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

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>UCare Fairview Bronze B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/family deductible</td>
<td>$6,850/13,700</td>
</tr>
<tr>
<td>Individual/family out-of-pocket limit</td>
<td>$7,850/15,700</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
</tr>
<tr>
<td>Preventive visits/screenings</td>
<td>No charge</td>
</tr>
<tr>
<td>Office visits</td>
<td>$60 copay first three visits</td>
</tr>
<tr>
<td>Convenience care visits (for example, MinuteClinic)</td>
<td>No charge</td>
</tr>
<tr>
<td>Online visits (for example, OnCare.org)</td>
<td>No charge</td>
</tr>
<tr>
<td>Preferred generic drugs</td>
<td>$25</td>
</tr>
<tr>
<td>Non-preferred generic/preferred brand drugs</td>
<td>40%</td>
</tr>
<tr>
<td>ER visit</td>
<td>30% coinsurance</td>
</tr>
</tbody>
</table>

Costs shown are in-network. Out-of-network costs may be higher.

**Basic health plan definitions**

**Copayment:** A fixed amount (for example, $20) you pay at the time you receive health care services. Copayments don't apply toward your deductible, but they do apply to your out-of-pocket limit.

**Coinsurance:** Your share of the costs after you've met your deductible. It's shown as a percentage.

**Deductible:** The amount you have to pay for covered services before your plan begins to pay. The deductible does not apply to all services.

**In-network provider:** Doctors, hospitals, clinics and pharmacies that have a contract with UCare to provide services to you.

**Non-network provider:** Doctors, hospitals, clinics and pharmacies that do not have a contract with UCare to provide services to you. You will usually pay more to see a non-network provider.

**Out-of-pocket limit:** The most you'll pay during the year before your plan pays 100% of the cost for covered services. There is no out-of-pocket limit for out-of-network care.

Look for a full listing of insurance terms at the end of your Member Contract.
Make the most of your UCare health plan

- **Create an account on our member website:** You'll be able to check key plan information, like current invoices, coverage details, claims history, and coverage updates, 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 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.

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**Frequently asked questions**

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

- Call MNsure at 651-539-2099 or 1-855-366-7873:
  - To report a change in your household and/or your income
  - To check whether you qualify for subsidies
  - To request 1095 tax forms
  - To change or end your health plan coverage

- Call UCare Customer Services at 612-676-6609 or 1-877-903-0069:
  - For coverage or payment information
  - With questions about benefits, claims or provider payments

**How can I see if my doctor or clinic is in UCare’s network?**

Go to ucare.org and click “Search Network.” Choose UCare Individual & Family plans with Fairview from the drop-down 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 ucare.org/ifp for an up-to-date drug list that includes all the prescription drugs covered by your plan.

**Am I covered when I travel?**

In general, you should see an in-network provider whenever possible. But if you’re traveling and need emergency care, you’re 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.

**How can I see if UCare has received my monthly premium payment?**

You can find out if your payment has been received by logging in to your account on our member website. 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. A print copy will be mailed to you, and you can also find this information by logging in to your member account on ucare.org.

**What if I still have questions?**

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