

2025 Education Minnesota Comparison Grid

	UCARE	UCARE	UCARE	Medica	Medica	Medica
Plan Name	Basic Option	Core Option	High Option	Plan 11	Plan 5	Plan 2
Plan Type	Medicare Advantage with RX	Medicare Advantage with RX	Medicare Advantage with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX
Monthly Premium	\$79.00	\$177.00	\$352.00	\$56.00	\$85.00	\$359.00
Coverage Area	HMO Network-POS (MN) (26 counties in WI)	HMO Network-POS(MN) (26 counties in WI)	HMO Network (MN) (26 counties in WI)	Most counties throughout the U.S.	Most counties throughout the U.S.	Most counties throughout the U.S.
Medical Deductible (In Network)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Routine Physical Exams	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Exams/Eyewear	\$0-1 exam per year/\$40 diagnostic \$200 allowance per year-eyewear	\$0-1 exam per year/ \$0 diagnostic \$200 allowance per year-eyewear	\$0-1 exam per year/ \$0 diagnostic \$200 allowance per year-eyewear	1 exam per yr,\$0 primary, \$30 specialist \$100 Visa Flex Card for eyewear	1 exam per yr,\$0 primary, \$25 specialist \$125 Visa Flex Card for eyewear	1 exam per yr, \$20 copay-diagnostic \$150 Visa Flex Card for eyewear
Hearing Exams/Hearing Aids	\$0-1 exam per year/ \$40 diagnostic \$699-\$999 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$599-\$899 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$499-\$799 copay for 2 hearing aids	1 exam per yr,\$0 primary, \$30 specialist Discount Only through EPIC hearing	1 exam per yr,\$0 primary,\$25 specialist Discount Only through EPIC hearing	1 exam per yr, \$20 copay-diagnostic \$500 allowance for hearing aids/fitting
Preventative Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Doctor Office Visits	Primary Care \$0 copay Specialist \$40 copay	Primary Care \$0 copay Specialist \$30 copay	Primary Care \$0 copay Specialist \$15 copay	Primary Care \$10 copay Specialist \$30 copay	Primary Care \$0 copay Specialist \$25 copay	Primary Care \$0 copay Specialist \$20 copay
Urgent Care	\$35 copay	\$35 copay	\$25 copay	\$30 traditional or \$0 retail/convenience	\$25 traditional or \$0 retail/convenience	\$20 traditional or \$0 retail/convenience
Emergency Care	\$75 copay per visit; worldwide	\$75 copay per visit; worldwide	\$50 copay per visit; worldwide	\$125 worldwide	\$120 worldwide	\$115 worldwide
Inpatient Hospital Care	\$400 copay per admission	\$125 copay per admission	\$100 copay per admission	\$300 copay per day (days 1-5), per admission	\$250 copay per admission	\$200 copay per admission
Outpatient Services	Copays vary (\$250 surgical)	Copays vary (\$250 surgical)	Copays vary (\$200 surgical)	\$350 copay	\$300 copay	\$250 copay
Durable Medical Equip	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes Supplies	20% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Part B Drugs (doc admin injects,etc)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
In Network Out-Of-Pocket Annual Max	\$3,400 Medical Only	\$3,000 Medical Only	\$2,800 Medical Only	\$4,000 Medical Only	\$3,250 Medical Only	\$1,750 Medical Only
Travel/Extended Absence (all include worldwide emergency care)	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.	Up to 9 consecutive months. Members may receive in network benefits provided the provider accepts Medicare	Up to 9 consecutive months. Members may receive in network benefits provided the provider accepts Medicare	Up to 9 consecutive months. Members may receive in network benefits provided the provider accepts Medicare
Health Club/Fitness Discount	OnePass	OnePass	OnePass	OnePass	OnePass	OnePass
Dental	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$29/mo)	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$29/mo)	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$29/mo)	\$250 Visa Flex Card for non-Medicare covered dental services per year	\$500 Visa Flex Card for non-Medicare covered dental services per year	\$750 allowance for non-Medicare covered dental services per year
Prescription Drug Options	Included	Included	Included	Included	Included	Included
Prescription Drug Formulary	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here
Drug Deductible	\$345 - tier 1-2 drugs excluded	\$200 - tier 1-2 drugs excluded	\$0.00	\$350 - tier 1 excluded	\$295 - tier 1 excluded	\$0.00
Initial Coverage Up to \$2000 Total Drug Costs	Tier 1- \$10 copay Tier 2- \$12 copay Tier 3- \$45 copay Tier 4- \$100 copay Tier 5- 25% coinsurance	Tier 1- \$10 copay Tier 2- \$12 copay Tier 3- \$45 copay Tier 4- \$100 copay Tier 5- 25% coinsurance	Tier 1- \$0 copay Tier 2- \$5 copay Tier 3- \$40 copay Tier 4- \$100 copay Tier 5- 30% coinsurance	Preferred Standard Tier 1- \$8 copay \$20 copay Tier 2- \$14 copay \$30 copay Tier 3- 22% coins 22% coins Tier 4- 50% coins 50%coins Tier 5- 20% coins 20% coins	Preferred Standard Tier 1- \$5 copay \$15 copay Tier 2- \$12 copay \$25 copay Tier 3- 25% coins 25% coins Tier 4- 50%coins 50% coins Tier 5- 29% coins 29% coins	Preferred Standard Tier 1- \$2 copay \$10 copay Tier 2- \$10 copay \$20 copay Tier 3- 25%coins 25% coins Tier 4- 50% coins 50% coins Tier 5- 33% coins 33%coins
Catastrophic Level	\$0	\$0	\$0	\$0	\$0	\$0
Mail Order Discounts	100 day supply for 2 copays	100 day supply for 2 copay	100 day supply for 2 copays	90 day supply for 2.5 copays-Tiers 1-2	90 day supply for 2.5 copays-Tiers 1-2	90 day supply for 2.5 copays-Tiers 1-2
Over-the-counter(OTC) allowance	\$75 semiannually allowance:online, mail order, in store purchase	\$75 semiannually allowance:online, mail order, in store purchase	\$75 semiannually allowance:online, mail order, in store purchase	\$25 semi-annual allowance for select OTC & Wellness Products	\$50 semi-annual allowance for select OTC & Wellness Products	\$75 semi-annual allowance for select OTC & Wellness Products
Pharmacy Directory	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here

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