

2012 Summary of Benefits



*UCare for Seniors
Value (HMO-POS)*
*UCare for Seniors
Standard D (HMO-POS)*
*UCare for Seniors
Value Plus (HMO-POS)*
*UCare for Seniors
Classic (HMO-POS)*

(H4270)

January 1, 2012 - December 31, 2012
Western Wisconsin (26 Counties)

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

January 1, 2012 - December 31, 2012

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Thank you for your interest in the *UCare for Seniors Value (HMO-POS)*, *UCare for Seniors Standard D (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 Standard D (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, seven days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare *UCare for Seniors Value (HMO-POS)*, *UCare for Seniors Standard D (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 STANDARD D (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 STANDARD D (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 Standard D (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 Standard D (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. For an updated list, visit us at 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?

Generally, you are restricted to a doctor who is part of your network. However, we will cover your care from any provider for emergency or urgently needed care. Also, our Point-of-Service benefit allows you to get care from providers not in your network under certain conditions. For more information, please call the Customer Services number at the end of this introduction.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN *UCARE FOR SENIORS STANDARD D* (HMO-POS), *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 current Pharmacy Directory or visit us at www.ucare.org. Our Customer Services number is listed at the end of this introduction.

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

UCare for Seniors Standard D (HMO-POS), *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. *UCare for Seniors Value* (HMO-POS) does **NOT** cover Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

UCare for Seniors Standard D (HMO-POS), *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.

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 OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs, as well as get help with other Medicare 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/seven days a week; and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- 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 calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to

continue to participate with Medicare Advantage. A plan may continue in their service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 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 Standard D* (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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of *UCare for Seniors Standard D* (HMO-POS), *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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 Alfa 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** administered through DME.

WHERE CAN I FIND INFORMATION ON 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 tools on www.medicare.gov and select "Health & Drug Plans," then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Services number is listed below.

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

Visit us at www.ucare.org or, call us:

Customer Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 24 hours a day

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 on the web.

This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in a non-English language.

For additional information, call Customer Services at the phone number listed above.

SUMMARY OF BENEFITS

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</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, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$61 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit for Medicare-covered services.</p> <p>See page 58 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 Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>See page 58 for more information about the network.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>General \$67 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit for Medicare-covered services.</p> <p>See page 58 for more information about the monthly premium and the out-of-pocket limit.</p>	<p>General \$89 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit for Medicare-covered service.</p> <p>See page 58 for more information about the monthly premium and the out-of-pocket limit.</p>	<p>General \$159 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit for Medicare-covered services.</p> <p>See page 58 for more information about the monthly premium and the out-of-pocket limit.</p>
<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>See page 58 for more information about the network.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>See page 58 for more information about the network.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>See page 58 for more information about the network.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
SUMMARY OF BENEFITS INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</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>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>\$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>\$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
4 - Inpatient Mental Health Care	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p>
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2011, 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: \$141.50 per day.</p> <p>These amounts may change for 2012.</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>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$125 copay per day.</p>

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$500 copay for each Medicare-covered hospital stay.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$150 copay for each Medicare-covered hospital stay.</p>
<p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$125 copay per day.</p>	<p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$125 copay per day.</p>	<p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day. Days 21 – 100: \$75 copay per day.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network \$0 copay for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance.	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.
9 - Chiropractic Services	Supplemental routine care not covered. 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.	In-Network \$0 copay for Medicare-covered chiropractic visits. 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. See page 59 for more information about chiropractic services.
10 - Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.

UCare for Seniors STANDARD D (HMO-POS)	UCare for Seniors VALUE PLUS (HMO-POS)	UCare for Seniors CLASSIC (HMO-POS)
<p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p>
<p>In-Network \$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>\$35 copay for each specialist visit for Medicare-covered benefits.</p>	<p>In-Network \$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>In-Network \$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>In-Network \$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 59 for more information about chiropractic services.</p>	<p>In-Network \$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 59 for more information about chiropractic services.</p>	<p>In-Network \$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 59 for more information about chiropractic services.</p>
<p>In-Network \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
11 - Outpatient Mental Health Care	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>In-Network \$30 copay for each Medicare-covered individual therapy visit.</p> <p>\$30 copay for each Medicare-covered group therapy visit.</p> <p>\$30 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$30 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>In-Network \$25 copay for Medicare-covered individual visits.</p> <p>\$25 copay for Medicare-covered group visits.</p>
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>In-Network \$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 59 for more information about outpatient services.</p>
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 59 for more information about ambulance services.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>In-Network \$35 copay for each Medicare-covered individual therapy visit.</p> <p>\$35 copay for each Medicare-covered group therapy visit.</p> <p>\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$35 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>	<p>In-Network \$30 copay for each Medicare-covered individual therapy visit.</p> <p>\$30 copay for each Medicare-covered group therapy visit.</p> <p>\$30 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$30 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>	<p>In-Network \$15 copay for each Medicare-covered individual therapy visit.</p> <p>\$15 copay for each Medicare-covered group therapy visit.</p> <p>\$15 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$15 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>
<p>In-Network \$35 copay for Medicare-covered individual visits.</p> <p>\$35 copay for Medicare-covered group visits.</p>	<p>In-Network \$25 copay for Medicare-covered individual visits.</p> <p>\$25 copay for Medicare-covered group visits.</p>	<p>In-Network \$0 copay for Medicare-covered visits.</p>
<p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$35 to \$250 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 59 for more information about outpatient services.</p>	<p>In-Network \$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 59 for more information about outpatient services.</p>	<p>In-Network \$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 59 for more information about outpatient services.</p>
<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 59 for more information about ambulance services.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 59 for more information about ambulance services.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>See page 59 for more information about ambulance services.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$65 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 61 for more information about emergency care.</p>
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$25 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 61 for more information about urgently-needed-care visits.</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>In-Network</p> <p>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>
<p>19 - Prosthetic Devices (includes braces, artificial limbs, and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>

UCare for Seniors STANDARD D (HMO-POS)	UCare for Seniors VALUE PLUS (HMO-POS)	UCare for Seniors CLASSIC (HMO-POS)
<p>General \$65 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 61 for more information about emergency care.</p>	<p>General \$65 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 61 for more information about emergency care.</p>	<p>General \$65 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 61 for more information about emergency care.</p>
<p>General \$25 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 61 for more information about urgently-needed-care visits.</p>	<p>General \$25 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 61 for more information about urgently-needed-care visits.</p>	<p>General \$20 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 61 for more information about urgently-needed-care visits.</p>
<p>In-Network \$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>	<p>In-Network \$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>	<p>In-Network \$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>
<p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>In-Network 10% of the cost for Medicare-covered items.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
20 - Diabetes Programs and Supplies	<p>20% coinsurance for diabetes self-management training.</p> <p>20% coinsurance for diabetes supplies.</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p>In-Network</p> <p>\$0 copay for diabetes self-management training.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies. • Therapeutic shoes or inserts.
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>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 supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 to \$25 copay for Medicare-covered lab services.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$25 copay for Medicare-covered X-rays.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>\$0 to \$25 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 59 for more information about these services.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>In-Network \$0 copay for diabetes self-management training.</p> <p>20% of the cost for Diabetes monitoring supplies.</p> <p>20% of the cost for Therapeutic shoes or inserts.</p>	<p>In-Network \$0 copay for diabetes self-management training.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies. • Therapeutic shoes or inserts. 	<p>In-Network \$0 copay for diabetes self-management training.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies. • Therapeutic shoes or inserts.
<p>In-Network \$0 to \$35 copay for Medicare-covered lab services.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$35 copay for Medicare-covered X-rays.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>\$0 to \$35 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 59 for more information about these services.</p>	<p>In-Network \$0 to \$25 copay for Medicare-covered lab services.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$25 copay for Medicare-covered X-rays.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>\$0 to \$25 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 59 for more information about these services.</p>	<p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Lab services • Diagnostic procedures and tests • X-rays • Diagnostic radiology services (not including X-rays) • Therapeutic radiology services.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
22 - Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services.</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network</p> <p>\$25 copay for Medicare-covered Cardiac Rehabilitation Services.</p> <p>\$25 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.</p> <p>\$25 copay for Medicare-covered Pulmonary Rehabilitation Services.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>In-Network \$35 copay for Medicare-covered Cardiac Rehabilitation Services.</p> <p>\$35 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.</p> <p>\$35 copay for Medicare-covered Pulmonary Rehabilitation Services.</p>	<p>In-Network \$25 copay for Medicare-covered Cardiac Rehabilitation Services.</p> <p>\$25 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.</p> <p>\$25 copay for Medicare-covered Pulmonary Rehabilitation Services.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services. • Medicare-covered Intensive Cardiac Rehabilitation Services. • Medicare-covered Pulmonary Rehabilitation Services.

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
PREVENTIVE SERVICES		
23 - Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment, or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine for people with Medicare who are at risk. • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women with Medicare between age 35 and 39. 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening (Pap test and pelvic exam). • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. • Smoking Cessation (counseling to stop smoking). • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

UCare for Seniors STANDARD D (HMO-POS)	UCare for Seniors VALUE PLUS (HMO-POS)	UCare for Seniors CLASSIC (HMO-POS)
<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening (Pap test and pelvic exam). • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. • Smoking Cessation (counseling to stop smoking). • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening (Pap test and pelvic exam). • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. • Smoking Cessation (counseling to stop smoking). • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening (Pap test and pelvic exam). • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. • Smoking Cessation (counseling to stop smoking). • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit Category	Original Medicare	UCare for Seniors VALUE (HMO-POS)
	<ul style="list-style-type: none"> • Medical Nutrition Therapy Services. 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Exam or an Annual Wellness Visit. After your first 12 months, you get one Annual Wellness Visit every 12 months. 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 additional pap smear(s) every two years. • Up to 1 additional pelvic exam(s) every two years. <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters. • Additional smoking cessation. • Health club membership/fitness classes. • Nursing hotline.

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 additional pap smear(s) every two years. • Up to 1 additional pelvic exam(s) every two years. <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters. • Additional smoking cessation. • Health club membership/fitness classes. • Nursing hotline. 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 additional pap smear(s) every two years. • Up to 1 additional pelvic exam(s) every two years. <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters. • Additional smoking cessation. • Health club membership/fitness classes. • Nursing hotline. 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 additional pap smear(s) every two years. • Up to 1 additional pelvic exam(s) every two years. <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters. • Additional smoking cessation. • Health club membership/fitness classes. • Nursing hotline.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
24 - Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> <p>See page 59 for more information about renal dialysis.</p>

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> <p>See page 59 for more information about renal dialysis.</p>	<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> <p>See page 59 for more information about renal dialysis.</p>	<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> <p>See page 59 for more information about renal dialysis.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
25 - Outpatient 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>Drugs Covered under Medicare Part B</p> <p>General Most drugs not covered.</p> <p>\$25 to \$50 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>See page 59 for more information about Medicare Part B drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>Drugs Covered under Medicare Part B</p> <p>General \$25 to \$50 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>See page 59 for more information about Medicare Part B drugs.</p>	<p>Drugs Covered under Medicare Part B</p> <p>General \$25 to \$50 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>See page 59 for more information about Medicare Part B drugs.</p>	<p>Drugs Covered under Medicare Part B</p> <p>General \$25 to \$50 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>See page 59 for more information about Medicare Part B drugs.</p>
<p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at www.ucare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at www.ucare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at www.ucare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>

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

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>Total yearly drug costs are the total drug costs paid by both you and a Part D 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> Standard D (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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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>In-Network \$320 yearly deductible.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and a Part D 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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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 <i>UCare for Seniors</i> Value Plus (HMO-POS) approves the exception, you will pay Tier 3 Non-Preferred Brand Drugs cost sharing for the drug.</p> <p>In-Network \$0 deductible.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and a Part D 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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan's web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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 <i>UCare for Seniors</i> Classic (HMO-POS) approves the exception, you will pay Tier 3 Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p>

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

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>Initial Coverage After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • One-month (30-day) supply. • Three-month (90-day) supply. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier. • \$20 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier. • \$70 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (30-day) supply of drugs in this tier. • \$140 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy Tier 1 Generic Drug</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier. • \$20 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier. • \$70 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (30-day) supply of drugs in this tier. • \$140 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on 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)

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • One-month (31-day) supply. 	<p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Long Term Care Pharmacy</p> <p>Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Long Term Care Pharmacy</p> <p>Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier.

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

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • Three-month (90-day) supply. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>	<p>Mail Order Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$20 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$140 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Mail Order Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$20 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$140 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on 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 align="center">UCare for Seniors STANDARD D (HMO-POS)</p>	<p align="center">UCare for Seniors VALUE PLUS (HMO-POS)</p>	<p align="center">UCare for Seniors CLASSIC (HMO-POS)</p>
<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand-name drugs, and pay 86% of the plan costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs, and pay 86% of the plan’s costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Additional Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs, and pay 86% of the plan’s costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Additional Coverage Gap The plan covers many formulary generics (65% - 99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of all drugs covered in this tier. • \$20 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of all drugs covered in this tier. <p>Mail Order Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$20 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan’s costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>

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

<p align="center"><i>UCare for Seniors</i> STANDARD D (HMO-POS)</p>	<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>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network 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</i> Standard D (HMO-POS).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • 29-day supply. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network 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</i> Value Plus (HMO-POS).</p>	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network 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</i> Classic (HMO-POS).</p>

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

<p align="center">UCare for Seniors STANDARD D (HMO-POS)</p>	<p align="center">UCare for Seniors VALUE PLUS (HMO-POS)</p>	<p align="center">UCare for Seniors CLASSIC (HMO-POS)</p>
<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,930.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a (29-day) supply of drugs in this tier. <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a (29-day) supply of drugs in this tier. <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a (29-day) supply of drugs in this tier. <p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a (29-day) supply of drugs in this tier. <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a (29-day) supply of drugs in this tier. <p>Tier 2 Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a (29-day) supply of drugs in this tier. <p>Tier 3 Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a (29-day) supply of drugs in this tier. <p>Tier 4 Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a (29-day) supply of drugs in this tier. <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1 Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a (29-day) supply of all drugs covered in this tier. <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.

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

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
		<ul style="list-style-type: none"> • You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. • You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. • You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <ul style="list-style-type: none"> • Up to 1 supplemental routine hearing exam(s) every year.

UCare for Seniors STANDARD D (HMO-POS)	UCare for Seniors VALUE PLUS (HMO-POS)	UCare for Seniors CLASSIC (HMO-POS)
<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.
<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year. • Up to 3 cleaning(s) every year. • Up to 1 dental x-ray(s) every year. <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 59 for more information about dental services.</p>
<p>In-Network Hearing aids not covered.</p> <p>\$35 copay for Medicare-covered diagnostic hearing exams.</p> <ul style="list-style-type: none"> • \$0 copay for up to 1 supplemental routine hearing exam(s) every year. 	<p>In-Network Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <ul style="list-style-type: none"> • Up to 1 supplemental routine hearing exam(s) every year. 	<p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 supplemental routine hearing exam(s) every year. • Fitting evaluations for hearing aid. <p>\$0 copay for up to 1 hearing aid(s).</p> <p>\$500 plan coverage limit for hearing aids.</p> <p>See page 60 for more information about hearing services.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental 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>In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>See page 60 for more information about vision services.</p>
Over-the-Counter Items	Not covered.	<p>General The plan does not cover over-the-counter items.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover supplemental routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover acupuncture.</p>

UCare for Seniors STANDARD D (HMO-POS)	UCare for Seniors VALUE PLUS (HMO-POS)	UCare for Seniors CLASSIC (HMO-POS)
<p>In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>See page 60 for more information about vision services.</p>	<p>In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>See page 60 for more information about vision services.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery. • Up to 1 pair(s) of glasses every year. <p>\$0 to \$15 copay for exams to diagnosis and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>\$75 plan limit for eyewear every year.</p> <p>See page 60 for more information about vision services.</p>
<p>General The plan does not cover over-the-counter items.</p>	<p>General The plan does not cover over-the-counter items.</p>	<p>General The plan does not cover over-the-counter items.</p>
<p>In-Network This plan does not cover supplemental routine transportation.</p>	<p>In-Network This plan does not cover supplemental routine transportation.</p>	<p>In-Network This plan does not cover supplemental routine transportation.</p>
<p>In-Network This plan does not cover acupuncture.</p>	<p>In-Network This plan does not cover acupuncture.</p>	<p>In-Network This plan does not cover acupuncture.</p>

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
Point of Service	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services.

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. 	<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. 	<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
		<ul style="list-style-type: none"> • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>\$20,000 out-of-pocket limit every year for POS benefits.</p> <p>\$100,000 plan coverage limit every year for the following POS benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services.

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<ul style="list-style-type: none"> • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>\$20,000 out-of-pocket limit every year for POS benefits.</p> <p>\$100,000 plan coverage limit every year for the following POS benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. 	<ul style="list-style-type: none"> • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>\$20,000 out-of-pocket limit every year for POS benefits.</p> <p>\$100,000 plan coverage limit every year for the following POS benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. 	<ul style="list-style-type: none"> • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>\$20,000 out-of-pocket limit every year for POS benefits.</p> <p>\$100,000 plan coverage limit every year for the following POS benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Acute. • Inpatient Hospital Psychiatric. • Skilled Nursing Facility (SNF). • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
		<ul style="list-style-type: none"> • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services.

<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<ul style="list-style-type: none"> • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. 	<ul style="list-style-type: none"> • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services. 	<ul style="list-style-type: none"> • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. <p>20% of the cost per hospital stay.</p> <p>20% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services. • Intensive Cardiac Rehabilitation Services. • Pulmonary Rehabilitation Services. • Partial Hospitalization. • Home Health Services. • Primary Care Physician Service. • Occupational Therapy Services. • Physician Specialist Services. • Mental Health Specialty Services. • Podiatry Services. • Other Health Care Professional. • Psychiatric Services. • Physical Therapy and Speech-language Pathology Services. • Outpatient Diagnostic Procedures/Tests/Lab Services. • Diagnostic Radiological Services. • Therapeutic Radiological Services. • Outpatient X-rays. • Outpatient Hospital Services. • Ambulatory Surgical Center (ACS) Services. • Outpatient Substance Abuse. • Outpatient Blood Services. • Ambulance Services.

Benefit Category	Original Medicare	<i>UCare for Seniors</i> VALUE (HMO-POS)
		<ul style="list-style-type: none"> • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams.

Optional Benefits
OPTIONAL SUPPLEMENTAL PACKAGE # 1

<p>Premium and Other Important Information</p> <p>Dental Services</p>		<p>Not covered.</p>
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<i>UCare for Seniors</i> STANDARD D (HMO-POS)	<i>UCare for Seniors</i> VALUE PLUS (HMO-POS)	<i>UCare for Seniors</i> CLASSIC (HMO-POS)
<ul style="list-style-type: none"> • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. 	<ul style="list-style-type: none"> • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams. 	<ul style="list-style-type: none"> • Durable Medical Equipment (DME). • Prosthetic/Medical Supplies. • Diabetes Supplies and Services. • Medicare-covered Zero Cost-Sharing Preventive Services. • Supplemental Preventive Health Services. • Supplemental Education/Wellness Programs. • Kidney Disease Education Services. • Diabetes Self-Management Training. • Eye Exams. • Hearing Exams.
<p>Not covered.</p>	<p>Not covered.</p>	<p>General Package 1 Comprehensive Dental</p> <p>\$21 monthly premium, in addition to your \$159 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Comprehensive Dental <p>\$1,000 plan coverage limit every year for these benefits.</p> <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$1,000 plan coverage limit for comprehensive dental benefits every year.</p> <p>See page 59 for more information about dental services.</p>

Benefits explained for *UCare for Seniors Value* (HMO-POS), *UCare for Seniors Standard D* (HMO-POS), *UCare for Seniors Value Plus* (HMO-POS), and *UCare for Seniors Classic* (HMO-POS)

This section highlights specific benefits to give you a better understanding of the coverage. There are four plans available to you and are included in this Summary of Benefits: one with just hospital and medical coverage, and three 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 \$61. 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 Standard D* (HMO-POS) is \$67. 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 Value Plus* (HMO-POS) is \$89. 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 \$159. 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 Standard D* (HMO-POS) – Point-of-Service benefit and Medicare Part D drugs.
- *UCare for Seniors Value Plus* (HMO-POS) – Point-of-Service benefit and Medicare Part D drugs.
- *UCare for Seniors Classic* (HMO-POS) – Point-of-Service benefit, Medicare Part D drugs, hearing aids, eyewear (non-post cataract eyeglasses or contact lenses for refractory changes), preventive dental, and comprehensive dental (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 to have the following covered at the in-network cost-sharing level: emergency care, certain urgently-needed care, out-of-area renal (kidney) dialysis, services approved in advance by us, and

services that we denied at the in-network cost-sharing level, but 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 in our chiropractic 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?

The copay depends on whether the service is for surgery or other outpatient services.

- 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 Standard D* there is a \$250 copay for outpatient hospital surgery and all other outpatient hospital services have a \$35 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.

Why is there a range of copayments for lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services?

- For *UCare for Seniors Value* and *UCare for Seniors Value Plus*, there is a \$0 copay for services received at a physician's office. There is a \$25 copay for services received at an outpatient facility.

- For *UCare for Seniors Standard D*, there is a \$0 copay for services received at a physician's office. There is a \$35 copay for services received at an outpatient facility.

See item #21 on page 18 for additional information about these services.

What if I have 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 #24 on page 26 for additional information about renal dialysis services coverage.

Why is there a range of copayments for Medicare Part B drugs?

The copay depends on the place of service and type of drug. Office visits: Members pay a \$50 copay for Part B drugs dispensed and administered during a physician's office visit or outpatient facility visit. Pharmacies: Members pay a \$25 copay per generic drug or a \$50 copay per brand-name drug at a pharmacy, or if lesser than the applicable copay, the cost of the drug.

See item #25 on page 28 for additional information about Medicare Part B drugs.

Is dental coverage included?

Yes. *UCare for Seniors Classic (HMO-POS)* only includes preventive dental coverage for all enrolled members. This benefit provides coverage for oral examination twice per calendar year, routine cleaning of teeth and/or periodontal (gum) maintenance cleaning three times per calendar year (combination of teeth or gum cleanings), one set of bitewing x-rays every 12 months, four periapical x-rays (PAS) in any 12-month period, full-mouth x-rays every five years, and fluoride applications. 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 along with an approved American Dental Association form (can be obtained from provider office) and (b) paying the difference, if any, between our negotiated rate and the provider's billed charges.

For an additional monthly premium of \$21, *UCare for Seniors Classic* (HMO-POS) members **only** can also enroll in *UCare Comprehensive Dental*. This option provides additional coverage for fillings, root canals, gum disease treatment, repairs, adjustments to prosthetics, and more. Members can enroll in this 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 October 15 through December 7 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 *UCare Comprehensive Dental* coverage, the member cannot re-enroll in the comprehensive dental benefit until effective January 1 following a minimum of 12 months of non-enrollment.

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

See item #26 on page 46 and optional benefits on page 56 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) **only**, 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 #27 on page 46 for additional information about *UCare for Seniors Classic* (HMO-POS) hearing aid coverage.

Why is there a range of copayments for non-routine eye exams?

- For *UCare for Seniors Value* (HMO-POS) and *UCare for Seniors Value Plus* (HMO-POS) there is a \$30 copay for exams to diagnose and treat diseases and conditions of the eye and \$0 copay for the Medicare-covered annual glaucoma screening.
- For *UCare for Seniors Standard D* there is a \$35 copay for exams to diagnose and treat diseases and conditions of the eye and \$0 copay for the Medicare-covered annual glaucoma screening.
- For *UCare for Seniors Classic* (HMO-POS) there is a \$15 copay for exams to diagnose and treat diseases and conditions of the eye and \$0 copay for the Medicare-covered annual glaucoma screening.

See item #28 on page 48 for additional information about vision services.

What eyewear is covered?

- **Eyewear following each cataract surgery.** All four plan options provide coverage for 100% of the cost of contact lenses or standard eyeglass lenses, and up to \$75 for Medicare standard 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) **only** 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 #28 on page 48 for additional information about vision services.

Is there coverage when traveling?

All four 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 16 for additional information about emergency care, item #16 on page 16 for urgently needed care, and item #24 on page 26 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, in-home medical assessments, hearing aids, and Medicare Part D outpatient prescription drugs.

With the Point-of-Service benefit, UCare will pay 80% of the Medicare-allowed amount, and members pay the remaining 20%. There is a \$20,000 annual member maximum; a \$100,000 annual plan coverage maximum. Neither the member maximum nor the plan maximum is an upfront deductible.

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 are covered with minimal copays.

See page 50 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 *UCare for Seniors*; reduced dues at many clubs, and exercise kits. Choose one or both options to be active and feel great! See the *UCan!SM UCare Activity Network* brochure for details or visit our web site at www.ucare.org.
- Help to quit smoking or chewing tobacco with the Mayo clinic Tobacco Quitline. Visit our web site at www.ucare.org for details.
- 24-hour Health Connection nurses ready to answer your health questions.

See item #23 on page 22 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 Part D if applicable, 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 medical upfront deductible that has to be met before coverage begins and there is no lifetime maximum, except for *UCare Comprehensive Dental*. Note that there is a Part D drug deductible for the Standard D plan. 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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