UCARE COMPLETE

$129

$0 copay for many services

Primary: $0 copay
Specialist: $35 copay

$150 copay per day (days 1-5); then 100% covered

Annual deductible: Tiers 1 & 2 = $0; Tiers 3-5 = $200

Copays based on drug tiers, as low as $3

Free basic membership at 14,000 locations nationwide

$3,000

Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services.

Includes preventive dental additional Classic Choice Dental available for $21 per month

Not covered

Includes preventive dental additional Choice Dental available for $21 per month

Not covered

$0 copay for annual routine eye exam and hearing test
$0 copay for glaucoma screening
$0 copay for diabetic retinopathy exam
$35 copay for diagnostic eye and hearing exams
$100 annual benefit allowance for eyeglasses or contacts at any provider

$0 copay for annual routine eye exam and hearing test
$0 copay for glaucoma screening
$0 copay for diabetic retinopathy exam
$20 copay for diagnostic eye and hearing exams
$150 annual benefit allowance for eyeglasses or contacts at any provider

$0 copay for annual routine eye exam and hearing test
$0 copay for glaucoma screening
$0 copay for diabetic retinopathy exam
$10 copay for diagnostic eye and hearing exams
$500 allowed every 36 months for hearing aids
$150 annual benefit allowance for eyeglasses or contacts at any provider

$0 copay for annual routine eye exam and hearing test
$0 copay for glaucoma screening
$0 copay for diabetic retinopathy exam
$35 copay for diagnostic eye and hearing exams

$3,400

Not covered. You CANNOT be a member of UCare Value and a stand-alone Part D plan at the same time.

$50 copay

$275 copay

$100 copay

$100 copay

$100 copay

$100 copay

$100 copay

$50 copay

$275 copay

$100 copay

$100 copay
Why UCare?

Medicare can feel overwhelming when you're trying to figure it out on your own. UCare can help.

We're the de-complicators. The Medicare de-mystifiers who can tell you what you need to know about Medicare and show you how to pick a plan that's right for you.

UCare is one of the longest serving Medicare Advantage plans in Minnesota. Today, more than 80,000 members trust us to provide their health coverage.

Get the peace of mind you deserve with UCare’s great coverage and affordable prices.

96% Minnesota providers in network with no required referrals

ranks in the TOP 11% of plans nationwide earning 4.5 out of 5 stars*

*Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated yearly and may change from one year to the next.
This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require preauthorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

This information is not a complete description of benefits. Call 1-877-523-1518 or TTY 1-800-688-2534 for more information.

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-489-2048.
your shopping checklist

3 easy steps

☐ enroll in Original Medicare
☐ select the plan that fits my lifestyle
☐ enroll in a UCare Medicare Advantage plan
UCare Medicare Plans
Get all your health benefits in one plan

- travel coverage
- prescription drug coverage
- vision benefits
- fitness options
- dental coverage
- hearing benefits
2019 Summary of Benefits
UCare Medicare Plans Comparison Guide

6 The ABC & D of Medicare
10 Picture yourself in one of our plans
12 Is my plan offered where I live?
13 Is my doctor in the network?
13 Are my prescription drugs covered?
14 Plan benefit details – comparison guide
22 Prescription drug coverage – comparison guide
26 Additional benefits
28 Fitness options
30 Optional dental coverage
33 3 ways to enroll
35 Additional information
40 Benefits highlights
Confused about Medicare? Our team of de-complicators is at your service to answer all your questions. We help you navigate so you can choose the health plan that's right for you.
Understanding the four parts of Medicare

Original Medicare is made up of 2 parts – **Part A** and **Part B**

**Part A** – hospital coverage

Medicare Part A helps pay for inpatient hospital and skilled nursing facility stays, hospice care and home health care.

**Part B** – medical coverage

Medicare Part B helps pay for a wide range of medical expenses including doctor visits, many preventive screenings, lab tests, X-rays, outpatient procedures, mental health services, durable medical equipment and more.

**Part C** – Medicare Advantage Plan

Think of Part C (Medicare Advantage Plan) as a package.

It combines Part A with Part B, then may add special benefits that Medicare does not cover, such as vision and dental care. Many packages even include Part D prescription drug coverage.

Since 1997, people have had the option of getting their Medicare Part A and Part B benefits plus additional coverage all in one package through Medicare Advantage plans.

**Part D** – outpatient prescription drug coverage

Part D is available to anyone enrolled in either Medicare Part A or Part B. Part D can be purchased through two types of health plans: Medicare Advantage plans that include Part D or individual prescription drug plans.

You must choose whether or not to enroll in Part D when you first become eligible for Medicare. Keep in mind that if you decline it, but decide you want this coverage later, you may have to pay a penalty.

Most Part D plans have a monthly premium, and benefits and drug costs that vary by plan. Each health plan publishes a list of covered drugs called a formulary.
When am I eligible for Original Medicare?

You qualify for Medicare if you:

• Are 65 or older or meet special criteria
• Worked for at least 10 years and paid Medicare taxes (or your spouse did)
• Are a citizen and permanent resident of the United States

How do I enroll in Original Medicare?

You may apply online at ssa.gov/medicare, via telephone appointment at 1-800-772-1213 (TTY 1-800-325-0778), or in person at a local Social Security office.

When can I enroll in a Medicare Advantage Plan?

Medicare has limits to when and how often you can change your Medicare Advantage Plan. These specific time frames, called “election periods”, determine when you can enroll in, or voluntarily disenroll from, a Medicare Advantage Plan.

Initial Coverage Election Period (ICEP)

When you become eligible for Medicare (either by age or disability), you may enroll in Original Medicare and a Medicare Advantage Plan during your Initial Coverage Election Period (ICEP). When you enroll during the ICEP, the soonest Medicare allows us to accept your enrollment application is three months before you become eligible.

If you have had Part A and are just applying for Part B, the ICEP is limited to the three months prior to your enrollment in Part B.

<table>
<thead>
<tr>
<th>Example birthday is July 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months before</td>
</tr>
</tbody>
</table>

You have a seven-month period (three months before you turn 65, the month you turn 65, and three months after your birthday month).
When can I make changes to my Medicare coverage?

Annual Election Period (AEP)
Every year between October 15 and December 7, you can make a plan change to be effective on January 1 of the following year. This change may include adding or dropping Medicare Part D.

*Note: Medicare Advantage plans release their rates and benefits for the following year on October 1.*

Special Enrollment Periods (SEPs)
You may qualify for a Special Enrollment Period at any point during the year if you:

- Are losing your current coverage or your plan is no longer offered
- Are leaving or losing coverage through an employer or union (including COBRA)
- Move to an area where your plan isn't offered
- Are on Medical Assistance or no longer qualify for Medical Assistance.
- Receive Extra Help for Medicare Part D

Medicare Advantage Open Enrollment Period (MA-OEP)
During the MA-OEP, Medicare Advantage members may enroll in another Medicare Advantage plan or disenroll from their Medicare Advantage Plan and return to Original Medicare (limited to one change). Individuals may add or drop Part D coverage during this period. Specific time frames apply.

Late enrollment penalties
If you don’t sign up for Part B and Part D when you first become eligible for Medicare, you may pay a penalty if you decide to sign up later. The penalty is added to your monthly premium, and you’ll pay it for as long as you have Part B or Part D coverage. Some exceptions apply.

Now that you know the basics of Medicare, let’s focus on how to shop for a plan
John is in good shape and doesn’t foresee any large expenditures for health care. He wants a plan that gives him all-around coverage in case an old injury flares up, which is why UCare Standard is a great fit. It provides all-in-one coverage that includes Part D at a lower premium.

Betty is exploring Medicare Advantage plans with great coverage at a moderate premium. She finds the cap on annual out-of-pocket expenses quite appealing and is attracted by UCare’s robust benefits. Betty plans to enroll in UCare Complete, an ideal fit for her budget and lifestyle.

*UCare Standard, UCare Classic and UCare Value include dental coverage.
How to choose the right plan

**Understand my costs**
What do I want to pay? Does it fit my budget?
- Copay - a set fee you pay for doctor/clinic visits or prescriptions
- Deductible - the initial amount you pay for health care services
- Coinsurance - the percentage of costs you pay for covered services
- Monthly premium - the amount you pay each month for coverage

**Understand my health care needs**
What I should consider?
- I visit specialists and need a large network of doctors
- I'm healthy and only get yearly check-ups
- I want extras, like fitness benefits and dental coverage
- I want my plan to include prescription drug coverage

**Understand which plan is best for me**
Whatever your health care needs, budget or lifestyle, UCare has a plan for you. Get all the right benefits at the right price. Which plan below fits you best?

---

**UCare Classic**
Suzanne is shopping for a comprehensive plan with a full suite of benefits and little or no out-of-pocket expenses for each visit and prescription. In the long run, she believes she'll save money and won't have to scrimp on getting the health care she needs with UCare Classic.

**UCare Total**
David's attracted to the abundance of benefits and low out-of-pocket expenses offered by UCare. He is willing to pay a higher premium since he can access a rich suite of benefits with UCare Total, the most comprehensive UCare Medicare Advantage plan.

**UCare Value**
Rick is a veteran who gets most of his care and all his prescriptions at the VA. He wants access to a larger network and the ability to see a specialist of his choice. He is looking for dental* and health club coverage and a plan with an affordable premium, like UCare Value.
Is my plan offered where I live?

UCare Medicare Plan Options†

Standard (HMO-POS)*
Complete (HMO-POS)*
Classic (HMO-POS)*
Total (HMO-POS)*
Value (HMO-POS)*

Counties
Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine

Classic plans are only available in Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona counties

For more information about plans available in other counties, please call a licensed Medicare Sales Specialist at 1-877-523-1518, TTY: 1-800-688-2534, 8 am – 8 pm daily.

* (HMO-POS) - Health Maintenance Organization with a Point-of-Service contract.
I found a plan that fits my lifestyle. What's next?

Is my doctor in the network?
Are my prescription drugs covered?

Go to ucare.org/medicare123
your 1-stop shop to get you on your way

Find a doc
Search for a full list of providers (including specialists, hospitals, dentists and chiropractors)
If you prefer, request a Provider and Pharmacy Directory at 1-877-523-1518.

Find a drug
Search our list of covered drugs.
If you prefer, use the printed 2019 Formulary provided. Check the alphabetical index in the back of the formulary, to find your drugs.

Did you know 96% of all providers in MN are in the UCare Medicare Network

Time to compare the benefits and costs.
Choose the plan that fits your lifestyle

**plan benefit details**

*Compare benefit, premium and coverage details among our UCare Medicare plans.*

<table>
<thead>
<tr>
<th>HEALTH CARE SERVICES</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 monthly premium (you must continue to pay your Medicare Part B premium)</td>
<td>$75</td>
<td>$129</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
| Part D deductible | Tier 1 = $0  
Tiers 2-5 = $400 | Tiers 1+2 = $0  
Tiers 3-5 = $200 |
| Out-of-pocket maximum | $4,500 | $3,000 |

A limit on how much you have to pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium.

**Hospital Care**

<table>
<thead>
<tr>
<th></th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital care (per admission)</td>
<td>$500 copay per day (days 1-3); then 100% covered</td>
<td>$150 copay per day (days 1-5); then 100% covered</td>
</tr>
<tr>
<td>Outpatient hospital or procedure</td>
<td>$300 copay</td>
<td>$250 copay</td>
</tr>
</tbody>
</table>

**Doctor visits**

<table>
<thead>
<tr>
<th></th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
</table>
| • Primary | In-network $0 copay  
Out-of-network $0 copay | In-network $0 copay  
Out-of-network $0 copay |
| • Specialist | In-network $40 copay  
Out-of-network $40 copay | In-network $35 copay  
Out-of-network $35 copay |

**Preventive care**

<table>
<thead>
<tr>
<th></th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
</table>
| Routine physical exam | In-network $0 copay  
Out-of-network Not covered | In-network $0 copay  
Out-of-network Not covered |
| Routine eye exam and hearing test | In-network $0 copay  
Out-of-network Not covered | In-network $0 copay  
Out-of-network Not covered |
| Diabetic retinopathy exam | $0 copay | $0 copay |

Note: Your hospital status, meaning whether the hospital considers you an “inpatient” or “outpatient,” affects how much you pay for hospital services. Inpatient hospital care copays apply if you are admitted to the hospital with a doctor’s order.
<table>
<thead>
<tr>
<th>UCARE CLASSIC</th>
<th>UCARE TOTAL</th>
<th>UCARE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$217</td>
<td>$300</td>
<td>$39</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tiers 1+2 = $0</td>
<td>No deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tiers 3-5 = $200</td>
<td>$3,000</td>
<td>$3,400</td>
</tr>
<tr>
<td>$3,400</td>
<td>Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year</td>
<td>Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year</td>
</tr>
<tr>
<td>$250 copay per stay (not per day); then 100% covered</td>
<td>$100 copay per stay (not per day); then 100% covered</td>
<td>$400 copay per stay (not per day); then 100% covered</td>
</tr>
<tr>
<td>$150 copay</td>
<td>$0 copay</td>
<td>$250 copay</td>
</tr>
</tbody>
</table>

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.
<table>
<thead>
<tr>
<th>HEALTH CARE SERVICES</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the next 11 benefits, the $0 copay applies in-network and out-of-network for all five plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Welcome to Medicare” preventive visit (if in the first 12 months on Part B)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Annual Wellness Exam (if you had Part B for more than 12 months)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Immunizations – Flu and pneumonia vaccines. (Shingles vaccine is covered under Medicare Part D.)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Mammogram screening</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Pap smears and pelvic exams</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Prostate cancer screening exam</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Bone mass measurement</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Diabetes screening</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Preventive colorectal cancer screening</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Cardiovascular screening</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Resources to stop using tobacco</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Emergency/Urgent care at home and while traveling in the United States</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Emergency care – Copay is waived if admitted to the hospital within 24 hours for the same condition; then inpatient hospital copay would apply. | In-network $90 copay  
Out-of-network $90 copay | In-network $100 copay  
Out-of-network $100 copay |
| Urgently needed services – Medically necessary and immediately required as a result of an unforeseen illness, injury or condition. | In-network $40 copay  
Out-of-network $40 copay | In-network $50 copay  
Out-of-network $50 copay |
| Worldwide emergency care | Applies to care outside the United States and U.S. territories.* | $90 copay | $100 copay |

*Coverage includes Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition.

Post-stabilization, which are services related to an emergency medical condition, provided after stabilization to maintain the condition. Post-stabilization services end at discharge.
### Health Care Services

**UCARE CLASSIC** | **UCARE TOTAL** | **UCARE VALUE**
--- | --- | ---
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay
$0 copay | $0 copay | $0 copay

### Preventive Services
- **Welcome to Medicare** preventive visit (if in the first 12 months on Part B)
  - $0 copay

### Annual Wellness Exam
- (if you had Part B for more than 12 months)
  - $0 copay

### Immunizations
- Flu and pneumonia vaccines
  - Shingles vaccine is covered under Medicare Part D.
  - $0 copay

### Cancer Screening
- Mammogram screening
  - $0 copay
- Pap smears and pelvic exams
  - $0 copay
- Prostate cancer screening exam
  - $0 copay
- Bone mass measurement
  - $0 copay
- Diabetes screening
  - $0 copay
- Preventive colorectal cancer screening
  - $0 copay
- Cardiovascular screening
  - $0 copay
- Resources to stop using tobacco
  - $0 copay

### Emergency/Urgent Care
- In-network: $90 copay
- Out-of-network: $90 copay
- In-network: $100 copay
- Out-of-network: $100 copay

### Urgently Needed Services
- In-network: $40 copay
- Out-of-network: $40 copay
- In-network: $50 copay
- Out-of-network: $50 copay
- In-network: $0 copay
- Out-of-network: $0 copay
- In-network: $50 copay
- Out-of-network: $50 copay

### Worldwide Emergency Care
- Applies to care outside the United States and U.S. territories.
  - In-network: $90 copay
  - Out-of-network: $90 copay
  - In-network: $100 copay
  - Out-of-network: $100 copay

**Note:** Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for extended coverage and services such as air ambulance.

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.

ucare.org/medicare123 or call 877-523-1518 - 17
### Health Care Services

<table>
<thead>
<tr>
<th>Health Care Services</th>
<th>UCARE Standard</th>
<th>UCARE Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.</td>
<td>$90 copay</td>
<td>$100 copay</td>
</tr>
</tbody>
</table>

#### Miscellaneous Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic tests (e.g., MRI and CT scans, radiation therapy and X-rays)</td>
<td>10% coinsurance up to a maximum of $75 per day</td>
<td>10% coinsurance up to a maximum of $75 per day</td>
</tr>
<tr>
<td>Lab services (e.g., Protime INR, cholesterol)</td>
<td>In-network $0 copay</td>
<td>Out-of-network $0 copay</td>
</tr>
<tr>
<td>Hearing services</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
</tbody>
</table>

#### Preventive Dental Services included in your plan (no additional premium)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral examinations per calendar year</td>
<td>One paid in full</td>
<td>Not covered</td>
</tr>
<tr>
<td>Cleanings per calendar year</td>
<td>One routine paid in full</td>
<td>Not covered</td>
</tr>
<tr>
<td>Bitewing X-rays every 12 months</td>
<td>$0 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Full mouth X-rays every 5 years</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Topical application of fluoride in conjunction with a routine cleaning or examination.</td>
<td>$0 copay</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

#### Optional Dental (For an additional premium you can access more covered services.)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional comprehensive dental</td>
<td>Choice Dental</td>
<td>Not available</td>
</tr>
</tbody>
</table>

#### Vision Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exam</td>
<td>In-network $0 copay</td>
<td>Out-of-network Not covered</td>
</tr>
<tr>
<td>You are covered for one routine eye exam and up to two refractions every year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam to diagnose and treat diseases and conditions of the eye ($0 copay for yearly glaucoma screening)</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Eyeglasses or contact lenses after cataract surgery</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Annual allowance for eyeglasses or contacts at any provider</td>
<td>None</td>
<td>$100</td>
</tr>
</tbody>
</table>

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.
### Health Care Services

#### UCARE CLASSIC

<table>
<thead>
<tr>
<th>Service Description</th>
<th>UCARE CLASSIC</th>
<th>UCARE TOTAL</th>
<th>UCARE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
</tbody>
</table>

#### Miscellaneous Services

- Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays:
  - In-network: $0 copay
  - Out-of-network: $0 copay

#### Lab services (e.g., Protime INR, cholesterol)

- In-network:
  - $0 copay
- Out-of-network:
  - $0 copay

### Preventive Dental Services included in your plan (no additional premium)

- Oral examinations per calendar year:
  - Two paid in full
- Cleanings per calendar year:
  - One routine paid in full
- Bitewing X-rays every 12 months:
  - Not covered
- Full mouth X-rays every 5 years:
  - Not covered
- Topical application of fluoride in conjunction with a routine cleaning or examination:
  - Not covered

### Optional dental (For an additional premium you can access more covered services.)

#### Classic Choice Dental

- Not available

#### Choice Dental

- Not available

### Vision Services

- Routine eye exam:
  - In-network: $0 copay
  - Out-of-network: Not covered

### Exam to diagnose and treat diseases and conditions of the eye ($0 copay for yearly glaucoma screening)

- In-network: $40 copay
  - Out-of-network: $35 copay
- In-network: $20 copay
  - Out-of-network: $10 copay
- In-network: $35 copay
  - Out-of-network: $10 copay

### Eyeglasses or contact lenses after cataract surgery

- In-network: $0 copay
  - Out-of-network: $0 copay
- In-network: $0 copay
  - Out-of-network: $0 copay
- In-network: $0 copay
  - Out-of-network: $0 copay

### Annual allowance for eyeglasses or contacts at any provider

- None
  - $100
  - $150
  - None

### In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.
# HEALTH CARE SERVICES

<table>
<thead>
<tr>
<th>Health Care Services</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital stay (90 days limit per stay)</td>
<td>$500 copay per day (days 1-3); then 100% covered</td>
<td>$150 copay per day (days 1-5); then 100% covered</td>
</tr>
<tr>
<td>• Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health care</td>
<td><strong>In-network</strong> $40 copay</td>
<td><strong>In-network</strong> $35 copay</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network</strong> $40 copay</td>
<td><strong>Out-of-network</strong> $35 copay</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Care (or swing bed)^</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered services include but are not limited to: Semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary; including physical therapy, occupational therapy and speech-language pathology</td>
<td>$0 copay per day for days 1-20; $170 copay per day for days 21-100; per benefit period</td>
<td>$0 copay per day for days 1-20; $150 copay per day for days 21-100; per benefit period</td>
</tr>
<tr>
<td></td>
<td><strong>No prior hospitalization is required</strong></td>
<td><strong>No prior hospitalization is required</strong></td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td><strong>In-network</strong> $40 copay</td>
<td><strong>In-network</strong> $35 copay</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network</strong> $40 copay</td>
<td><strong>Out-of-network</strong> $35 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td><strong>In-network</strong> $300 copay</td>
<td><strong>In-network</strong> $275 copay</td>
</tr>
<tr>
<td>• Includes air and/or ground if transport and level of service are medically necessary and meet Medicare guidelines.</td>
<td><strong>Out-of-network</strong> $300 copay</td>
<td><strong>Out-of-network</strong> $275 copay</td>
</tr>
<tr>
<td>Transportation</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*No prior hospitalization is required* – With all of our UCare Medicare Plan options, we waive the three-day Medicare-covered hospital stay that is required by Medicare and many of our competitors. This means you may have access to coverage in more situations.

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.

^Service requires pre-authorization
### Mental Health Services

#### Inpatient hospital stay (90 days limit per stay)
- Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.

- **$500 copay per day (days 1-3); then 100% covered**
- **$150 copay per day (days 1-5); then 100% covered**
- **$250 copay per stay (not per day); then 100% covered**
- **$100 copay per stay (not per day); then 100% covered**
- **$400 copay per stay (not per day); then 100% covered**

### Skilled Nursing Facility Care (or swing bed)^
- Covered services include but are not limited to: Semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary; including physical therapy, occupational therapy and speech-language pathology.

- **$0 copay per day for days 1-20; $170 copay per day for days 21-100; per benefit period**
- **$0 copay per day for days 1-20; $150 copay per day for days 21-100; per benefit period**
- **$0 copay per day for days 1-20; $100 copay per day for days 21-100; per benefit period**
- **$0 copay per day for days 1-20; $100 copay per day for days 21-100; per benefit period**
- **$0 copay per day for days 1-20; $125 copay per day for days 21-100; per benefit period**

*No prior hospitalization is required*

### Other Services
- **Physical therapy**
  - **In-network $40 copay**
  - **Out-of-network $40 copay**
  - **In-network $35 copay**
  - **Out-of-network $35 copay**
  - **In-network $20 copay**
  - **Out-of-network $20 copay**
  - **In-network $10 copay**
  - **Out-of-network $10 copay**
  - **In-network $35 copay**
  - **Out-of-network $35 copay**

### Ambulance
- **Includes air and/or ground if transport and level of service are medically necessary and meet Medicare guidelines.**

- **In-network $300 copay**
- **Out-of-network $300 copay**
- **In-network $275 copay**
- **Out-of-network $275 copay**
- **In-network $100 copay**
- **Out-of-network $100 copay**
- **In-network $50 copay**
- **Out-of-network $50 copay**
- **In-network $100 copay**
- **Out-of-network $100 copay**

### Transportation
- Not covered Not covered Not covered Not covered

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Choose the plan that fits your lifestyle

prescription drug coverage

<table>
<thead>
<tr>
<th>HEALTH CARE SERVICES</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B Drugs^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally, drugs that must be administered by a health professional.</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare Part D Coverage</th>
<th>included with these plan options (no additional premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible Stage – You pay the full cost of your drugs until you reach this amount.</td>
<td>$400 for Tiers 2-5</td>
</tr>
<tr>
<td></td>
<td>$200 for Tiers 3-5</td>
</tr>
</tbody>
</table>

| Initial Coverage Stage – From $0 to $3,820 in annual prescription drug costs. After you meet the deductible you | Cost Sharing - Retail: Our network includes preferred pharmacies, which offer lower cost sharing than |
|                                                                                                         |
| Tier 1 Preferred generic drugs | Retail - 30 day supply Preferred: $3 copay Standard: $12 copay | |
| Tier 2 Generic drugs | Retail - 30 day supply Preferred: $10 copay Standard: $20 copay | Retail - 30 day supply Preferred: $10 copay Standard: $20 copay |
| Tier 3 Preferred brand drugs | Retail - 30 day supply Preferred: 17% coinsurance Standard: 25% coinsurance | Retail - 30 day supply Preferred: $40 copay Standard: $47 copay |
| Tier 4 Non-preferred drugs | Retail - 30 day supply Preferred: 45% coinsurance Standard: 50% coinsurance | Retail - 30 day supply Preferred: 45% coinsurance Standard: 50% coinsurance |
| Tier 5 Specialty drugs | Retail - 30 day supply Preferred: 25% coinsurance Standard: 25% coinsurance | Retail - 30 day supply Preferred: 29% coinsurance Standard: 29% coinsurance |

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

Additional requirements or limits on covered drugs – Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit ucare.org/medicare123 to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the UCare Medicare Plans Evidence of Coverage.

^Service requires pre-authorization
## UCARE CLASSIC | UCARE TOTAL | UCARE VALUE
---|---|---
20% coinsurance | 20% coinsurance | 20% coinsurance

$200 for Tiers 3-5

<table>
<thead>
<tr>
<th>Standard network pharmacies.</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
**Retail** - 30 day supply
Preferred: $0 copay
Standard: $5 copay

**Retail** - 30 day supply
Preferred: $0 copay
Standard: $5 copay

Part D drugs are not covered in UCare Value.

**Note:** You CANNOT be a member of the Value Plan and a stand-alone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other four UCare Medicare Plans.

**Retail** - 30 day supply
Preferred: $7 copay
Standard: $12 copay

**Retail** - 30 day supply
Preferred: $7 copay
Standard: $12 copay

**Retail** - 30 day supply
Preferred: $35 copay
Standard: $40 copay

**Retail** - 30 day supply
Preferred: $35 copay
Standard: $40 copay

**Retail** - 30 day supply
Preferred: 45% coinsurance
Standard: 50% coinsurance

**Retail** - 30 day supply
Preferred: 45% coinsurance
Standard: 50% coinsurance

**Retail** - 30 day supply
Preferred: 29% coinsurance
Standard: 29% coinsurance

**Retail** - 30 day supply
Preferred: 29% coinsurance
Standard: 29% coinsurance

---

### Extra Help for Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- **1-800-MEDICARE (TTY 1-877-486-2048), 24/7**
- **Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), 7 am – 7 pm, Monday – Friday**
- **Your State Medicaid Office or County Human Services Office**
- **Senior LinkAge Line® at 1-800-333-2433**

Some people will pay a higher premium for Part D coverage because their yearly income is over certain amounts (over $85,000 for singles, over $170,000 for married couples).
<table>
<thead>
<tr>
<th>Coverage Gap Stage</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once you have reached $3,820 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown. You stay in this stage until your out-of-pocket costs reach $5,100.</td>
<td>37% of the cost of generic drugs. 25% of the cost of brand-name drugs</td>
<td>37% of the cost of generic drugs. 25% of the cost of brand-name drugs</td>
</tr>
</tbody>
</table>

*Notes: Your coverage gap is $5,100 minus the portion of the $3,820 that you paid out of your own pocket. The size of the coverage gap is NOT $5,100 minus $3,820."

<table>
<thead>
<tr>
<th>Catastrophic Coverage Stage</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once you have reached $5,100 in annual “out-of-pocket” costs, you pay as shown.</td>
<td>You pay The greater of $3.40 or 5% coinsurance for generic drugs. The greater of $8.50 or 5% coinsurance for all other drugs.</td>
<td>You pay The greater of $3.40 or 5% coinsurance for generic drugs. The greater of $8.50 or 5% coinsurance for all other drugs.</td>
</tr>
</tbody>
</table>

**What are my prescription drug options?**

You'll need to fill your prescriptions at pharmacies in your plan network, except in special cases. Network pharmacies include mail order, preferred and standard pharmacies.

**Mail order through Express Scripts**

- **Safe** – 99.99% accuracy
- **Convenient** – Free standard shipping, flexible payment options and automatic refills with three ways to order: - mail - call - online
- **Savings** – 90-day supply of maintenance medications for two copays

Learn more about Express Scripts in your new member packet.
**UCARE CLASSIC** | **UCARE TOTAL** | **UCARE VALUE**

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 1</th>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred: $0 copay</td>
<td>Preferred: $0 copay</td>
<td></td>
</tr>
<tr>
<td>Standard: $5 copay</td>
<td>Standard: $5 copay</td>
<td></td>
</tr>
<tr>
<td>Up to a 30-day supply</td>
<td>Up to a 30-day supply</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred: $7 copay</td>
<td>Preferred: $7 copay</td>
<td></td>
</tr>
<tr>
<td>Standard: $12 copay</td>
<td>Standard: $12 copay</td>
<td></td>
</tr>
<tr>
<td>Up to a 30-day supply</td>
<td>Up to a 30-day supply</td>
<td></td>
</tr>
<tr>
<td>37% of the cost of Tier 4 and Tier 5 generic drugs</td>
<td>37% of the cost of Tier 4 and Tier 5 generic drugs</td>
<td></td>
</tr>
<tr>
<td>25% of the cost of brand drugs</td>
<td>25% of the cost of brand drugs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>You pay</th>
<th>You pay</th>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>The greater of $3.40 or 5% coinsurance for generic drugs.</td>
<td>The greater of $3.40 or 5% coinsurance for generic drugs.</td>
<td></td>
</tr>
<tr>
<td>The greater of $8.50 or 5% coinsurance for all other drugs.</td>
<td>The greater of $8.50 or 5% coinsurance for all other drugs.</td>
<td></td>
</tr>
</tbody>
</table>

---

**Preferred Pharmacies**

- **Value** – Pay less for your medications when you use a preferred network pharmacy.
- **Choice** – Choose from more than 23,000 pharmacies, including CVS/Target, Costco, Cub Foods and Sam’s Club/Walmart.

**Standard Pharmacies**

- **More Choices** – Choose from more than 60,000 local and nationwide chain pharmacies
- **Flexibility** – Most retail pharmacies will fill 90-day prescriptions

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To find a preferred pharmacy in your plan network, use the online search tool at [ucare.org/medicare123](https://ucare.org/medicare123)

If you prefer, request a Provider and Pharmacy Directory at 1-877-523-1518
### Additional Benefits

<table>
<thead>
<tr>
<th>HEALTH CARE SERVICES</th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Covers visits for manual manipulation of the spine to correct subluxation</td>
<td>In-network $20 copay Out-of-network Not covered</td>
<td>In-network $20 copay Out-of-network Not covered</td>
</tr>
<tr>
<td>• Must use a ChiroCare network provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health agency care^</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Skilled medical services by a Medicare-certified home health care agency when you are home bound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
</tr>
<tr>
<td>If you enroll in a Medicare-certified hospice program, hospice services and services covered by Medicare Part A, and are related to your terminal condition, will be covered by Medicare (rather than our plan). Your hospice provider will bill Medicare directly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry services</td>
<td>In-network $40 copay Out-of-network $40 copay</td>
<td>In-network $35 copay Out-of-network $35 copay</td>
</tr>
<tr>
<td>• Treatment of injuries and diseases of the feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Routine foot care for members with certain medical conditions affecting the lower limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Durable medical equipment^</td>
<td>In-network 20% coinsurance Out-of-network Not covered</td>
<td>In-network 20% coinsurance Out-of-network Not covered</td>
</tr>
<tr>
<td>(e.g., oxygen equipment, CPAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>• Continuous blood glucose monitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other glucose monitors</td>
<td>20% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>• Test strips, and lancets (Insulin and syringes covered under Medicare Part D)</td>
<td>20% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>Prosthetic devices (e.g., braces, colostomy bags and supplies)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

In general, out-of-network cost-sharing in the U.S. is 20%; cost-sharing is the same both in and out-of-network for some services. This does not apply to dental services. See the section on optional dental coverage for more information about out-of-network dental services.
**Additional Benefits**

<table>
<thead>
<tr>
<th>Service</th>
<th>UCARE CLASSIC</th>
<th>UCARE TOTAL</th>
<th>UCARE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chiropractic services</strong></td>
<td>In-network $0 copay</td>
<td>In-network $10 copay</td>
<td>In-network $0 copay</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>In-network $20 copay</strong></td>
<td>Out-of-network $20 copay</td>
<td>Out-of-network $10 copay</td>
<td>Out-of-network $35 copay</td>
</tr>
<tr>
<td><strong>Covered by Medicare</strong></td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
</tr>
<tr>
<td></td>
<td>$500 allowance every 36 months</td>
<td>$500 allowance every 36 months</td>
<td>$500 allowance every 36 months</td>
</tr>
<tr>
<td><strong>Diabetic</strong></td>
<td>In-network 20% coinsurance</td>
<td>In-network 20% coinsurance</td>
<td>In-network 20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>20% coinsurance</td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>10% coinsurance</strong></td>
<td>10% coinsurance</td>
<td></td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

^Service requires pre-authorization
Travel anywhere within the U.S. and pay only your in-network copay on routine care, including clinic and specialist visits, physical therapy and counseling services through UCare's Point of Service benefit.

You may see any provider that accepts Medicare. UCare will also cover 80% of many other services throughout the U.S. See your plan documents for more information.

Fitness Programs
UCare offers two different fitness options to choose from to stay active and feel great! The fitness program you select (option 1 or option 2) is included with all UCare Medicare Plans.

Option 1: SilverSneakers® Program
To see a list of participating locations, go to silversneakers.com

- Free basic membership at over 14,000 locations nationwide

Option 2: Health Club Savings Program
(at a participating health club not in the SilverSneakers network) To see a list of participating clubs, go to ucare.org/healthwellness

- Up to $20 per month

SilverSneakers Fitness Program

Whether you’re close to home or traveling, you can use your SilverSneakers membership however, and whenever it works for you. This fitness program includes:

- A free basic fitness membership at more than 14,000 locations in the SilverSneakers network
- Online support
- SilverSneakers FLEX™ fitness classes
- At-home fitness kit options for stress relief, strength, walking, and yoga

How it works

To find clubs and classes where you live or travel, visit silversneakers.com or call 1-888-423-4632, Monday – Friday from 7 am – 7 pm CST.
Health Club Savings

Join a class, work with weights, swim some laps, or try something new. Health Club Savings offers the variety you want and the flexibility you deserve. If you belong to a participating health club that is not in the SilverSneakers network, you can receive a reimbursement of up to $20 in your monthly health club membership fees.

How it works

Bring your UCare member ID card to your health club to sign up. To see a full list of participating health clubs, visit ucare.org/healthwellness.
Choice Dental is available with UCare Value and UCare Standard. Classic Choice Dental is available with UCare Classic. You can enroll in this extra dental coverage when you first enroll in your health plan by checking the box on your enrollment form. You are still eligible to enroll during your first covered month, and after that, annually during the Annual Election Period (10/15 – 12/7) for coverage beginning January 1 (Forms cannot be accepted before October 15). A separate enrollment form is required if you do not enroll when you first join our health plan.

You can find in-network providers using the online search tool at ucare.org, or you can call 1-877-523-1518 (TTY: 1-800-688-2534) for assistance, 8 am – 8 pm, seven days a week.

<table>
<thead>
<tr>
<th>CHOICE DENTAL</th>
<th>CLASSIC CHOICE DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium</strong></td>
<td>$21 per month</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$75 per year (not applicable for some services)</td>
</tr>
<tr>
<td><strong>Annual maximum</strong></td>
<td>$1,000 per covered person, per coverage year.*</td>
</tr>
</tbody>
</table>

*This annual maximum is in addition to the preventive dental coverage provided in your Standard, Value and Classic plans. You will get the best benefit by using a network dentist. UCare Medicare Plans use the Delta Dental Medicare Advantage Network administered by Delta Dental of Minnesota.

Unlike most other dental plans, you may also use an out-of-network licensed dentist (who has not opted out or been excluded from Medicare) within the United States and its territories. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement. If you receive dental services from a non-network licensed provider, you may be responsible for submitting your bills and paying the cost share and any difference between the dentist’s fees and the allowable amount. To request out-of-network reimbursement, submit the payment receipt obtained from your dentist to Delta Dental, P.O. Box 330, Mpls., MN 55440-0330.

**Limitations**

**Periodontics:** Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

**Oral/Maxillofacial Surgery:** Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).

**Major Restorative Services:** Benefit for the replacement of a crown or an onlay will be provided only after a five (5) year period, measured from the last date the covered dental service was performed.

**Prosthetics – removable and fixed:** A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after five (5) years.

**Endodontics:** Limited to one (1) per tooth per lifetime.
### Choice Dental

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Choice Dental</th>
<th>Classic Choice Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional preventive oral exam per calendar year</td>
<td>One (no deductible applies)</td>
<td>None (2 already included with Classic)</td>
</tr>
<tr>
<td>Additional routine cleaning of the teeth per calendar year</td>
<td>One (no deductible applies)</td>
<td>None (3 already included with Classic)</td>
</tr>
<tr>
<td>Full mouth X-rays every 5 years</td>
<td>One set (no deductible applies)</td>
<td>None (already included with Classic)</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Silver or resin fillings</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>• Emergency treatment for relief of pain (minor procedures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General anesthesia or I.V. sedation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Root canal therapy on permanent teeth, including pulpotomies</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>• Indirect pulp-cap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Root canal retreatment (mutually exclusive of final restoration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodontal maintenance cleanings (deep cleaning of the gums)</td>
<td>$0 copay</td>
<td>None (already included with Classic)</td>
</tr>
<tr>
<td>• Full-mouth debridement</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>• Non-surgical periodontics: Procedures necessary for the treatment of diseases of the gingival (gums)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Surgical periodontics: The surgical procedures necessary for the treatment of the gingival (gums) and bone supporting the teeth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Implant Services:
Replacing a single missing anterior (front) tooth. Coverage for implants is limited to one per lifetime per tooth (also see Exclusion #19).

### Exclusions of Services

While some of the exclusions shown below may be covered services under the terms of the Evidence of Coverage (EOC), the following are not covered dental services under the dental rider:

1. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement.
2. Dental services that are not necessary or specifically covered.
3. Hospitalization or other facility charges.
4. Prescription drugs.
5. Any dental procedure performed solely as a cosmetic procedure.
6. Charges for dental procedures completed prior to the member’s effective date of coverage.
7. Anesthesiologist services.
8. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings.
9. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the EOC.
10. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions.

[ucare.org/medicare123](ucare.org/medicare123) or call 877-523-1518 – 31
**Oral/Maxillofacial Surgery**
- Surgical and non-surgical extractions for tooth removal, including pre- and post-operative care.
- Bone grafting as part of surgical procedure.

**Major Restorative Services**
- Emergency services – major procedures.
- Special restorative procedures to restore lost tooth structure as a result of tooth decay or fracture.
- Crowns, when the amount of lost tooth structure does not enable the placement of a filling material.
- Cast onlays for treatment of severe carious lesions and severe fractures when the tooth cannot be restored with amalgam, porcelain, or plastic crown.

**Prosthetics**
- Repairs and adjustments on removable and fixed bridges, standard partial dentures, and full dentures for the replacement of fully extracted permanent teeth.

**Implant services**
- Surgical placement of an implant body to replace single missing natural anterior (front) tooth.
- Porcelain or ceramic crown over implant body.

**CHOICE DENTAL** | **CLASSIC CHOICE DENTAL**
---|---
30% coinsurance | 20% coinsurance

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11. Oral hygiene instruction and periodontal exam.
12. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
13. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the EOC.
15. Removable unilateral dentures.
17. Splinting.
18. Consultations by the treating provider and office visits.
19. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under the comprehensive dental benefit package for more than 24 months.
20. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete).
21. Veneers (bonding of coverings to the teeth).
22. Orthodontic treatment procedures.
23. Corrections to congenital conditions, other than for congenital missing teeth.
25. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC.
26. Space maintainers.
enrolled in Original Medicare
selected the plan that fits my lifestyle
enroll in a UCare Medicare Advantage plan

3 ways to enroll

**online**

ucare.org/medicare123
fast and easy
secure data transfer
save enrollment to finish at later time

**by mail**

fill out the 4-page enrollment form and mail in the postage-paid envelope

**call**

call 1-877-523-1518 to enroll with a licensed Medicare Sales Specialist
or call to find a trusted UCare broker near you
Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your packet. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

Forms by mail

We must receive your enrollment application by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period – must be received by 12/7 for a 1/1 effective date).

Once we receive your enrollment application, you:

• May receive a call from us if any required information is missing from the enrollment form.

• Will get a letter within 15 days to verify your enrollment.

• May receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible.

• May receive a letter from us if you are leaving an employer group plan to join our plan.

• Will get a new member packet.

• Will get a UCare member identification card that you can begin using on your effective date.

Should you require medical services or prescription drugs before you receive your ID card, please call Customer Services at 877-523-1515 (TTY 800-688-2534).

How to pay your premiums

You can choose to pay your premium either by: Automatic Payment/Electronic Funds Transfer (EFT), Mail or Social Security or Railroad Retirement Board Withdrawal. You cannot charge your premium to a credit card. Please do not send money with your enrollment form.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-523-1518.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit ucare.org or call 1-877-523-1518 to view a copy of the EOC.

- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.

- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.
Additional information

Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers through the Point-of-Service benefit at different cost-share levels.

Note: You maintain excellent coverage even while traveling.

Learn about special services

Care Management
UCare provides extra support to members with short-term or complex health needs, and social service needs. A case manager is available to you based on such factors as your use of acute services, your health assessment or provider referral.

We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. Care management may entail communication with a facility discharge planner, medication reconciliation, assistance with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. Case managers coordinate services across the continuum of health care. They conduct care management by phone during business hours.

Prior Authorizations
We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some of the covered services that need such approval include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. Other services that require pre-authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to ucare.org.

The Benefits Chart section of the Evidence of Coverage includes this information for each of our UCare Medicare Plans. This information is also at ucare.org.

Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

• Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services.
• Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
• Private room in a hospital, except when it is considered medically necessary or if it is the only option available.
• Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
• Full-time nursing care in your home.
• Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
• Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
• Fees charged for care by your immediate relatives or members of your household.
• Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body member. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
• Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation.
• Home-delivered meals.
• Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes).

ucare.org/medicare123 or call 877-523-1518 – 35
• Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.

• Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.

• Hearing aids or exams to fit hearing aids.

• Eyeglasses (except some coverage included with our Complete, Classic and Total Plans), radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, one pair of eyeglasses (or contact lenses) are covered for people after cataract surgery.

• Reversal of sterilization procedures, and/or non-prescription contraceptive supplies.

• Acupuncture.

• Naturopath services (uses natural or alternative treatments).

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Notice 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. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-6500 (voice) or toll free at 1-866-457-7144 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-6500 or toll free at 1-866-457-7144 (voice); 612-676-6810 or toll free at 1 800 688 2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-6500 or toll free at 1-866-457-7144 (voice); 612-676-6810 or toll free at 1 800 688 2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address
UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Notice of Privacy Practices

Effective Date: July 1, 2013

This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, P.O. Box 52, Minneapolis, MN 55440-0052. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

*In this Notice, "you" means the member and "we" means UCare.
Why are we telling you this?
UCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

What do we mean by “information?”
In this Notice, when we talk about “information,” “medical information,” or “health information,” we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

What kinds of information do we use?
We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, gender, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

What do we do with this information?
We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not use or disclose any genetic information for the purpose of underwriting.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?
UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with the Secretary of the Department of Health and Human Services to

ucare.org/medicare123 or call 877-523-1518 - 37
investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?
• You have the right to ask that we don’t use or share your information in a certain way. Please note that while we will try to honor your request, we are not required to agree to your request.

• You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.

• You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. If you deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.

• You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.

• You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

• You have the right to receive notifications of breaches of your unsecured protected health information.

• You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013.

How do we protect your information?
UCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

What else do you need to know?
We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call UCare Customer Services at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.


注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-6500/1-866-457-7144 (телетайп: 612-676-6810/1-800-688-2534).


ప్రయోగాలు: ఆంధర శాస్త్ర యోగా సర్వే, ఏపిస్పెర్మియా, ప్రత్యేకించబడిన, డిస్క్యూస్ క్యాశింగ్ ఇంకం, తమ్మిల్లో సాధనాలు నిర్మాణం 612-676-6500/1-866-457-7144 (తెలుగు సాంస్కృతిక ప్రత్యేకించిన దానం: 612-676-6810/1-800-688-2534).

ИССУЧЕНИЕ: Исследования, проведенные на различных базах, показали, что предпочтительнее использовать наиболее эффективные методы. Звоните 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).


حلس: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجمل، اتصل برقم 612-676-6810/1-800-688-2534.


## Compare benefit highlights

*For services at in-network providers*

<table>
<thead>
<tr>
<th>HEALTH CARE SERVICES</th>
<th>UCARE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 monthly premium</td>
<td>$75</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0 copay for many services</td>
</tr>
<tr>
<td>Doctor visits (no referrals needed)</td>
<td>Primary: $0 copay</td>
</tr>
<tr>
<td></td>
<td>Specialist: $40 copay</td>
</tr>
<tr>
<td>Inpatient hospital care (per admission)</td>
<td>$500 copay per day (days 1-3); then 100% covered</td>
</tr>
<tr>
<td>Diagnostic tests, x-rays</td>
<td>10% coinsurance up to a maximum of $75 per day</td>
</tr>
<tr>
<td>Lab services</td>
<td>$0 copay at any Medicare provider</td>
</tr>
<tr>
<td>Emergency care worldwide</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$300 copay</td>
</tr>
<tr>
<td>Medicare Part D prescription drug coverage</td>
<td>Annual deductible: Tier 1 = $0; Tiers 2-5 = $400</td>
</tr>
<tr>
<td></td>
<td>Copays based on drug tiers, as low as $3</td>
</tr>
<tr>
<td>Dental coverage</td>
<td>Includes preventive dental additional <em>Choice Dental</em> available for $21 per month</td>
</tr>
<tr>
<td>Vision and hearing coverage</td>
<td>$0 copay for annual routine eye exam and hearing test</td>
</tr>
<tr>
<td></td>
<td>$0 copay for glaucoma screening</td>
</tr>
<tr>
<td></td>
<td>$0 copay for diabetic retinopathy exam</td>
</tr>
<tr>
<td></td>
<td>$40 copay for diagnostic eye and hearing exams</td>
</tr>
<tr>
<td>SilverSneakers® fitness</td>
<td>Free basic membership at 14,000 locations nationwide</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$4,500</td>
</tr>
<tr>
<td>Travel</td>
<td>Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services.</td>
</tr>
<tr>
<td>UCARE COMPLETE</td>
<td>UCARE CLASSIC</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>$129</td>
<td>$217</td>
</tr>
<tr>
<td>$0 copay for many services</td>
<td>$0 copay for many services</td>
</tr>
</tbody>
</table>
| Primary: $0 copay  
Specialist: $35 copay | Primary: $0 copay  
Specialist: $20 copay |
| $150 copay per day (days 1-5); then 100% covered | $250 copay per stay (not per day); then 100% covered |
| 10% coinsurance up to a maximum of $75 per day | $0 copay |
| $0 copay at any Medicare provider | $0 copay at any Medicare provider |
| $100 copay | $100 copay |
| $50 copay | $50 copay |
| $275 copay | $100 copay |
| Annual deductible: Tiers 1 & 2 = $0; Tiers 3-5 = $200  
Copays based on drug tiers, as low as $3 | Annual deductible: Tiers 1 & 2 = $0; Tiers 3-5 = $200  
Copays based on drug tiers, as low as $0. Coverage for many generics in gap |
| Not covered | Includes preventive dental additional **Classic Choice Dental** available for $21 per month |
| $0 copay for annual routine eye exam and hearing test  
$0 copay for glaucoma screening  
$0 copay for diabetic retinopathy exam  
$35 copay for diagnostic eye and hearing exams  
$100 annual benefit allowance for eyeglasses or contacts at any provider | $0 copay for annual routine eye exam and hearing test  
$0 copay for glaucoma screening  
$0 copay for diabetic retinopathy exam  
$20 copay for diagnostic eye and hearing exams  
$150 annual benefit allowance for eyeglasses or contacts at any provider |
<p>| Free basic membership at 14,000 locations nationwide | Free basic membership at 14,000 locations nationwide |
| $3,000 | $3,400 |
| Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services. | Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services. |</p>
<table>
<thead>
<tr>
<th>UCARE TOTAL</th>
<th>UCARE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300</td>
<td>$39</td>
</tr>
<tr>
<td>$0 copay for many services</td>
<td>$0 copay for many services</td>
</tr>
<tr>
<td>Primary: $0 copay</td>
<td>Primary: $0 copay</td>
</tr>
<tr>
<td>Specialist: $10 copay</td>
<td>Specialist: $35 copay</td>
</tr>
<tr>
<td>$100 copay per stay (not per day); then 100% covered</td>
<td>$400 copay per stay (not per day); then 100% covered</td>
</tr>
<tr>
<td>$0 copay</td>
<td>10% coinsurance up to a maximum of $50 per day</td>
</tr>
<tr>
<td>$0 copay at any Medicare provider</td>
<td>$0 copay at any Medicare provider</td>
</tr>
<tr>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>$0 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>$50 copay</td>
<td>$100 copay</td>
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<tr>
<td>No deductible</td>
<td>Not covered. You CANNOT be a member of UCare Value and a stand-alone Part D plan at the same time.</td>
</tr>
<tr>
<td>Copays based on drug tiers, as low as $0. Coverage for many generics in gap</td>
<td>Includes preventive dental additional Choice Dental available for $21 per month</td>
</tr>
<tr>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>$0 copay for annual routine eye exam and hearing test</td>
<td>$0 copay for annual routine eye exam and hearing test</td>
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<tr>
<td>$0 copay for glaucoma screening</td>
<td>$0 copay for glaucoma screening</td>
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<tr>
<td>$0 copay for diabetic retinopathy exam</td>
<td>$0 copay for diabetic retinopathy exam</td>
</tr>
<tr>
<td>$10 copay for diagnostic eye and hearing exams</td>
<td>$35 copay for diagnostic eye and hearing exams</td>
</tr>
<tr>
<td>$500 allowed every 36 months for hearing aids</td>
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<tr>
<td>$150 annual benefit allowance for eyeglasses or contacts at any provider</td>
<td></td>
</tr>
<tr>
<td>Free basic membership at 14,000 locations nationwide</td>
<td>Free basic membership at 14,000 locations nationwide</td>
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<tr>
<td>$3,000</td>
<td>$3,400</td>
</tr>
<tr>
<td>Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services.</td>
<td>Worldwide emergency care and UCare Anywhere with in-network cost sharing for certain services.</td>
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Choose the plan that fits your lifestyle

<table>
<thead>
<tr>
<th></th>
<th>UCARE STANDARD</th>
<th>UCARE COMPLETE</th>
<th>UCARE CLASSIC</th>
<th>UCARE TOTAL</th>
<th>UCARE VALUE</th>
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<tbody>
<tr>
<td>Premium</td>
<td>$75</td>
<td>$129</td>
<td>$217</td>
<td>$300</td>
<td>$39</td>
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<td>Fitness Programs</td>
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<td>✓</td>
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<tr>
<td>Travel</td>
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<td>✓</td>
<td>✓</td>
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