Simplifier guide

Individual and family plans: For Minnesotans who buy health coverage on their own
We’re simplifiers.

The plain-speakers who make individual and family plans clear and simple. Figure-outers who can help you pick a health plan that works best for your life and budget.
You have lots of health coverage options

But all those options can make it harder to find the plan that’s best for you and your family. UCare can help. We created this simple guide for those who purchase health coverage on their own and who do not qualify for Medicare or Medicaid. It can help answer your questions, give you insight on choosing the plan that’s right for you and make shopping easier. It covers what you need to know about:

- Plan types
- Coverage levels
- What to consider when selecting a plan
- Enrollment options
Choose between two plan types

Each plan type has trade-offs that give you flexibility to choose what's best for your life and budget.

**Copay plans**
A health plan that offers greater coverage upfront for some services before you meet the deductible — with the trade-off of a higher monthly premium.

**HSA-compatible plans**
A health plan with lower monthly premiums — with the trade-off of lesser upfront coverage before the health plan kicks in. Plus, access to a triple-tax advantaged bank account to save for medical expenses.

**Other coverage**
Short-term, faith-based and online policies from out-of-state companies are generally designed for healthy people. They can be affordable safety nets during life’s changes, but they don’t provide comprehensive coverage, like UCare health plans. Be mindful of what you’re buying and what coverage it provides.
Then choose between four coverage levels

Coverage levels, sometimes called metal levels, determine how you and the health plan split the costs of health care. It’s an easy way to compare plan options and identify the cost-sharing amount best suited for your lifestyle.

Core/Catastrophic
- Low monthly premium; very high deductible to protect against worst-case scenarios
- Only available if you are under age 30 or if you are eligible for a federal hardship exemption based on insurance being unaffordable

Bronze
- Lower monthly premium; higher deductible
- Good option if your annual costs for doctor visits and pharmacy expenses are routinely low
- Typically offered with both copay and HSA-compatible plans

Silver
- Balance between monthly premium and deductible
- Good option if you aren’t sure how often you’ll go to the doctor or pharmacy
- Typically offered with both copay and HSA-compatible plans

Gold
- Higher monthly premium; lower deductible
- Good option if you go to the doctor or pharmacy frequently
Comparing the out-of-pocket differences

Here are examples that highlight the differences in out-of-pocket costs you could expect to pay under our different plan options.

Individual

Alyssa, a 32-year-old independent consultant in the Twin Cities, typically only sees her doctor for preventive care. She doesn’t anticipate any ongoing care or surgeries this year, but did see her doctor once last year at an M Health Fairview clinic for a minor skin irritation.

A Bronze HSA-compatible plan with our M Health Fairview network may be the best plan for her with its upfront coverage for preventive care and access to an optional tax-advantaged Health Savings Account (HSA) to save for future medical expenses. While Alyssa will pay for her office visits out of pocket, the total amount she will pay during the year will be less than if she chose a plan with higher premiums.

<table>
<thead>
<tr>
<th></th>
<th>Bronze copay</th>
<th>Silver copay</th>
<th>Gold copay</th>
<th>Bronze HSA</th>
<th>Silver HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual premium</td>
<td>$2,614.44</td>
<td>$3,100.68</td>
<td>$3,849.60</td>
<td>$2,480.76</td>
<td>$2,943.24</td>
</tr>
<tr>
<td>Deductible</td>
<td>$5,900</td>
<td>$2,900</td>
<td>$900</td>
<td>$6,950</td>
<td>$3,000</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Clinic costs</td>
<td>$60 copay before deductible</td>
<td>$30 copay before deductible</td>
<td>$20 copay before deductible</td>
<td>$140 in deductible</td>
<td>$140 in deductible</td>
</tr>
<tr>
<td>Total Alyssa would pay this year (approx.)</td>
<td>$2,674.44</td>
<td>$3,130.68</td>
<td>$3,869.60</td>
<td>$2,620.76</td>
<td>$3,083.24</td>
</tr>
</tbody>
</table>

Individual

John, a 56-year-old metal worker in Northwestern Minnesota*, has high blood pressure. He sees his primary care doctor three times a year and takes Losartan, a generic prescription drug, for the chronic condition.

A Bronze copay plan may be best for John. It has solid upfront coverage (including three office visits at a copay) before the deductible but still keeps his premiums low. With an HSA-compatible plan, John would pay less in monthly premiums but a lot more out of pocket each time he sees the doctor or fills his prescription. And with a copay plan at a higher metal level, he would pay for more extensive coverage he likely wouldn’t use.

<table>
<thead>
<tr>
<th></th>
<th>Bronze copay</th>
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<th>Gold copay</th>
<th>Bronze HSA</th>
<th>Silver HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual premium</td>
<td>$6,213.00</td>
<td>$7,368.48</td>
<td>$9,148.44</td>
<td>$5,895.48</td>
<td>$6,994.32</td>
</tr>
<tr>
<td>Deductible</td>
<td>$5,900</td>
<td>$2,900</td>
<td>$900</td>
<td>$6,950</td>
<td>$3,000</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Clinic costs</td>
<td>$180 copay before deductible</td>
<td>$90 copay before deductible</td>
<td>$60 copay before deductible</td>
<td>$420 in deductible</td>
<td>$420 in deductible</td>
</tr>
<tr>
<td>Prescription costs</td>
<td>$120 in copays</td>
<td>$80 in copays</td>
<td>$40 in copays</td>
<td>$810</td>
<td>$810</td>
</tr>
<tr>
<td>Total John would pay this year (approx.)</td>
<td>$6,513.00</td>
<td>$7,538.48</td>
<td>$7,468.48</td>
<td>$7,125.48</td>
<td>$8,224.32</td>
</tr>
</tbody>
</table>

*Rates and network vary by region and may impact specific pricing.
Key considerations when selecting a plan

Many people review these key factors when determining which health plan to choose.

**Budget and health conditions**

Review your health conditions to see what care you may need. Then review your budget to see how much you can afford for premiums and expected medical care. This will help you determine which plan type and coverage level to choose.

- Do you qualify for a subsidy on MNsure to help lower the cost of your monthly plan premiums and out-of-pocket costs?

- Are you able to financially afford higher premiums each month in exchange for lower costs when you receive care? Or is it easier on your budget to have lower monthly premiums and pay more out of pocket when you receive care?

- What is your ability to manage unexpected medical costs?

- Are you comfortable with a smaller, more focused provider network to save money on monthly premiums?

- Is having another way to save for retirement a priority?

- Do you anticipate a test, procedure or major health expenses in the coming year?

- Do you have a chronic health condition that you manage with medication and/or with regular doctor visits?

**Provider network**

Another factor to consider when picking a plan is the provider network. Ensure your health care provider is included in the health plan’s network. UCare health plans have one of the largest provider networks and span much of the state — not all health plans offer this big of a network. It’s important because you will pay more for care outside the plan’s provider network.

Health plan companies, including UCare, offer care through broad and focused provider networks, though some only offer one or the other. A broad network gives you access to a wide variety of care systems and providers while a focused network requires you to see a more limited number of providers in exchange for lower premiums.

**Perks**

Lastly, consider the perks that many health plans offer in addition to health coverage. Extras like savings on healthy groceries, gym membership reimbursements, discounts on community education classes, financial rewards for completing your preventive care annually, free resources to help you quit smoking and more. See what’s at the top of your list and take that into consideration when selecting a plan.
When to enroll

There are two points in time that you can enroll in an individual and family plan:

**Open Enrollment**

**Qualifying Life Event**
You also can apply for health coverage outside of open enrollment whenever you’ve had a qualifying life event. You must apply for coverage on MNsure within 60 days of having a baby, getting married, moving or losing employer-sponsored health coverage.

How to enroll

There are two ways to enroll in an individual and family plan:

**On MNsure**
Through MNsure, which enables you to apply for help to lower the cost of your monthly plan premiums and out-of-pocket costs. More than 50% of applicants qualify for a lower monthly premium with the average household saving $425 every month in subsidies only available on our state’s health care exchange.

**Through the health plan company directly**
You can apply directly through the health plan company, but you will not have access to subsidies available on MNsure. Additionally, some health plans do not sell directly to consumers so you may not get a full list of all plans and rates available to you.
Talk to a UCare health plan simplifier today.

Whether you’re new to individual and family plans or want help rethinking your coverage, we’re the figure-outers who can help you pick a health plan that works best for your life and budget.

Call
1-855-307-6975 | TTY 1-800-688-2534
8 am – 5 pm, Monday – Friday

Email
ifpsales@ucare.org

Go online
Learn more and compare our plans at ucare.org/ifp

Find a broker in your area
Work with an independent broker in your area to select a health plan and enroll on MNsure. Find a broker who works with UCare at ucare.org/ifp-brokers.
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 612-676-3200 (voice) or toll free at 1-800-203-7225 (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 612-676-3200 or toll free at 1-800-203-7225 (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 612-676-3200 or toll free at 1-800-203-7225 (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)
