



# UCare Medicare Group Plans Minneapolis Public Schools Retirees

Effective January 1, 2025 through December 31, 2025

| Benefit Category                                                                 | UCare Group High                                                                               | UCare Group Core                                                                               | UCare Group Basic                                                                              |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Premium:</b><br>monthly, per person                                           | <b>\$352.00</b>                                                                                | <b>\$177.00</b>                                                                                | <b>\$79.00</b>                                                                                 |
| <b>Preventive Care</b><br>(e.g., physicals, eye & hearing exams, flu shots)      | 100% coverage                                                                                  | 100% coverage                                                                                  | 100% coverage                                                                                  |
| <b>Preventive Dental</b><br>(at participating dental offices)                    | 100% coverage for 2 oral exams and 3 cleanings per year                                        | 100% coverage for 2 oral exams and 3 cleanings per year                                        | 100% coverage for 2 oral exams and 3 cleanings per year                                        |
| <b>Classic Choice Dental</b>                                                     | \$29/month                                                                                     | \$29/month                                                                                     | \$29/month                                                                                     |
| <b>Eyewear</b>                                                                   | \$200 annual allowance                                                                         | \$200 annual allowance                                                                         | \$200 annual allowance                                                                         |
| <b>Hearing Aids</b><br>(TruHearing brand)                                        | \$499 per aid for Advanced Aids<br>\$799 per aid for Premium Aids                              | \$599 per aid for Advanced Aids<br>\$899 per aid for Premium Aids                              | \$699 per aid for Advanced Aids<br>\$999 per aid for Premium Aids                              |
| <b>Office Visits:</b><br><b>Primary</b><br><b>Specialist</b>                     | \$0 copay per visit<br>\$15 copay per visit                                                    | \$0 copay per visit<br>\$30 copay per visit                                                    | \$0 copay per visit<br>\$40 copay per visit                                                    |
| <b>Inpatient Hospital</b>                                                        | \$100 copay per admission                                                                      | \$125 copay per admission                                                                      | \$400 copay per admission                                                                      |
| <b>Outpatient Surgery</b><br><b>Hospital</b><br><b>Ambulatory Surgery Center</b> | \$200 copay<br>\$200 copay                                                                     | \$250 copay<br>\$250 copay                                                                     | \$250 copay<br>\$250 copay                                                                     |
| <b>Outpatient mental health care</b>                                             | \$0 copay per visit                                                                            | \$0 copay per visit                                                                            | \$0 copay per visit                                                                            |
| <b>Emergency Services</b><br>(Worldwide - may travel up to 6 months)             | \$50 copay per hospital emergency visit                                                        | \$75 copay per hospital emergency visit                                                        | \$75 copay per hospital emergency visit                                                        |
| <b>Ambulance Services</b>                                                        | \$100 copay                                                                                    | \$100 copay                                                                                    | \$200 copay                                                                                    |
| <b>Medical Out-of-Pocket Maximum for Part A &amp; B Services</b>                 | \$2,800 per calendar year<br>Once met, all services are covered 100% for the rest of the year. | \$3,000 per calendar year<br>Once met, all services are covered 100% for the rest of the year. | \$3,400 per calendar year<br>Once met, all services are covered 100% for the rest of the year. |

UCare is an HMO-POS plan with a Medicare contract. Enrollment in UCare depends on contract renewal.

| <b>Benefit Category</b>                                                                | <b>UCare Group High</b>                                                                                                                                                                     | <b>UCare Group Core</b>                                                                                                                                                                     | <b>UCare Group Basic</b>                                                                                                                                                                    |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D Prescription Drug Coverage:</b>                                              |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                             |
| Annual deductible                                                                      | \$0                                                                                                                                                                                         | \$200 for Tiers 3-5                                                                                                                                                                         | \$345 for Tiers 3-5                                                                                                                                                                         |
| Tier 1 – Preferred Generic Drugs                                                       | \$0 copay                                                                                                                                                                                   | \$10 copay                                                                                                                                                                                  | \$10 copay                                                                                                                                                                                  |
| Tier 2 – Generic drugs                                                                 | \$5 copay                                                                                                                                                                                   | \$12 copay                                                                                                                                                                                  | \$12 copay                                                                                                                                                                                  |
| Tier 3 – Preferred brand drugs*                                                        | \$40 copay                                                                                                                                                                                  | \$45 copay                                                                                                                                                                                  | \$45 copay                                                                                                                                                                                  |
| Tier 4 – Non-preferred drugs*                                                          | \$100 copay                                                                                                                                                                                 | \$100 copay                                                                                                                                                                                 | \$100 copay                                                                                                                                                                                 |
| Tier 5 – Specialty drugs                                                               | 30% coinsurance                                                                                                                                                                             | 25% coinsurance                                                                                                                                                                             | 25% coinsurance                                                                                                                                                                             |
| Up to a 30-day supply for 1 copay.                                                     | Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage. | Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage. | Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage. |
| Up to a 100-day supply for 2 copays through mail order or any network retail pharmacy. |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                             |
| <b>NOTE:</b> Tier 5 drugs can only be filled for up to a 30-day supply.                |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                             |
| *Insulin: \$35 copay, no deductible; 1 month supply                                    |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                             |
| <b>Medicare Part B Drugs</b>                                                           | 20% coinsurance*                                                                                                                                                                            | 20% coinsurance*                                                                                                                                                                            | 20% coinsurance*                                                                                                                                                                            |
| *Insulin: \$35 copay, no deductible; 1 month supply                                    | Certain drugs may have a lower coinsurance.                                                                                                                                                 | Certain drugs may have a lower coinsurance.                                                                                                                                                 | Certain drugs may have a lower coinsurance.                                                                                                                                                 |
| <b>Over-the-Counter (OTC)</b>                                                          | \$75 twice a year                                                                                                                                                                           | \$75 twice a year                                                                                                                                                                           | \$75 twice a year                                                                                                                                                                           |
| <b>Fitness Programs</b>                                                                | One Pass or Health Club Savings                                                                                                                                                             | One Pass or Health Club Savings                                                                                                                                                             | One Pass or 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](http://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)  
Email to: [groupsales@ucare.org](mailto:groupsales@ucare.org)  
We are available 8 am to 8 pm, Monday - Friday.**