

HIOS Issuer ID*	85736	UCare of Minnesota
Issuer State*	MN	
Market Coverage*	Individual	
Dental Only Plan*	No	
TIN*	36-3573805	

Plan Identifiers

HIOS Plan ID*

(Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*
85736MN0230001	UCare Choices Core	85736MN023		MNN001	MNS001	MNF001
85736MN0230002	Ucare Choices Bronze	85736MN023		MNN001	MNS001	MNF001
85736MN0230003	Ucare Choices Silver	85736MN023		MNN001	MNS001	MNF001
85736MN0230004	UCare Choices Gold	85736MN023		MNN001	MNS001	MNF001
85736MN0230005	Fairview UCare Choices Bronze	85736MN023		MNN002	MNS002	MNF001
85736MN0230006	Fairview UCare Choices Silver	85736MN023		MNN002	MNS002	MNF001

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(Standard Component)	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*
85736MN0230001	New	HMO	Catastrophic	No	On the Exchange
85736MN0230002	New	HMO	Bronze	No	On the Exchange
85736MN0230003	New	HMO	Silver	Yes	On the Exchange
85736MN0230004	New	HMO	Gold	Yes	On the Exchange
85736MN0230005	New	HMO	Bronze	No	On the Exchange
85736MN0230006	New	HMO	Silver	Yes	On the Exchange

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(Standard Component)	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral
85736MN0230001	No	No	
85736MN0230002	No	No	
85736MN0230003	No	No	
85736MN0230004	No	No	
85736MN0230005	No	No	
85736MN0230006	No	No	

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(Standard Component)

Plan Level Exclusions

Limited Cost Sharing Plan Variation - Est

Advanced Payment

HSA Eligible*

HSA/HRA Employer Contribution

85736MN0230001

\$0.00

No

85736MN0230002

\$0.00

No

85736MN0230003

\$0.00

No

85736MN0230004

\$0.00

No

85736MN0230005

\$0.00

No

85736MN0230006

\$0.00

No

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HSA/HRA Employer Contribution Amount

Child-Only Offering*

Child Only Plan ID

Wellness Program Offered*

85736MN0230001

Allows Adult and Child-Only

No

85736MN0230002

Allows Adult and Child-Only

No

85736MN0230003

Allows Adult and Child-Only

No

85736MN0230004

Allows Adult and Child-Only

No

85736MN0230005

Allows Adult and Child-Only

No

85736MN0230006

Allows Adult and Child-Only

No

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Disease Management Programs Offered

EHB Apportionment for Pediatric Dental

Guaranteed vs. Estimated Rate

85736MN0230001

85736MN0230002

85736MN0230003

85736MN0230004

85736MN0230005

85736MN0230006

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**HIOS Plan ID*
(Standard Component)**

Maximum Coinsurance for Specialty Drugs

**Maximum Number of Days for Charging
an Inpatient Copay?**

**Begin Primary Care Cost-Sharing
After a Set Number of Visits?**

85736MN0230001

85736MN0230002

85736MN0230003

85736MN0230004

85736MN0230005

85736MN0230006

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HIOS Plan ID* (Standard Component)	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*
85736MN0230001	3	1/1/2014		No
85736MN0230002	3	1/1/2014		No
85736MN0230003	3	1/1/2014		No
85736MN0230004	3	1/1/2014		No
85736MN0230005	3	1/1/2014		No
85736MN0230006	3	1/1/2014		No

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Out of Country Coverage Description

Out of Service Area Coverage*

85736MN0230001

Yes

85736MN0230002

Yes

85736MN0230003

Yes

85736MN0230004

Yes

85736MN0230005

Yes

85736MN0230006

Yes

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Out of Service Area Coverage Description

85736MN0230001	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.
85736MN0230002	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.
85736MN0230003	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.
85736MN0230004	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.
85736MN0230005	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.
85736MN0230006	Mental, behaviorial, substance abuse & specialty & other practitioner office visit. Diagnostic tests & imaging. Urgent care, ER & emergency transportation. Outpatient surgery & IP hospital stay including delivery. Hospice, home health rehab or SNF & DME services.

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(Standard Component)	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
85736MN0230001	No	www.ucare.org	www.ucare.org	www.ucare.org
85736MN0230002	No	www.ucare.org	www.ucare.org	www.ucare.org
85736MN0230003	No	www.ucare.org	www.ucare.org	www.ucare.org
85736MN0230004	No	www.ucare.org	www.ucare.org	www.ucare.org
85736MN0230005	No	www.ucare.org	www.ucare.org	www.ucare.org
85736MN0230006	No	www.ucare.org	www.ucare.org	www.ucare.org