

# 2010 Summary of Benefits



*UCare for Seniors  
Value (HMO-POS)*

*UCare for Seniors  
Value Plus (HMO-POS)*

*UCare for Seniors  
Classic (HMO-POS)*

**(H2459)**

January 1, 2010 - December 31, 2010

Western Wisconsin (26 Counties)



# Introduction to the Summary of Benefits for *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), and *UCare for Seniors Classic* (HMO-POS)

**January 1, 2010 - December 31, 2010**  
**Western Wisconsin (26 Counties)**

Thank you for your interest in the *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), and *UCare for Seniors Classic* (HMO-POS) plans. Our plans are offered by UCare Wisconsin, Inc. (UCare), a Medicare Advantage Health Maintenance Organization (HMO) with a point-of-service option (POS). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UCare and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), or *UCare for Seniors Classic* (HMO-POS). You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call UCare at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **HOW CAN I COMPARE MY OPTIONS?**

You can compare *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), and *UCare for Seniors Classic* (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **WHERE IS UCARE FOR SENIORS VALUE (HMO-POS), UCARE FOR SENIORS VALUE PLUS (HMO-POS), AND UCARE FOR SENIORS CLASSIC (HMO-POS) AVAILABLE?**

The service area for these plans includes: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn counties, WI. You must live in one of these areas to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Services for more information.

## **WHO IS ELIGIBLE TO JOIN UCARE FOR SENIORS VALUE (HMO-POS), UCARE FOR SENIORS VALUE PLUS (HMO-POS), AND UCARE FOR SENIORS CLASSIC (HMO-POS)?**

You can join *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), or *UCare for Seniors Classic* (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), or *UCare for Seniors Classic* (HMO-POS) unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

UCare has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory, or for an up-to-date list, visit us at [www.ucare.org](http://www.ucare.org). Our Customer Services number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the Customer Services number at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

*UCare for Seniors Value Plus (HMO-POS) and UCare for Seniors Classic (HMO-POS) Plans do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. UCare for Seniors Value (HMO-POS) does cover Medicare Part B prescription drugs but does NOT cover Medicare Part D prescription drugs.*

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN UCARE FOR SENIORS VALUE PLUS (HMO-POS) OR UCARE FOR SENIORS CLASSIC (HMO-POS)?**

UCare has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.ucare.org](http://www.ucare.org). Our Customer Services number is listed at the end of this introduction.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

*UCare for Seniors Value Plus (HMO-POS) and UCare for Seniors Classic (HMO-POS) plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain*

*drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.ucare.org](http://www.ucare.org).*

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THESE PLANS?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

*As a member of UCare for Seniors Value (HMO-POS), UCare for Seniors Value Plus (HMO-POS), or UCare for Seniors Classic (HMO-POS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service*

that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, MetaStar, 608-274-1940 or 1-800-362-2320 (toll free). TTY users should dial 711 or call 1-800-947-3529 (Wisconsin Relay Service).

As a member of *UCare for Seniors Value Plus* (HMO-POS) or *UCare for Seniors Classic* (HMO-POS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Stratis Health, 952-854-3306 or 1-800-444-3423 (toll free). TTY users should dial the Minnesota Relay number at 1-800-627-3529.

## **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact UCare for more details.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UCare for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** provided through DME.

## **PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tool on [www.Medicare.gov](http://www.Medicare.gov) and select “Compare Medicare Prescription Drugs Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at (612)-676-3500 or toll free at (877)-523-1518 to obtain a copy of the plan ratings for this plan. TTY users call (612)-676-6810 or toll free at (800)-688-2534.

**Please call UCare for more information about**  
*UCare for Seniors Value* (HMO-POS),  
*UCare for Seniors Value Plus* (HMO-POS),  
*UCare for Seniors Classic* (HMO-POS).

Visit us at [www.ucare.org](http://www.ucare.org) or, call us:

Customer Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. – 8 p.m. Central

Current members should call toll-free (877)-523-1515 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (800)-688-2534)

Prospective members should call toll-free (877)-523-1518 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (800)-688-2534)

Current members should call locally (612)-676-3600 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (612)-676-6810)

Prospective members should call locally (612)-676-3500 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (612)-676-6810)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

# SUMMARY OF BENEFITS

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
<b>IMPORTANT INFORMATION</b>		
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$51 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>See page 44 for more information about the monthly premium and the out-of-pocket limit.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>See page 44 for more information about the network.</p>

<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p><b>General</b> \$61.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>See page 44 for more information about the monthly premium and the out-of-pocket limit.</p>	<p><b>General</b> \$128 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>See page 44 for more information about the monthly premium and the out-of-pocket limit.</p>
<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>See page 44 for more information about the network.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>See page 44 for more information about the network.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
<b>SUMMARY OF BENEFITS</b> <b>INPATIENT CARE</b>		
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:  Days 1 - 60: \$1068 deductible  Days 61 - 90: \$267 per day  Days 91 - 150: \$534 per lifetime reserve day.  These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b>  \$300 copay for each Medicare-covered hospital stay until discharged.</p> <p>No benefit periods.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>A “hospital stay” starts when you are admitted as an inpatient at a hospital and ends when you are discharged by the attending physician.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b>  \$300 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p><b>In-Network</b> \$300 copay for each Medicare-covered hospital stay until discharged.</p> <p>No benefit periods.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>A “hospital stay” starts when you are admitted as an inpatient at a hospital and ends when you are discharged by the attending physician.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay until discharged.</p> <p>No benefit periods.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>A “hospital stay” starts when you are admitted as an inpatient at a hospital and ends when you are discharged by the attending physician.</p>
<p><b>In-Network</b> \$300 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$125 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>

	<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
	<p><b>In-Network</b> For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$125 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p><b>In-Network</b> For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$75 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>
	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
<b>OUTPATIENT CARE</b>		
8 - Doctor Office Visits	20% coinsurance.	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>
9 - Chiropractic Services	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 44 for more information about chiropractic services.</p>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p><b>In-Network</b> \$30 copay for each Medicare-covered individual or group therapy visit.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p>

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 44 for more information about chiropractic services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 44 for more information about chiropractic services.</p>
<p><b>In-Network</b> \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>In-Network</b> \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p><b>In-Network</b> \$30 copay for each Medicare-covered individual or group therapy visit.</p>	<p><b>In-Network</b> \$15 copay for each Medicare-covered individual or group therapy visit.</p>
<p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered visits.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
13 - Outpatient Services/ Surgery	20% coinsurance for the doctor.  20% of outpatient facility charges.	<b>In-Network</b> \$200 copay for each Medicare-covered ambulatory surgical center visit.  \$25 to \$200 copay for each Medicare-covered outpatient hospital facility visit.  See page 45 for more information about outpatient services.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.  See page 47 for more information about ambulance services.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor.  20% of facility charge, or a set copay per emergency room visit.  You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.  See page 47 for more information about emergency care.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$25 copay for Medicare-covered urgently needed care visits.  See page 47 for more information about urgently needed care.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	<b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits.  \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

	<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
	<p><b>In-Network</b> \$200 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$25 to \$200 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 45 for more information about outpatient services.</p>	<p><b>In-Network</b> \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 45 for more information about outpatient services.</p>
	<p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 47 for more information about ambulance services.</p>	<p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 47 for more information about ambulance services.</p>
	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 47 for more information about emergency care.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 47 for more information about emergency care.</p>
	<p><b>General</b> \$25 copay for Medicare-covered urgently needed care visits.</p> <p>See page 47 for more information about urgently needed care.</p>	<p><b>General</b> \$20 copay for Medicare-covered urgently needed care visits.</p> <p>See page 47 for more information about urgently needed care.</p>
	<p><b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
19 - Prosthetic Devices (includes braces, artificial limbs, and eyes, etc.)	20% coinsurance.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance.  Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  \$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays.  \$0 copay for Medicare-covered lab services.  Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<b>In-Network</b> \$25 copay for Medicare-covered lab services.  \$25 copay for Medicare-covered diagnostic procedures and tests.  \$25 copay for Medicare-covered X-rays.  \$25 copay for Medicare-covered diagnostic radiology services.  \$25 copay for Medicare-covered therapeutic radiology services.

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p>
<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p>	<p><b>In-Network</b> 10% of the cost for Medicare-covered items.</p>
<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>
<p><b>In-Network</b> \$25 copay for Medicare-covered lab services.  \$25 copay for Medicare-covered diagnostic procedures and tests.  \$25 copay for Medicare-covered X-rays.  \$25 copay for Medicare-covered diagnostic radiology services.  \$25 copay for Medicare-covered therapeutic radiology services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic procedures and tests</li> <li>• X-rays</li> <li>• Diagnostic radiology services (not including X-rays)</li> <li>• Therapeutic radiology services</li> </ul>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
<b>PREVENTIVE SERVICES</b>		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance.  Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	\$0 copay for flu and pneumonia vaccines.  20% coinsurance for Hepatitis B vaccine.  You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> \$0 copay for flu and pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance.  No referral needed.  Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for pelvic exams.	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every two years.

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>
<p><b>In-Network</b> \$0 copay for flu and pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for flu and pneumonia vaccines.</p>	<p><b>In-Network</b> \$0 copay for flu and pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for flu and pneumonia vaccines.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every two years.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every two years.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>
28 - End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b></p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>See pages 45 and 47 for more information about End-Stage Renal Disease.</p>

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p>
<p><b>In-Network</b> \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>See pages 45 and 47 for more information about End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>See pages 45 and 47 for more information about End-Stage Renal Disease.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p> <p><b>General</b> Most drugs not covered.</p>

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at <a href="http://www.ucare.org">www.ucare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>• Have limited incomes,</li> <li>• Live in long term care facilities, or</li> <li>• Have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <i>UCare for Seniors</i> Value Plus (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at <a href="http://www.ucare.org">www.ucare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>• Have limited incomes,</li> <li>• Live in long term care facilities, or</li> <li>• Have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <i>UCare for Seniors</i> Classic (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)

<p style="text-align: center;"><b>UCare for Seniors VALUE PLUS (HMO-POS)</b></p>	<p style="text-align: center;"><b>UCare for Seniors CLASSIC (HMO-POS)</b></p>
<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and UCare approves the exception, you will pay Tier 3 cost-sharing for the drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$24 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$180 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and UCare approves the exception, you will pay Tier 3 cost-sharing for the drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830;</p> <p><b>Retail Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$24 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$180 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)

<p style="text-align: center;"><b>UCare for Seniors VALUE PLUS (HMO-POS)</b></p>	<p style="text-align: center;"><b>UCare for Seniors CLASSIC (HMO-POS)</b></p>
<p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$16 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$60 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$16 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$60 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$120 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$120 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Coverage Gap</b> The plan covers all generics (formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p><b>Retail Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (30-day) supply of all drugs covered in this tier.</li> <li>• \$24 copay for a three-month (90-day) supply of all drugs covered in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (31-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$16 copay for a three-month (90-day) supply of all drugs covered in this tier.</li> </ul> <p>Not all drugs in this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>

<p style="text-align: center;"><b><i>UCare for Seniors</i></b> <b>VALUE PLUS (HMO-POS)</b></p>	<p style="text-align: center;"><b><i>UCare for Seniors</i></b> <b>CLASSIC (HMO-POS)</b></p>
<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from <i>UCare for Seniors Value Plus</i> (HMO-POS).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Out-of-Network Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a 29-day supply of drugs in this tier.</li> </ul>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from <i>UCare for Seniors Classic</i> (HMO-POS).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Out-of-Network Pharmacy</b></p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• \$30 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• \$60 copay for a 29-day supply of drugs in this tier.</li> </ul> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a 29-day supply of drugs in this tier.</li> </ul>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <i>UCare for Seniors Value Plus (HMO-POS)</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare for Seniors Value Plus (HMO-POS)</i> so we can add the amounts you spent out-of-pocket to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Coverage Gap</b> You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1</p> <ul style="list-style-type: none"> <li>• \$8 copay for a 29-day supply of all drugs covered in this tier.</li> </ul> <p>Tier 2</p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <i>UCare for Seniors Classic (HMO-POS)</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare for Seniors Classic (HMO-POS)</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p>Tier 3</p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <i>UCare for Seniors Classic (HMO-POS)</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare for Seniors Classic (HMO-POS)</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p>Tier 4</p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <i>UCare for Seniors Classic (HMO-POS)</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare for Seniors Classic (HMO-POS)</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b>            \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b>            Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams, and up to 1 routine hearing test(s) every year.</p>

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>See page 45 for more information about prescription drugs.</p>	<p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>See page 45 for more information about prescription drugs.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p><b>In-Network</b> \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exam(s) every year.</li> <li>• Up to 3 cleaning(s) every year.</li> <li>• Up to 1 dental x-ray(s) every year.</li> </ul> <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 46 for more information about dental services.</p>
<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams, and up to 1 routine hearing test(s) every year.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>• Up to 1 routine hearing test(s) every year.</li> <li>• Fitting-evaluations for a hearing aid.</li> <li>• \$0 copay for up to 1 hearing aid(s).</li> </ul> <p>\$500 limit for hearing aids.</p> <p>See page 46 for more information about hearing services.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b></p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye, and up to 1 routine eye exam(s) every year.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>See page 47 for more information about vision services.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b></p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including newsletters.</li> <li>• Additional smoking cessation.</li> <li>• Health club membership/fitness classes.</li> <li>• Nursing hotline.</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>See page 47 for more information about vision services.</p>
Transportation (Routine)	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover acupuncture.</p>

	<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p><b>In-Network</b> \$0 copay for diagnosis and treatment for diseases and conditions of the eye, and up to 1 routine eye exam(s) every year.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>See page 47 for more information about vision services.</p>	<p><b>In-Network</b> \$0 copay for diagnosis and treatment for diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 routine eye exam(s) every year.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>• One pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Up to 1 pair(s) of glasses every year.</li> </ul> <p>\$75 limit for eyewear every year.</p> <p>See page 47 for more information about vision services.</p>	
<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>	
<p><b>In-Network</b> This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including newsletters.</li> <li>• Additional smoking cessation.</li> <li>• Health club membership/fitness classes.</li> <li>• Nursing hotline.</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>See page 47 for more information about vision services.</p>	<p><b>In-Network</b> This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including newsletters.</li> <li>• Additional smoking cessation.</li> <li>• Health club membership/fitness classes.</li> <li>• Nursing hotline.</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>See page 47 for more information about vision services.</p>	
<p><b>In-Network</b> This plan does not cover routine transportation.</p>	<p><b>In-Network</b> This plan does not cover routine transportation.</p>	
<p><b>In-Network</b> This plan does not cover acupuncture.</p>	<p><b>In-Network</b> This plan does not cover acupuncture.</p>	

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
Point of Service	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p><b>Out-of-Network</b></p> <p>Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital Care.</li> <li>• Inpatient Mental Health Care.</li> <li>• Skilled Nursing Facility (SNF).</li> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic Tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• Comprehensive Outpatient Rehabilitation Facility (CORF).</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul> <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p>

<p style="text-align: center;"><b>UCare for Seniors VALUE PLUS (HMO-POS)</b></p>	<p style="text-align: center;"><b>UCare for Seniors CLASSIC (HMO-POS)</b></p>
<p><b>Out-of-Network</b> Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital Care.</li> <li>• Inpatient Mental Health Care.</li> <li>• Skilled Nursing Facility (SNF).</li> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic Tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• Comprehensive Outpatient Rehabilitation Facility (CORF).</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul> <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p>	<p><b>Out-of-Network</b> Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital Care.</li> <li>• Inpatient Mental Health Care.</li> <li>• Skilled Nursing Facility (SNF).</li> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic Tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• Comprehensive Outpatient Rehabilitation Facility (CORF).</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul> <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
		<p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• CORF.</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul>

<p align="center"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p align="center"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• CORF.</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul>	<p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> <li>• Home Health Care.</li> <li>• Doctor Office Visits.</li> <li>• Podiatry Services.</li> <li>• Outpatient Mental Health Care.</li> <li>• Outpatient Substance Abuse Care.</li> <li>• Outpatient Services/Surgery.</li> <li>• Ambulance Services.</li> <li>• Outpatient Rehabilitation Services.</li> <li>• Durable Medical Equipment.</li> <li>• Prosthetic Devices.</li> <li>• Diabetes Self-monitoring Training, Nutrition Therapy, and Supplies.</li> <li>• Diagnostic tests, X-rays, Lab Services, and Radiology Services.</li> <li>• Bone Mass Measurement.</li> <li>• Colorectal Screening Exam.</li> <li>• Immunizations.</li> <li>• Mammograms (annual screenings).</li> <li>• Pap Smears and Pelvic Exams.</li> <li>• Prostate Cancer Screening Exams.</li> <li>• Hearing Services.</li> <li>• Vision Services.</li> <li>• Physical Exams.</li> <li>• CORF.</li> <li>• Partial Hospitalization.</li> <li>• Other Health Care Professional Services.</li> <li>• Diagnostic Radiological Services.</li> <li>• Therapeutic Radiological Services.</li> <li>• Outpatient X-rays.</li> <li>• Cardiac Rehabilitation Services.</li> <li>• Outpatient Blood.</li> <li>• Nutrition Therapy for Diabetes and Renal Disease.</li> </ul>

Benefit Category	Original Medicare	<i>UCare for Seniors VALUE (HMO-POS)</i>
<b>OPTIONAL SUPPLEMENTAL PACKAGE # 1</b>		
Premium and Other Important Information  Dental Services	Not covered.	Not covered.

<p style="text-align: center;"><i>UCare for Seniors</i> VALUE PLUS (HMO-POS)</p>	<p style="text-align: center;"><i>UCare for Seniors</i> CLASSIC (HMO-POS)</p>
<p>Not covered.</p>	<p><b>General</b>            Package 1 Comprehensive Dental \$20 monthly premium, in addition to your \$128 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits.            Dental Services:            \$1,000 limit every year for these benefits.</p> <p><b>General</b>            Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b>            \$1,000 limit for comprehensive dental benefits every year.</p> <p>See page 46 for more information about dental services.</p>

# ***UCare for Seniors Value (HMO-POS), UCare for Seniors Value Plus (HMO-POS), and UCare for Seniors Classic (HMO-POS) benefits explained***

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**This section highlights specific benefits to give you a better understanding of the coverage. There are three plans available to you and are included in this Summary of Benefits: one with just hospital and medical coverage, and two with hospital, medical, and Medicare prescription drug coverage (known as Medicare Part D).**

## **What is the monthly premium?**

The premium for *UCare for Seniors Value* (HMO-POS) is \$51. This plan **does not** include Medicare prescription drug coverage (known as Medicare Part D). You **cannot** enroll in a separate, stand-alone Medicare Part D prescription drug plan (PDP) and also enroll in this plan (even though this plan does not include Medicare Part D). If you are enrolled in a PDP and then enroll in this plan, you will be disenrolled from the PDP.

The premium for *UCare for Seniors Value Plus* (HMO-POS) is \$61.50. This plan **does** include Medicare prescription drug coverage (known as Medicare Part D). This is sold as one coordinated package, one part (hospital/medical coverage) cannot be purchased without taking the other (Medicare Part D).

The premium for *UCare for Seniors Classic* (HMO-POS) is \$128. This plan **does** include Medicare prescription drug coverage (known as Medicare Part D). This is sold as one coordinated package – one part (hospital/medical coverage) cannot be purchased without taking the other (Medicare Part D). This plan has lower copays and provides additional coverage for dental, eyewear, and hearing aids.

See item #1, page 6 for additional information about the monthly plan premium.

## **How does the out-of-pocket limit work?**

All members in each plan have a \$3,400 limit on out-of-pocket spending for certain services when received in-network. This is **not** an upfront deductible. This means that once a member has paid \$3,400 of allowed charges for certain covered services out-of-pocket in a calendar year; these benefits are covered at 100% for the remainder of the calendar year. Allowed charges

include but are not limited to copays for specialist visits and hospital inpatient stays. The following is a list of services that are **excluded** from counting toward the out-of-pocket limit:

- *UCare for Seniors Value* (HMO-POS) – Point of Service benefit.
- *UCare for Seniors Value Plus* (HMO-POS) – Point of Service benefit and Medicare Part D.
- *UCare for Seniors Classic* (HMO-POS) – Point of Service benefit, Medicare Part D, hearing aids, eyewear (eyeglasses or contact lenses), preventive dental, and comprehensive dental benefits (for those enrolled).

See item #1, page 6 for additional information about the out-of-pocket limit.

## **Do I need to use network providers?**

Not in all situations. You must use contracted network providers in order for services to be covered at the in-network cost-sharing level. You do not have to use network providers for emergency care, certain urgently needed care, out-of-area renal (kidney) dialysis, services approved in advance by us, and services that we denied but that were overturned in an appeal. You can also obtain certain covered services from non-network providers through the Point of Service (POS) benefit at the out-of-network cost sharing level.

See item #2, page 6 for additional information about the network.

## **Are chiropractic services covered?**

Yes. The only chiropractic service covered is manual manipulation of the spine to correct subluxation. There is no member copay. UCare contracts with a chiropractic health care company for chiropractic

benefit management services. Members must see a provider from the chiropractic health care company network to be covered. Chiropractic services are not covered under our Point of Service benefit.

See item #9 on page 12 for additional information about chiropractic coverage.

### **Why is there a range of copayments for outpatient services/surgery?**

For *UCare for Seniors Value* (HMO-POS) and *UCare for Seniors Value Plus* (HMO-POS) there is a \$200 copay for outpatient hospital surgery and all other outpatient hospital services have a \$25 copay. For *UCare for Seniors Classic* (HMO-POS) there is a \$100 copay for outpatient hospital surgery and all other outpatient hospital services have no copay.

See item #13 on page 14 for additional information about outpatient services coverage.

### **What if an individual has End-Stage Renal Disease?**

End-Stage Renal Disease (ESRD) is permanent kidney failure where dialysis or a kidney transplant is needed. We are prohibited from enrolling anyone into our plans with ESRD unless a person is under a special election period due to the discontinuation of his/her Medicare Advantage Plan. Some exceptions apply. Please note, an individual who receives a transplant to restore kidney function and who no longer requires dialysis on a regular basis to maintain life is not considered to have ESRD and is eligible to enroll. Current members cannot be disenrolled from their plan solely due to developing ESRD.

See item #28 on page 20 for additional information about renal dialysis services coverage.

### **What is the Medicare prescription drug coverage under *UCare for Seniors Value Plus* (HMO-POS) and *UCare for Seniors Classic* (HMO-POS)?**

*UCare for Seniors Value Plus* (HMO-POS) and *UCare for Seniors Classic* (HMO-POS) plans, but not *UCare for Seniors Value* (HMO-POS), include prescription drug coverage that is approved by the Centers for Medicare & Medicaid Services (CMS). CMS is the federal agency that oversees Medicare. The following outlines the benefit:

#### Initial Coverage

The copays for the first \$2,830 of the annual prescription drug costs are as follows:

- No more than an \$8 copay per generic drug up to a 30-day supply (Tier 1).
- \$30 copay per preferred brand drug up to a 30-day supply (Tier 2).
- \$60 copay per other brand drug up to a 30-day supply (Tier 3).
- 25% coinsurance per specialty drug up to a 30-day supply (Tier 4).
- Only two copays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offers a 90-day supply.

The plan will cover the rest.

#### Coverage Gap

- **For *UCare for Seniors Value Plus* (HMO-POS)**, once \$2,830 in actual annual prescription drug costs have been reached, a member pays 100% of the cost of drugs until he/she has paid \$4,550 in out-of-pocket prescription drug costs. During this time, members will receive a discount from network pharmacies by paying the UCare-negotiated price rather than the retail price.
- **For *UCare for Seniors Classic* (HMO-POS)**, once \$2,830 in actual annual prescription drug costs have been reached, a member pays the following copays for generic drugs:
  - No more than an \$8 copay per generic drug up to a 30-day supply.
  - Only two copays for a 90-day supply of generic maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply.

During this time a *UCare for Seniors Classic* (HMO-POS) member pays 100% of the cost of brand-name and specialty drugs until he/she has paid \$4,550 in out-of-pocket prescription drug costs (both generic and brand-name). Members will receive a discount from network pharmacies by paying the UCare-negotiated price rather than the retail price.

### Catastrophic Coverage

For *UCare for Seniors Value Plus* (HMO-POS) and *UCare for Seniors Classic* (HMO-POS) plans, once \$4,550 in annual out-of-pocket prescription drug costs have been reached, a member pays the greater of:

- A \$2.50 copay or a 5% coinsurance for generic drugs or drugs that are treated like generics.
- A \$6.30 copay or a 5% coinsurance for all other drugs.

The plan will cover the rest.

### General Information

In most cases, prescription drugs are covered under *UCare for Seniors Value Plus* (HMO-POS) or *UCare for Seniors Classic* (HMO-POS) only if they are filled at a network pharmacy or through our mail order pharmacy service. Under emergency circumstances, benefits may be obtained out of network. A network pharmacy is a contracted pharmacy where members obtain prescription drug benefits covered under your plan. The network includes retail, mail order, home infusion, long-term care, and Indian Health Service/Tribal/Urban Indian Health Program pharmacies. To obtain a list of our contracted network of pharmacies or for more detailed information about the *UCare for Seniors Value Plus* (HMO-POS) and *UCare for Seniors Classic* (HMO-POS) prescription drug coverage, please call UCare's Sales Department at 1-877-523-1518 or TTY 1-800-688-2534, visit our web site at [www.ucare.org](http://www.ucare.org), or request it by mail at UCare, Attn. Sales, P.O. Box 52, Minneapolis, MN 55440-0052.

See item #29 on pages 22 for additional information about *UCare for Seniors Value Plus* or *UCare for Seniors Classic* prescription drug coverage.

### **Is dental coverage included?**

Yes. *UCare for Seniors Classic* (HMO-POS), but not *UCare for Seniors Value* (HMO-POS) or *UCare for Seniors Value Plus* (HMO-POS), includes preventive dental. This benefit provides coverage for oral examination twice per calendar year, routine cleaning of teeth and/or gums three times per calendar year (at least one must be a gum cleaning), bitewing X-rays every 12 months, and full-mouth X-rays every five years. There are no member copays or coinsurance when members use network providers. If a member chooses to use non-network providers, he/she is responsible for (a)

submitting an itemized bill and claim form, and (b) paying the difference, if any, between our negotiated rate and the provider's billed charges.

For an additional monthly premium of \$20, *UCare for Seniors Classic* (HMO-POS) members can also enroll in the UCare comprehensive dental benefit. This option provides additional coverage for fillings, root canals, gum disease treatment, repairs, adjustments to prosthetics, and more. Members can enroll in the comprehensive dental benefit when they first enroll in *UCare for Seniors Classic* (HMO-POS) or within the first 30 days of their effective date in *UCare for Seniors Classic* (HMO-POS). If members do not join at that time, they have to wait to apply between November 15 through December 31 for coverage starting January 1 of the following year. A separate enrollment form is required. There is a \$25 deductible and a \$1,000 annual coverage maximum per calendar year. Member coinsurance applies. If a member cancels the comprehensive dental coverage, the member cannot re-enroll in the comprehensive dental plan until effective January following a minimum of 12 months of non-enrollment.

Limitations and exclusions apply to both the preventive and comprehensive dental benefit.

See item #30 on page 34 and optional benefits on page 42 for additional information about the *UCare for Seniors Classic* (HMO-POS) dental coverage.

### **What is included in the \$500 allowance for hearing aids?**

*UCare for Seniors Classic* (HMO-POS), but not *UCare for Seniors Value* (HMO-POS) or *UCare for Seniors Value Plus* (HMO-POS), includes a hearing aid benefit. Members have a \$500 benefit allowance every 36 months that they can use towards the purchase of hearing aids, fitting evaluations, and repairs from any hearing aid provider. Hearing aid molds, supplies, and batteries are not covered. The benefit allowance will not reset if a member disenrolls from *UCare for Seniors Classic* (HMO-POS) and re-enrolls within the 36-month benefit period.

See item #31 on page 34 for additional information about *UCare for Seniors Classic* (HMO-POS) hearing aid coverage.

## What eyewear is covered?

- **Eyewear following each cataract surgery.** All three plan options provide coverage for 100% of the cost of contact lenses or standard eyeglass lenses, and up to \$75 for eyeglass frames. Coverage is limited to one pair of eyeglasses or contact lenses following each cataract surgery. Eyewear must be obtained from a network provider.
- **Eyewear for refractory changes.** *UCare for Seniors Classic* (HMO-POS), but not *UCare for Seniors Value* (HMO-POS) or *UCare for Seniors Value Plus HMO-POS*, has an allowance of up to \$75 per calendar year for prescription eyeglasses (frames and lenses) or contact lenses for vision correction not related to cataract surgery. Eyeglasses or contact lenses can be obtained from any provider.

Progressive lenses, no-line bifocal or trifocal, tinting and sunglasses (except for certain ultraviolet-screening coatings), scratch-resistant coatings, and oversized lenses are not covered unless required by Medicare coverage guidelines.

See item #32 on page 36 for additional information about vision services.

## Is there coverage when traveling?

All three plans provide coverage for our members who travel out of the service area. This includes:

- **Worldwide emergency and urgently needed care coverage:** With minimal copays.
- **Out-of-area renal dialysis:** No copay or coinsurance.
- **Ground and air ambulance:** Covered only when Medicare criteria is met.  
Emergency ambulance – covered services include:
  - Services provided by a licensed ambulance service to the nearest hospital where emergency care is provided or services dispatched through 911.
  - Air ambulance to the nearest hospital according to Medicare coverage guidelines and when the member's medical condition is such that transportation by either basic or advanced life-support ground ambulance is not appropriate.

Non-emergency ambulance – covered services include:

- Ambulance services to an institution (like a hospital or skilled nursing facility), from an institution to another institution, or from an institution to your home, when other means of transportation is contraindicated or could endanger your health. The ambulance and personnel must meet Medicare criteria.

See item #14 on page 14 for additional information about ambulance services, #15 on page 14 for additional information about emergency care, item #16 on page 14 for urgently needed care, and item #28 on page 20 for renal dialysis.

## What is the Point of Service benefit?

The Point of Service benefit provides the option of receiving eligible physician and hospital services outside the contracted provider network, within the United States, for routine, non-emergency or non-urgent services. There is no deductible with the Point of Service benefit, and members do not need a referral from their primary care clinic. The Point of Service benefit may not be used for transplant surgery, eyewear, chiropractic services, dental services, and outpatient prescription drugs.

With the Point of Service benefit, UCare will pay 80% of no more than the Medicare-allowed amount, and members are required to pay the remaining 20%. For this benefit, there is no annual benefit maximum.

Please note: Emergency care and urgently needed care are not considered part of the Point of Service benefit. Such services delivered by non-network providers will be covered according to the “emergency care” and “urgently needed care” coverage.

See page 38 for additional information about the Point of Service benefit.

## Are there discounts for health club memberships or exercise programs?

There are great fitness options with all three plans. Members can choose one option or all to be active and feel great! See the *UCan!<sup>SM</sup> UCare Activity Network* brochure for details or visit our web site at [www.ucare.org](http://www.ucare.org).

See page 36 for additional information about health/wellness education.

**Are the plans Medicare Supplement Plans?**

No, they are not Medicare Supplement (Medigap) Plans. With a Medicare supplement, the bill you receive from your provider is first sent to Medicare to pay according to their schedule of coverage, and then your supplement pays after that. In contrast, our plans are Medicare Advantage plans. We contract with the federal government to administer Medicare Part A and Part B, and the additional benefits included in our plan – all in one coordinated package. This means you do not have to deal with Medicare coinsurance and deductibles, only the cost sharing with our plan. Aside from filling out your initial enrollment form, there is virtually no paperwork.

In addition, there is no upfront deductible that has to be met before coverage begins and there is no lifetime maximum. Also, for most services, there are no annual benefit limits (some benefits have specific limits as noted in the benefits comparison starting on page 6).

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