Your Plan

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Individual / family deductible</th>
<th>Individual / family maximum out-of-pocket</th>
<th>Coinsurance</th>
<th>Preventive visits / screenings</th>
<th>Office or telehealth visit / urgent care</th>
<th>Online / retail visits</th>
<th>Emergency room visits</th>
<th>Diagnostic tests</th>
<th>Hospital stays</th>
<th>Preferred generic drugs</th>
<th>Non-preferred generic drugs</th>
<th>Preferred brand drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$2,800 / $5,600</td>
<td>$5,800 / $11,600</td>
<td>15%</td>
<td>You pay nothing</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
</tbody>
</table>

**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.

- **Out-of-pocket limit:** The most you pay during a plan year before your health plan begins to pay 100% of the allowed amount for covered services from in-network providers.

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

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*Except for preventive care and services that have a copay. For details see your Member Contract.
How do I know whether to contact MNsure or UCare?
MNsure: 651-539-2099 or 1-855-366-7873
UCare Customer Service:
612-676-6609 or 1-877-903-0069
(TTY) 612-676-6810 or 1-800-688-2534
8 am – 5 pm, Monday – Friday

How can I find out if my doctor or clinic is in UCare’s network?
Go to search.ucare.org. Choose your specific plan from the “Pick Your Plan” drop-down menu and search for doctors, hospitals and more. Narrow your search by choosing a specialty, location or other options.

Make the most of your UCare health plan

• Create an online member account: You can access your member ID cards, view claims detail and more easily pay your monthly premiums with our newly enhanced member website. Create a secure account today at ucare.org.
• Get your medications at home: Get home delivery at no additional cost, 24/7 access to a pharmacist and the ability to sign-up for automatic refills through Express Scripts so you never run out of your prescription medication. Go to express-scripts.com and follow the prompts to get started.
• Take care of your preventive health: In-network preventive care like routine check-ups, screenings and vaccinations are covered at no additional cost to you. Plus, earn gift cards and other rewards for taking care of your preventive health. Learn more at ucare.org/rewards.
• Avoid unexpected costs: Avoid unexpected costs by knowing the differences between preventive and diagnostic care, in- and out-of-network care providers and facilities, covered drugs and when a lower tiered-medication may be available. Get started at ucare.org/preventivecare or contact the number on the back of your UCare member ID card.
• Take advantage of member perks: You have access to money-saving health and wellness discounts with your UCare health plan including monthly reimbursements for gym memberships, monthly savings up to $200 on healthy groceries, discounts on brand-name health products and services and more! Find member perks at ucare.org/healthwellness.

Frequently asked questions

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| To report a change in your household and/or your income | 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 prescription drugs are covered by my plan?
Go to 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.

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. 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.

What if I still have questions?
Call the Customer Service number on the back of your member ID card.