

2024 Dakota County Medicare Plan Summary and Rates

Contact HealthPartners at 952-883-7428 or UCare at 612-676-6900 to determine your providers are in network

2024 Rates	HealthPartners Journey MA/RNC Plan with Part D (One Plan Design- Two different premiums – based on residence)	Ucare with Part D (High)	Ucare with Part D (Core)
Monthly Premium:	<ul style="list-style-type: none"> Journey MA Plan: \$289.80 Retiree National Choice (RNC) \$504.90 	\$350.00	\$177.00
Deductible	None	None	None
Out of Pocket Maximum	\$3,400	\$2,800	\$3,000
Preventive Care	100%	100%	100%
Office Visits	Co-pay Primary Care: \$10 Co-pay Specialty Care: \$25	Co-pay Primary Care: \$0 Co-pay Specialty Care: \$20	Co-pay Primary Care:\$0 Co-pay Specialty Care: \$30
Convenience Care	Co-pay: \$10	Co-pay: \$10	Co-pay: \$0.00
Outpatient Hospital	Co-pay: \$150	100%	Co-pay: \$250
Inpatient Hospital	Co-pay: \$200	100%	Co-pay: \$125
Lab, MRI/CT, X-ray	100%	100% - primary care provider \$25 – all other providers	Lab:100% MRI/X-ray \$25 – In-Network
Emergency Room	Co-pay:\$75	Co-pay:\$50	Co-pay: \$75
Urgent Care	Co-pay: \$25	Co-pay: \$25	Co-pay: \$35
Dental	Preventive – HP Network only Co-pay: \$10 two cleanings one x ray	Not Covered	Preventive – 100% / Comprehensive additional \$25/month – Narrow Network
Hearing Aids/ Eyewear	TruHearing Network: Hearing Aids-\$99/\$199/\$499 per hearing aid every year; must use the TruHearing network Vision Discounts	Two TruHearing Aids each year \$499 copay – Advanced Aid \$799 copay – Premium Aid \$200 eyewear allowance annually \$75 OTC debit card (every 6mo)	Two TruHearing Aids each year \$599 copay – Advanced Aid \$899 copay – Premium Aid \$200 eyewear allowance annually \$75 OTC debit card (every 6mo)
DME	20%	20%	20%
Prescription Drugs (Part D)	Co-pay: \$15 generic, \$30 preferred and \$60 non-preferred brand, \$33% specialty (No Drug Gap)	Co-pay: \$0 generic, \$30 preferred brand, \$50 non-preferred, and \$50 specialty (No Drug Gap)	Deductible \$200 for tiers 2-4 -Co-pay: \$12 generic, \$45 preferred brand, \$100 non-preferred brand, 25% specialty -Drug Gap after total retail cost \$5,030 - Generics -\$12 all other drugs – 25%; up to \$8,000 OOP max