

UCare for Seniors

Plan Comparison for 2011

UCare for Seniors Value Plan

Premiums

Minnesota - \$41/month
Wisconsin - \$58/month

Hospital Inpatient

For a Medicare-covered stay at a hospital, \$300 co-pay per admission.

Outpatient/Physician

For Medicare-covered services:

- \$0 co-pay for primary care doctor visits.
- \$25 co-pay for urgently needed care.
- \$30 co-pay for specialist visits.

Diagnostic Tests, X-rays, and Lab Services

\$25 co-pay per procedure type.

Physical/Speech/Occupational Therapy

\$30 co-pay per visit.

Non-Network Services, Point of Service

Coverage is 80% for non-urgent, non-emergency services obtained outside the UCare for Seniors network without a referral from the primary care clinic, anywhere in the U.S. Limit is up to \$20,000/enrollee, \$100,000/plan.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a \$50 co-pay for each Medicare-covered emergency room visit. Co-pay is waived if admitted to the hospital for the same condition within 24 hours.

Preventive Services

\$0 co-pay for annual physical, routine hearing and vision exams, immunizations, cancer screenings, routine mammograms, pap smears, colorectal screening, and bone mass measurements.

Chemical Dependency

Outpatient: \$25 co-pay for Medicare-covered individual/group visits.
Inpatient: \$300 co-pay per admission.

Mental Health

Outpatient: \$30 co-pay for Medicare-covered individual/group visits.
Inpatient: \$300 co-pay per admission.
Lifetime max: 190 days in a psychiatric hospital.

Outpatient Prescription Drugs Medicare Part B Drugs

- \$50 co-pay per visit when the drug is infused or administered in a physician's office or outpatient setting.
- \$25 co-pay per generic drug when filled at a pharmacy.
- \$50 co-pay per brand name drug when filled at a pharmacy.

Medicare Part D Drugs

No coverage.

Durable Medical Equipment

20% co-insurance for the cost of each Medicare-covered item.

Annual Out-of-Pocket Maximum

\$3,400 in a calendar year.

UCare for Seniors Standard D

Premiums

Minnesota - \$58/month
Wisconsin - \$70/month

Hospital Inpatient

For a Medicare-covered stay at a hospital, \$500 co-pay per admission.

Outpatient/Physician

For Medicare-covered services:

- \$0 co-pay for primary care doctor visits.
- \$25 co-pay for urgently needed care.
- \$35 co-pay for specialist visits.

Diagnostic Tests, X-rays, and Lab Services

\$35 co-pay per procedure type.

Physical/Speech/Occupational Therapy

\$35 co-pay per visit.

Non-Network Services, Point of Service

Coverage is 80% for non-urgent, non-emergency services obtained outside the UCare for Seniors network without a referral from the primary care clinic, anywhere in the U.S. Limit is up to \$20,000/enrollee, \$100,000/plan.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a \$50 co-pay for each Medicare-covered emergency room visit. Co-pay is waived if admitted to the hospital for the same condition within 24 hours.

Preventive Services

\$0 co-pay for annual physical, routine hearing and vision exams, immunizations, cancer screenings, routine mammograms, pap smears, colorectal screening, and bone mass measurements.

Chemical Dependency

Outpatient: \$35 co-pay for Medicare-covered individual/group visits.
Inpatient: \$500 co-pay per admission.

Mental Health

Outpatient: \$35 co-pay for Medicare-covered individual/group visits.
Inpatient: \$500 co-pay per admission.
Lifetime max: 190 days in a psychiatric hospital.

Outpatient Prescription Drugs Medicare Part B Drugs

- \$50 co-pay per visit when the drug is infused or administered in a physician's office or outpatient setting.
- \$25 co-pay per generic drug when filled at a pharmacy.
- \$50 co-pay per brand name drug when filled at a pharmacy.

Medicare Part D Drugs

\$310 annual deductible.
25% co-insurance after annual deductible is met up until the initial coverage limitation (ICL).

Durable Medical Equipment

20% co-insurance for the cost of each Medicare-covered item.

Annual Out-of-Pocket Maximum

\$3,400 in a calendar year.

UCare for Seniors Value Plus Plan

Premiums

Minnesota - \$79/month
Wisconsin - \$82/month

Hospital Inpatient

For a Medicare-covered stay at a hospital, \$300 co-pay per admission.

Outpatient/Physician

For Medicare-covered services:

- \$0 co-pay for primary care doctor visits.
- \$25 co-pay for urgently needed care.
- \$30 co-pay for specialist visits.

Diagnostic Tests, X-rays, and Lab Services

\$25 co-pay per procedure type.

Physical/Speech/Occupational Therapy

\$30 co-pay per visit.

Non-Network Services, Point of Service

Coverage is 80% for non-urgent, non-emergency services obtained outside the UCare for Seniors network without a referral from the primary care clinic, anywhere in the U.S. Limit is up to \$20,000/enrollee, \$100,000/plan.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a \$50 co-pay for each Medicare-covered emergency room visit. Co-pay is waived if admitted to the hospital for the same condition within 24 hours.

Preventive Services

\$0 co-pay for annual physical, routine hearing and vision exams, immunizations, cancer screenings, routine mammograms, pap smears, colorectal screening, and bone mass measurements.

Chemical Dependency

Outpatient: \$25 co-pay for Medicare-covered individual/group visits.
Inpatient: \$300 co-pay per admission.

Mental Health

Outpatient: \$30 co-pay for Medicare-covered individual/group visits.
Inpatient: \$300 co-pay per admission.
Lifetime max: 190 days in a psychiatric hospital.

Outpatient Prescription Drugs Medicare Part B Drugs

- \$50 co-pay per visit when the drug is infused or administered in a physician's office or outpatient setting.
- \$25 co-pay per generic drug when filled at a pharmacy.
- \$50 co-pay per brand name drug when filled at a pharmacy.

Medicare Part D Drugs

Covered with applicable co-pays.
Co-pays are:

- \$9/month for generic.
- \$35/month for brand name.
- \$70/month for non-preferred brand name.
- 25% co-insurance/month for specialty drugs.

Durable Medical Equipment

20% co-insurance for the cost of each Medicare-covered item.

Annual Out-of-Pocket Maximum

\$3,400 in a calendar year.

UCare for Seniors Classic Plan

Premiums

Minnesota - \$129/month
Wisconsin - \$147/month

Hospital Inpatient

For a Medicare-covered stay at a hospital, \$150 co-pay per admission.

Outpatient/Physician

For Medicare-covered services:

- \$0 co-pay for primary care doctor visits.
- \$20 co-pay for urgently needed care.
- \$15 co-pay for specialist visits.

Diagnostic Tests, X-rays, and Lab Services

\$0 co-pay per procedure type.

Physical/Speech/Occupational Therapy

\$15 co-pay per visit.

Non-Network Services, Point of Service

Coverage is 80% for non-urgent, non-emergency services obtained outside the UCare for Seniors network without a referral from the primary care clinic, anywhere in the U.S. Limit is up to \$20,000/enrollee, \$100,000/plan.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a \$50 co-pay for each Medicare-covered emergency room visit. Co-pay is waived if admitted to the hospital for the same condition within 24 hours.

Preventive Services

\$0 co-pay for annual physical, routine hearing and vision exams, immunizations, cancer screenings, routine mammograms, pap smears, colorectal screening, and bone mass measurements.

Chemical Dependency

Outpatient: \$0 co-pay for Medicare-covered individual/group visits.
Inpatient: \$150 co-pay per admission.

Mental Health

Outpatient: \$15 co-pay for Medicare-covered individual/group visits.
Inpatient: \$150 co-pay per admission.
Lifetime max: 190 days in a psychiatric hospital.

Outpatient Prescription Drugs Medicare Part B Drugs

- \$50 co-pay per visit when the drug is infused or administered in a physician's office or outpatient setting.
- \$25 co-pay per generic drug when filled at a pharmacy.
- \$50 co-pay per brand name drug when filled at a pharmacy.

Medicare Part D Drugs

Covered with applicable co-pays.
Co-pays are:

- \$9/month for generic.
- \$35/month for brand name.
- \$70/month for non-preferred brand name.
- 25% co-insurance/month for specialty drugs.

Durable Medical Equipment

20% co-insurance for the cost of each Medicare-covered item.

Annual Out-of-Pocket Maximum

\$3,400 in a calendar year.