Welcome to UCare

UCare Medicare Group Plans for your Retirees

We know Medicare so you don’t have to

Retirees are adjusting to a new phase in life. One of the most challenging parts of the transition is how their health coverage changes once they become eligible for Medicare. UCare understands Medicare. When it comes to Medicare, we understand it. We help retirees while making your life easier. We want to be your partner in assisting your retirees. Consider us your Medicare de-complicators.

How UCare serves the employer

- Employers/Unions are not required to contribute financially to retiree premium
- No minimum retiree participation is required
- All administration handled by UCare:
  - Retiree phone calls, questions and issues
  - Mailings
  - Billing
  - Enrollment
  - Medicare 101 and Open Enrollment Meeting
  - Employee Health or Benefit Fairs

Advantages for retirees

- Medicare and plan education: By phone or Medicare 101 sessions
- Plan choice: High, Core and Basic Options (retirees choose the plan they want annually)
- HSA/HRA funds may be used to pay premium
- Large Network and Service Area – Worldwide Travel Benefit
- Dental – Preventive included plus optional Comprehensive Rider
- Prescription drug benefits retirees cannot purchase on their own – High Option eliminates the “Donut Hole.” Plans include and enhance Medicare Part D drug coverage.
- UCare Health & Wellness Programs: SilverSneakers® Fitness and Health Club Discount
- Dedicated Medicare Group Customer Service staff

Amy Sundem
UCare Medicare Group Sales Representative
asundem@ucare.org • 612-676-3669
UCare is one of the longest serving Medicare Advantage plans in Minnesota. Today we offer UCare Medicare Group Plans to more than 80 employer groups across Minnesota. These private or public companies, school districts or union groups, trust us to provide our plans to their Medicare-eligible retirees and spouses.

UCare offers three standard packages – High, Core and Basic. Groups may offer the High option alone, while others may offer the High and Core, and some offer all three. Retirees pick one plan for the calendar year. They may change plan options every year for a January 1 effective date.

All three plan options include and enhance Medicare Part D Prescription Drug coverage. Preventive dental benefits are also included in all three plans and an optional comprehensive dental plan is also available for retirees to purchase. All plans include the free SilverSneakers® fitness program – or a credit via the Health Club Savings plan.

UCare Medicare Group Plans

High – This plan is the most comprehensive of the three options. The High plan enhances the Part D benefit by covering brand and generic drugs through the Coverage Gap (otherwise referred to as the “donut hole”). This type of plan is not available in the individual Medicare supplemental plan marketplace. Employers may or may not choose to include preventive dental benefits in this package.

Core – This plan is our most popular option. The price is lower than our High plan yet still provides rich and comprehensive benefits. The plan includes preventive dental and coverage for generic drugs through the Coverage Gap. Plus, like High, Core offers an eyewear and hearing aid credit.

Basic – This is our most cost-effective premium plan. The member has some higher copays in order to pay a lower premium up front. This plan also includes preventive dental benefits.

Billing

Employers are not required to pay any of the premium, but may choose to pay a portion of the premium. We can direct bill each individual retiree at home or employers that pay a portion of the premium usually choose our Group-billed option. Direct billed retirees may set up Electronic Funds Transfer (EFT) through their bank.

Group Eligibility

- Retirees must live within Minnesota or 26 counties in Western Wisconsin.
- Retirees must be enrolled in Medicare Parts A and B.
- Employers must have five Medicare-eligible retirees, including their Medicare-eligible spouses.
- Employers must be based in Minnesota.
- There are no minimum enrollment requirements.
- Group setup in one 30-minute meeting with client.

Contact Amy Sundem
UCare Medicare Group Sales
612-676-3669 • asundem@ucare.org
Q: What are the criteria for offering the UCare Medicare Group Plans?

A: The employer/group must have at least five people who are eligible for the plan. Eligibility means that the retiree is 65 years or older AND retired. Note that retired spouses (65 years or older) of retirees do count toward the five-person eligible rule.

Q: Who can join the UCare Medicare Group Plans?

A: Current and upcoming 65+ retirees can enroll in the plan for coverage to start the 1st of the month after employer-sponsored coverage ends. Those who are retired and not yet 65, can enroll in the plan for coverage to start on the 1st of the month they turn 65. Past 65+ retirees can enroll in the plan for coverage to start on the 1st of any month, subject to the employer’s enrollment rules. These group plans are also available to Medicare eligible spouse (65+ and retired) to join as a dependent of the retiree.

Q: What are the employer’s enrollment rules?

The employer decides how open or closed enrollment into the Group Plans will be. A more closed enrollment would require continual coverage, meaning that upon loss of employer coverage, the retiree must choose the Group Plan. If the retiree chooses another plan, he or she will no longer be eligible for the Group Plan at a later date. Some companies have a more open enrollment with no such requirement and retirees can come and go off the Group Plan as they please.

Q: How does enrollment work for those joining UCare Medicare Group Plans?

A: Retirees choose a plan among those offered (up to 3) for the calendar year until December 31. Retirees can make a change among the plans offered every year for a January 1 start, during the Annual Enrollment Period (October 15 – December 7). If a retiree joins during the year, we will inform them about their option to change plans for a January 1 renewal. The term will then be January 1 to December 31. Each spouse can join their own plan, they do not need to join the same plan.

Q: Is there a minimum enrollment for the employer?

A: No, there is no minimum enrollment.

Q: What is the cost to the employer?

A: Most employers have zero cost. There is no requirement that the employer contributes to the premium. If the employer so chooses, they can contribute some or the entire premium. The employer can also choose to contribute for some retirees and not all retirees.
Q: Is the employer subject to compliant requirements or annual reporting to offer these plans?

A: If the company is not contributing to the premium then no. If the company is contributing to the premium, they may need to account for that expense. Employers should check with their accountant or tax professional in this case.

Q: What is required of the employer to set up a Group Medicare Plan?

A: Very little. The only documentation is a Federal Tax ID number. Setting up the group takes one 30 minute meeting to work out the details. Mailing of all letters and enrollment kits is handled by UCare. All assistance with enrollment and answering retiree questions are handled by UCare. We bill the retirees directly.

Q: Can my 65+ active employees join the UCare Group Medicare plan?

A: In short, no – not the Group Plan. If a 65+ active employee chooses to waive the employer-sponsored insurance plan, he or she can sign up for Medicare Part B and an Individual Medicare plan, but he or she will not be eligible to join the Group Medicare plan until they transition from active to retired. A note about part-time/casual workers: If a 65+ employee changes job status so that he or she is no longer eligible for the employer-sponsored plan, he or she is now eligible for the Group plan.

Additional questions? Contact us!

UCare Medicare Group Plans Team
Amy Sundem, Group Medicare Sales Representative — 612-676-3669 • asundem@ucare.org
Debbie Holt, Group Medicare Sales Manager — 612-676-3557 • dholt@ucare.org
# UCare Medicare Group Plans
## For Your Retirees

Effective January 1, 2019 through December 31, 2019

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>UCare Group High</th>
<th>UCare Group Core</th>
<th>UCare Group Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monthly, per person</td>
<td>$339.00</td>
<td>$175.00</td>
<td>$79.00</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td>(e.g., physicals, eye &amp; hearing exams, flu shots)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Dental</strong></td>
<td>100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices.</td>
<td>100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices.</td>
<td>100% coverage for 2 oral exams and 3 cleanings per year at participating dental offices.</td>
</tr>
<tr>
<td><strong>Classic Choice Dental</strong></td>
<td>$21/month</td>
<td>$21/month</td>
<td>$21/month</td>
</tr>
<tr>
<td><strong>Eyewear</strong></td>
<td>$150 annual allowance</td>
<td>$150 annual allowance</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>$500 every 36 months</td>
<td>$500 every 36 months</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Office Visits:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Specialist</td>
<td>$15 copay per visit</td>
<td>$15 copay per visit</td>
<td>$15 copay per visit</td>
</tr>
<tr>
<td>$15 copay per visit</td>
<td>$30 copay per visit</td>
<td>$40 copay per visit</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$100 copay per admission</td>
<td>$200 copay per admission</td>
<td>$300/day copay for days 1-5; 100% coverage thereafter.</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$200 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>$50 copay per hospital emergency visit; 100% coverage thereafter.</td>
<td>$75 copay per hospital emergency visit; 100% coverage thereafter.</td>
<td>$75 copay per hospital emergency visit; 100% coverage thereafter.</td>
</tr>
<tr>
<td>(Worldwide - may travel up to 6 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td><strong>Medical Out-of-Pocket Maximum for Part A &amp; B Services</strong></td>
<td>$3400 per calendar year. Once met, all services are covered 100% for the rest of the year.</td>
<td>$3400 per calendar year. Once met, all services are covered 100% for the rest of the year.</td>
<td>$3400 per calendar year. Once met, all services are covered 100% for the rest of the year.</td>
</tr>
</tbody>
</table>

Please see reverse side for more information

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. 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.
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<thead>
<tr>
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<th>UCare Group High</th>
<th>UCare Group Core</th>
<th>UCare Group Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part D Prescription Drug Coverage:</strong></td>
<td>$100 for Tiers 2-4</td>
<td>$200 for Tiers 2-4</td>
<td>$400 for Tiers 2-4</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$10 copay</td>
<td>$12 copay</td>
<td>$12 copay</td>
</tr>
<tr>
<td>(No deductible for Tier 1)</td>
<td>$40 copay</td>
<td>$45 copay</td>
<td>$45 copay</td>
</tr>
<tr>
<td>Tier 1 – Generic drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 – Preferred brand drugs</td>
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<td></td>
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</tr>
<tr>
<td>Tier 3 – Non-preferred drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4 – Specialty drugs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Up to a 30-day supply for 1 copay.</td>
<td>Coverage through the prescription drug gap, or the “donut hole.” Medicare catastrophic drug coverage begins once the $5,100 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</td>
<td>After total yearly drug costs reach $3,820, 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 $5,100 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</td>
<td>After total yearly drug costs reach $3,820 you pay 37% of Tier 1 and Tier 4 Generics and 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the $5,100 out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</td>
</tr>
<tr>
<td>90-day supply for 2 copays through mail order or preferred pharmacies.</td>
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</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td><strong>Fitness Programs</strong></td>
<td>SilverSneakers® Health Club Savings</td>
<td>SilverSneakers® Health Club Savings</td>
<td>SilverSneakers® Health Club Savings</td>
</tr>
</tbody>
</table>

- 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.
- Worldwide emergency coverage for up to 6 months out-of-area.
- 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)
We are available 8 a.m. to 8 p.m., seven days a week.

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SilverSneakers® gives UCare members instant access to the following at no extra cost:

- 14,000+ fitness locations nationwide
- Treadmills, weights, pools and other equipment and amenities
- SilverSneakers classes designed for all levels and abilities
- SilverSneakers FLEX® classes such as dance, tai chi and yoga
- SilverSneakers BOOM™ 30-minute classes for more intense workouts
- A support network and online resources including the SilverSneakers blog

If you’re already a UCare member, you’re all set! To start using your fitness benefit, visit SilverSneakers.com/StartHere.

Not a UCare member?

Learn more today!

Call 612-676-6500 or 1-866-457-7144 toll free, 8 a.m. to 8 p.m. seven days a week, TTY: 612-676-6810 or 1-800-688-2534 toll free
sales@ucare.org • ucare.org
Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

UCare for Seniors (HMO-POS) and EssentiaCare (PPO) are plans with a Medicare contract. UCare’s MSHO and UCare Connect + Medicare (HMO SNP) are plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare for Seniors, EssentiaCare, MSHO or UCare Connect + Medicare depends on contract renewal.

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So you’ve decided to offer your retirees the UCare Medicare Group Plans.

Now what?

It’s easy to set up a Group Medicare Plan for your retirees. After gathering some information and a bit of time, we can start to serve you and your retirees. Read below and learn how we work to get you started, in one 30-minute meeting.

1. Gather company information for New Group Set Up form
   a. Contact Name, Address, Phone
   b. Federal Tax ID number
2. Determine how the premium for plans will be made
   a. Retiree and/or spouse pays the premium – most common choice
      i. Billed or Electronic Funds Transfer
      ii. Premium CAN be reimbursed from retiree’s HSA/HRA
   b. Company pays all or some of the premium
      i. Company pays into a HRA/HSA
3. Determine an Enrollment Window timeframe to join the plan
   a. 3 month initial enrollment period to start
   b. Special enrollment period – join at 65 or when retiring after age 65
4. Determine how UCare will inform retirees about the plans
   a. Retiree letters – we write and send on your letterhead
   b. Medicare office hours – we are available for one-on-one meetings
   c. Benefit fairs – we staff a table and answer questions.
   d. Pre-Retirement/Retirement Meeting – we present our plans
   e. Company website or intranet – we supply information on the plans
   f. Materials in HR office – our contact info, plan summaries, enrollment kits
5. Determine how UCare will inform up and coming retirees about the plans
   a. Age-in Lists of those turning 65
      i. Partnership with Preferred One, who can supply at your request.
      ii. Request from your carrier for active employees
   b. List of those planning to retire
6. We know Medicare, so you don’t have to. Retirees/spouses contact us at UCare:
   a. Amy Sundem, Group Medicare Sales Representative
   b. Phone: 612-676-6900
   c. Email: Groupsales@ucare.org
# New Group Set-up Form

| Company Name: |  |
| Company Address: |  |
| Company Phone: |  |
| Contact Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Proposed Effective Date: |  |
| Billing Type: | □ Individual Retirees  
□ Group Billed  |
| Number of potential retirees: |  |
| Enrollment meeting dates: |  |
| Broker Information (if applicable): |  |
| Employer Federal Tax ID: |  |
| Type of Group Sponsor: | □ Employer  
□ Union  
□ Trustees of a Fund  |
| Organization Type: | □ State Government  
□ Local Government  
□ Publicly Traded Company  
□ Privately Held Company  
□ Non-profit  
□ Church Group  
□ Other  |