

UCare for Seniors

Plan Comparison for 2012

UCare for Seniors Value Plan

Premiums

Minnesota - **\$43/month**
Wisconsin - **\$61/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 when received at an outpatient facility.
- **\$0** co-pay when received in a physician's office.

Physical/Speech/Occupational Therapy

\$30 co-pay per visit.

Non-Network Services, Point of Service

Covers non-urgent or non-emergency services received outside of the network. UCare pays 80% and member pays 20% of Medicare-allowed amount. Annual member liability is limited to \$20,000 and annual plan maximum is \$100,000.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a **\$65** 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 - Deductible

N/A

Durable Medical Equipment

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

Annual Medical Out-of-Pocket Maximum

\$3,400 in a calendar year.

Annual Part D Out-of-Pocket Maximum:

N/A

UCare for Seniors Standard D

Premiums

Minnesota - **\$54/month**
Wisconsin - **\$67/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 when received at an outpatient facility.
- **\$0** co-pay per procedure when received in a physician's office.

Physical/Speech/Occupational Therapy

\$35 co-pay per visit.

Non-Network Services, Point of Service

Covers non-urgent or non-emergency services received outside of the network. UCare pays 80% and member pays 20% of Medicare-allowed amount. Annual member liability is limited to \$20,000 and annual plan maximum is \$100,000.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a **\$65** 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 - Deductible

\$320 annual deductible.

Durable Medical Equipment

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

Annual Medical Out-of-Pocket Maximum

\$3,400 in a calendar year.

Annual Part D Out-of-Pocket Maximum:

\$4,700 in a calendar year (small co-pays may apply).

UCare for Seniors Value Plus Plan

Premiums

Minnesota - **\$84/month**
Wisconsin - **\$89/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 when received at an outpatient facility.
- **\$0** co-pay per procedure when received in a physician's office.

Physical/Speech/Occupational Therapy

\$30 co-pay per visit.

Non-Network Services, Point of Service

Covers non-urgent or non-emergency services received outside of the network. UCare pays 80% and member pays 20% of Medicare-allowed amount. Annual member liability is limited to \$20,000 and annual plan maximum is \$100,000.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a **\$65** 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 - Deductible

N/A

Durable Medical Equipment

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

Annual Medical Out-of-Pocket Maximum

\$3,400 in a calendar year.

Annual Part D Out-of-Pocket Maximum:

\$4,700 in a calendar year (small co-pays may apply).

UCare for Seniors Classic Plan

Premiums

Minnesota - **\$137/month**
Wisconsin - **\$159/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 when received at an outpatient facility.
- **\$0** co-pay per procedure when received in a physician's office.

Physical/Speech/Occupational Therapy

\$15 co-pay per visit.

Non-Network Services, Point of Service

Covers non-urgent or non-emergency services received outside of the network. UCare pays 80% and member pays 20% of Medicare-allowed amount. Annual member liability is limited to \$20,000 and annual plan maximum is \$100,000.

Emergency Services

Worldwide emergency services inside and outside the service area covered in full after a **\$65** 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 - Deductible

N/A

Durable Medical Equipment

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

Annual Medical Out-of-Pocket Maximum

\$3,400 in a calendar year.

Annual Part D Out-of-Pocket Maximum:

\$4,700 in a calendar year (small co-pays may apply).