

Otter Tail, MN

UCare Value Plus (HMO-POS)

\$0.00

Medicare Advantage (without drug coverage) monthly premium

AARP Medicare Advantage Patriot (PPO)

\$0.00

Medicare Advantage (without drug coverage) monthly premium

Blue Cross Medicare Advantage Freedom Blue (PPO)

\$0.00

Medicare Advantage (without drug coverage) monthly premium

Overview

Star rating			
Health deductible	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$5,500 In-network \$7,500 Out-of-network	\$8,500 In and Out-of-network \$4,900 In-network	\$7,500 In and Out-of-network \$4,900 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$164.90	\$164.90	\$164.90

Plan features

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Over the counter drug benefits
- ✓ In-home support services
- ✗ Home and bathroom safety devices
- ✗ Meals for short duration
- ✓ Annual physical exams
- ✓ Telehealth
- ✗ Endodontics
- ✓ Periodontics
- ✗ Extractions

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Benefits & Costs

Primary doctor visit

In-network: \$0 copay
Out-of-network: \$0 copay

In-network: \$0 copay
Out-of-network: \$0 copay

In-network: \$0-20 copay per visit
Out-of-network: \$20 copay or 40% coinsurance per visit

Specialist visit

In-network: \$45 copay per visit
Out-of-network: \$45 copay per visit

In-network: \$45 copay per visit
Out-of-network: \$45 copay per visit

In-network: \$20-30 copay per visit
Out-of-network: \$20 copay or 40% coinsurance per visit

Diagnostic tests & procedures	In-network: 20% coinsurance Out-of-network: 20% coinsurance	In-network: \$20 copay Out-of-network: \$20 copay	In-network: \$0-20 copay Out-of-network: \$20 copay or 40% coinsurance
Lab services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Diagnostic radiology services (like MRI)	In-network: 20% coinsurance Out-of-network: 20% coinsurance	In-network: \$0-140 copay Out-of-network: \$0-140 copay	In-network: \$0-70 copay Out-of-network: \$20 copay or 40% coinsurance
Outpatient x-rays	In-network: 20% coinsurance Out-of-network: 20% coinsurance	In-network: \$15 copay Out-of-network: \$15 copay	In-network: \$0 copay Out-of-network: \$20 copay or 40% coinsurance
Emergency care	\$100 copay per visit (always covered)	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)
Urgent care	\$45 copay per visit (always covered)	\$40 copay per visit (always covered)	\$35 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$150 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: 20% per stay	In-network: \$295 per day for days 1 through 6 \$0 per day for days 7 through 90 \$0 per day for days 91 and beyond Out-of-network: \$295 per day for days 1 through 6 \$0 per day for days 7 and beyond	In-network: \$200 per stay Out-of-network: 40% per stay
Outpatient hospital coverage	In-network: \$250 copay per visit Out-of-network: 20% coinsurance per visit	In-network: \$0-250 copay per visit Out-of-network: \$0-250 copay per visit	In-network: \$10-150 copay per visit Out-of-network: \$20 copay or 40% coinsurance per visit

Preventive services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$20 copay or 40% coinsurance
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Extra benefits

Hearing aids	In-network: \$699-999 copay	In-network: \$175-1,225 copay Out-of-network: \$175-1,225 copay	In-network: \$599-899 copay Out-of-network: \$599-899 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	Not covered	Not covered	Not covered
Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 100 Out-of-network: 20% per stay	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 45 \$0 per day for days 46 through 100 Out-of-network: \$150 per day for days 1 through 16 \$250 per day for days 17 through 26 \$0 per day for days 27 through 100	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 100 Out-of-network: 40% per stay

Durable medical equipment (like wheelchairs & oxygen)	In-network: 20% coinsurance per item	In-network: 20% coinsurance per item Out-of-network: 50% coinsurance per item	In-network: 20% coinsurance per item Out-of-network: \$20 copay or 40% coinsurance per item
Diabetes supplies	In-network: 0-20% coinsurance per item Out-of-network: 20% coinsurance per item	In-network: \$0 copay per item Out-of-network: 50% coinsurance per item	In-network: \$0 copay per item Out-of-network: \$20 copay or 40% coinsurance per item

Drug coverage & costs

Drugs covered/Not covered

[Add your prescription drugs](#) to get estimated yearly out-of-pocket drug costs at each of your saved pharmacies. Use this information when reviewing your current plan or choosing a new one.

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