drugs                                  | 0% after deductible                        |
| Non-preferred brand/specialty drugs                    | 0% after deductible                        |
| Emergency room visits                                  | 0% after deductible                        |

## Basic health plan definitions

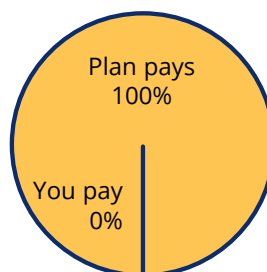
- **Copay:** A fixed amount (for example, \$20) you pay at the time you receive health care services. Copays don't apply toward your deductible, but they do apply to your out-of-pocket limit.
- **Deductible:** The amount you pay out of your own pocket before your plan begins to pay. For example, if your deductible is \$1,000, that's the amount you'll pay before your plan will start to pay. The deductible does not apply to all services.
- **Coinsurance:** The share of costs you're responsible for paying, usually shown as a percentage of the allowed amount for the service. For example, if your plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your health plan pays the rest.

*Look for a full listing of insurance terms at the end of your Member Contract.*

Deductible not yet reached\*



Deductible reached, coinsurance begins



Out-of-pocket limit reached



\*Except for preventive care and some other services. For details see your Member Contract.

# Make the most of your UCare health plan

- **Create a secure member account on our website:** You'll be able to check key plan information like current invoices, claims history, coverage updates, and health and wellness discounts.
- **Healthy Savings:** Download the free app to save up to \$200 a month on healthy foods at participating grocery stores.
- **Community education discounts:** Get up to a \$15 discount on three community education classes in a year. Simply show your UCare member ID card when enrolling in a class.
- **Health club savings:** Work out regularly to receive up to a \$20 reimbursement for monthly health club membership fees.
- **WholeHealth Living® Choices:** Log in to the member website to find discounts for more than 40,000 wellness practitioners who offer services from Tai Chi to massage to nutrition advice. You can also take advantage of discounts on name brand health products.
- **Nurse Line:** Call UCare's Nurse Line at the number on your member ID card for medical advice from a licensed nurse 24/7.

## Frequently asked questions

### How do I know whether to contact MNsure or UCare?

MNsure: 651-539-2099 or 1-855-366-7873  
UCare Customer Service:  
612-676-6600 or 1-877-903-0070  
(TTY) 612-676-6810 or 1-800-688-2534 toll free  
8 am – 5 pm, Monday – Friday

|   |        |
|---|--------|
| To report a change in your household and/or your income | MNsure |
| To request 1095 tax forms                               | MNsure |
| To change or end your health plan coverage              | MNsure |
| To find out if you qualify for subsidies                | MNsure |
| For coverage or payment information                     | UCare  |
| Questions about benefits, claims or provider payments   | UCare  |

### How can I find out if my doctor or clinic is in UCare's network?

Go to [search.ucare.org](https://search.ucare.org). Choose UCare Individual & Family Plans from the drop-down "Pick Your Plan" menu and search for doctors, hospitals and more. You can narrow your search by choosing a specialty, location or other options.

### How will I know if my prescription drugs are covered by my plan?

Go to [search.ucare.org](https://search.ucare.org) for an up-to-date list (also called a formulary) of prescription drugs covered by your plan. Be sure to select "Pharmacies" from the tool bar.

### Am I covered when I travel?

In general, you should see an in-network provider whenever possible. But, if you are traveling and need emergency care, you are still covered by your UCare plan. Be aware that emergency care providers may still bill you for charges that are higher than those allowed by UCare. For non-emergency care UCare's network is limited to Minnesota.

### How can I find out if UCare has received my monthly premium payment?

You can find out if your payment has been received by logging in to your online member account on [ucare.org](https://ucare.org). You'll see the amount currently due, any past due amounts and the dates UCare received your payments.

### How do I keep track of how much I've paid toward my deductible?

When you receive medical services, you'll receive an Explanation of Benefits (EOB) that will include how much you've paid toward your deductible and out-of-pocket limit. You can also find this information by logging in to your online member account on [ucare.org](https://ucare.org).

### What if I still have questions?

Call the Customer Service number on the back of your member ID card.