



UCare Medicare Group Plans

Eden Prairie Schools Retirees

Effective January 1, 2020 through December 31, 2020

| Benefit Category | UCare Group High | UCare Group Core | UCare Group Basic |
|---|---|---|---|
| Premium: monthly, per person | \$342.00 | \$177.00 | \$79.00 |
| Preventive Care (e.g., physicals, eye & hearing exams, flu shots) | 100% coverage | 100% coverage | 100% coverage |
| Preventive Dental | 100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices. | 100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices. | 100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices. |
| Classic Choice Dental | \$22/month | \$22/month | \$22/month |
| Eyewear | \$150 annual allowance | \$150 annual allowance | Not covered |
| Hearing Aids (TruHearing brand) | \$699 per aid for Advanced Aids \$999 per aid for Premium Aids | \$699 per aid for Advanced Aids \$999 per aid for Premium Aids | \$699 per aid for Advanced Aids \$999 per aid for Premium Aids |
| Office Visits: Primary Specialist | \$15 copay per visit \$15 copay per visit | \$15 copay per visit \$30 copay per visit | \$15 copay per visit \$40 copay per visit |
| Inpatient Hospital | \$100 copay per admission | \$200 copay per admission | \$300/day copay for days 1-5; 100% coverage thereafter. |
| Outpatient Surgery | \$200 copay | \$250 copay | \$250 copay |
| Emergency Services (Worldwide - may travel up to 6 months) | \$50 copay per hospital emergency visit; 100% coverage thereafter. | \$75 copay per hospital emergency visit; 100% coverage thereafter. | \$75 copay per hospital emergency visit; 100% coverage thereafter. |
| Ambulance Services | \$100 copay | \$100 copay | \$200 copay |
| Medical Out-of-Pocket Maximum for Part A & B Services | \$3400 per calendar year. Once met, all services are covered 100% for the rest of the year. | \$3400 per calendar year. Once met, all services are covered 100% for the rest of the year. | \$3400 per calendar year. Once met, all services are covered 100% for the rest of the year. |

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal. Benefits, formulary, pharmacy network, provider network, premium, deductible, and/or copayments/ coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply.

| Benefit Category | UCare Group High | UCare Group Core | UCare Group Basic |
|--|--|---|---|
| <p>Part D Prescription Drug Coverage:</p> <p>Annual deductible (No deductible for Tier 1)</p> <p>Tier 1 – Generic drugs</p> <p>Tier 2 – Preferred brand drugs</p> <p>Tier 3 – Non-preferred drugs</p> <p>Tier 4 – Specialty drugs</p> <p>Up to a 30-day supply for 1 copay.</p> <p>90-day supply for 2 copays through mail order or preferred pharmacies.</p> | <p>\$100 for Tiers 2-4</p> <p>\$10 copay</p> <p>\$40 copay</p> <p>\$100 copay</p> <p>30% coinsurance</p> <p>Coverage through the prescription drug gap, or the “donut hole.” Medicare catastrophic drug coverage begins once the \$6,350 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</p> | <p>\$200 for Tiers 2-4</p> <p>\$12 copay</p> <p>\$45 copay</p> <p>\$100 copay</p> <p>25% coinsurance</p> <p>After total yearly drug costs reach \$4,020, Tier 1 Generics will continue to be covered with a \$12 copay and you will pay 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the \$6,350 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</p> | <p>\$400 for Tiers 2-4</p> <p>\$12 copay</p> <p>\$45 copay</p> <p>\$100 copay</p> <p>25% coinsurance</p> <p>After total yearly drug costs reach \$4,020 you pay 25% of Tier 1 and Tier 4 Generics and 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the \$6,350 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</p> |
| Medicare Part B Drugs | 80% coverage | 80% coverage | 80% coverage |
| Over-the-Counter (OTC) | \$25 quarterly allowance | \$25 quarterly allowance | \$25 quarterly allowance |
| Fitness Programs | SilverSneakers® Health Club Savings | SilverSneakers® Health Club Savings | SilverSneakers® Health Club Savings |

- Service area includes the entire state of Minnesota & 26 counties in western Wisconsin.
- Enrollees must carry both Parts A and B of Medicare; automatic enrollment in Part D.
- See UCare Medicare Group Plans Summary of Benefits for full plan description.
- Website: www.ucare.org.

**Contact the UCare Medicare Group Plans Sales Team at:
612-676-6900 or toll free at 1-877-598-6574 (TTY users: 1-800-688-2534)
We are available 8 am to 5 pm, Monday - Friday.**