

Otter Tail, MN

UCare Value Plus (HMO-POS)

\$0.00

Medicare Advantage (without drug coverage) monthly premium

Blue Cross Medicare Advantage Choice MA Only (PPO)

\$0.00

Medicare Advantage (without drug coverage) monthly premium

AARP Medicare Advantage Patriot (PPO)

\$0.00

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Overview

Star rating	★★★★☆	★★★★☆	Plan too new to be measured
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	\$7,500 In and Out-of-network \$4,900 In-network	\$10,000 In and Out-of-network \$6,700 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$148.50	\$148.50	\$148.50
Plan features	<div><div>✓</div> Vision</div> <div><div>✓</div> Dental</div> <div><div>✓</div> Hearing</div> <div><div>✗</div> Transportation</div> <div><div>✓</div> Fitness benefits</div> <div><div>✓</div> Worldwide emergency</div> <div><div>✓</div> Over the counter drug benefits</div> <div><div>✗</div> In-home support services</div> <div><div>✗</div> Home and bathroom safety devices</div> <div><div>✗</div> Meals for short duration</div> <div><div>✓</div> Annual physical exams</div> <div><div>✓</div> Telehealth</div> <div><div>✗</div> Endodontics</div> <div><div>✓</div> Periodontics</div> <div><div>✗</div> Extractions</div>	<div><div>✓</div> Vision</div> <div><div>✓</div> Dental</div> <div><div>✓</div> Hearing</div> <div><div>✗</div> Transportation</div> <div><div>✓</div> Fitness benefits</div> <div><div>✓</div> Worldwide emergency</div> <div><div>✓</div> Over the counter drug benefits</div> <div><div>✗</div> In-home support services</div> <div><div>✗</div> Home and bathroom safety devices</div> <div><div>✓</div> Meals for short duration</div> <div><div>✓</div> Annual physical exams</div> <div><div>✓</div> Telehealth</div> <div><div>✗</div> Endodontics</div> <div><div>✓</div> Periodontics</div> <div><div>✗</div> Extractions</div>	<div><div>✓</div> Vision</div> <div><div>✓</div> Dental</div> <div><div>✓</div> Hearing</div> <div><div>✗</div> Transportation</div> <div><div>✓</div> Fitness benefits</div> <div><div>✓</div> Worldwide emergency</div> <div><div>✓</div> Over the counter drug benefits</div> <div><div>✗</div> In-home support services</div> <div><div>✓</div> Routine chiropractic service</div> <div><div>✗</div> Home and bathroom safety devices</div> <div><div>✗</div> Meals for short duration</div> <div><div>✓</div> Annual physical exams</div> <div><div>✓</div> Telehealth</div> <div><div>✓</div> Endodontics</div> <div><div>✓</div> Periodontics</div> <div><div>✓</div> Extractions</div>

Benefits & Costs

Primary doctor visit	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0-20 copay per visit Out-of-network: 40% coinsurance per visit	In-network: \$10 copay per visit Out-of-network: \$10 copay per visit
Specialist visit	In-network: \$45 copay per visit Out-of-network: \$45 copay per visit	In-network: \$20-30 copay per visit Out-of-network: 40% coinsurance per visit	In-network: \$45 copay per visit Out-of-network: \$45 copay per visit
Diagnostic tests & procedures	In-network: 20% coinsurance Out-of-network: 20% coinsurance	In-network: 15% coinsurance Out-of-network: 40% coinsurance	In-network: \$20 copay Out-of-network: \$20 copay
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: 15% coinsurance Out-of-network: 40% coinsurance	In-network: \$0-140 copay Out-of-network: \$0-140 copay
Outpatient x-rays	In-network: 20% coinsurance Out-of-network: 20% coinsurance	In-network: 15% coinsurance Out-of-network: 40% coinsurance	In-network: \$15 copay Out-of-network: \$15 copay
Emergency care	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)
Urgent care	\$50 copay per visit (always covered)	\$35 copay per visit (always covered)	\$30-40 copay per visit (always covered)

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**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: \$200 per stay  
Out-of-network: 40% 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

**Outpatient hospital coverage**

In-network: \$250 copay per visit  
Out-of-network: 20% coinsurance per visit

In-network: \$10-150 copay per visit  
Out-of-network: 40% coinsurance per visit

In-network: \$0-250 copay per visit  
Out-of-network: \$0-250 copay per visit

**Preventive services**

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

In-network: \$0 copay  
Out-of-network: 40% coinsurance

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

**Extra benefits**

**Hearing aids**

In-network: \$699-999 copay

In-network: \$599-899 copay  
Out-of-network: \$599-899 copay

In-network: \$375-2,075 copay  
Out-of-network: \$375 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)**

Not covered

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  
\$184 per day for days 21 through 100  
Out-of-network: 20% per stay

In-network: \$0 per day for days 1 through 20  
\$184 per day for days 21 through 100  
Out-of-network: 40% per stay

In-network: \$0 per day for days 1 through 20  
\$184 per day for days 21 through 57  
\$0 per day for days 58 through 100  
Out-of-network: \$150 per day for days 1 through 16  
\$250 per day for days 17 through 34  
\$0 per day for days 35 through 100

**Durable medical equipment (like wheelchairs & oxygen)**

In-network: 20% coinsurance per item

In-network: 20% coinsurance per item  
Out-of-network: 40% coinsurance per item

In-network: 20% coinsurance per item  
Out-of-network: \$55 copay or 50% coinsurance per item

**Diabetes supplies**

In-network: 0-20% coinsurance per item  
Out-of-network: 20% coinsurance per item

In-network: \$0 copay  
Out-of-network: 40% coinsurance per item

In-network: \$0 copay per item  
Out-of-network: 20% coinsurance per item