



# UCare Medicare Group Plans PEIP Retirees

Effective January 1, 2020 through December 31, 2020

Benefit Category	UCare Group High	UCare Group Core	UCare Group Basic
<b>Premium:</b> monthly, per person	<b>\$342.00</b>	<b>\$177.00</b>	<b>\$79.00</b>
<b>Preventive Care</b> (e.g., physicals, eye & hearing exams, flu shots)	100% coverage	100% coverage	100% coverage
<b>Preventive Dental</b>	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.
<i>Classic Choice Dental</i>	\$22/month	\$22/month	\$22/month
<b>Eyewear</b>	\$150 annual allowance	\$150 annual allowance	Not covered
<b>Hearing Aids (TruHearing brand)</b>	\$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
<b>Office Visits:</b> <b>Primary</b> <b>Specialist</b>	\$15 copay per visit \$15 copay per visit	\$15 copay per visit \$30 copay per visit	\$15 copay per visit \$40 copay per visit
<b>Inpatient Hospital</b>	\$100 copay per admission	\$200 copay per admission	\$300/day copay for days 1-5; 100% coverage thereafter.
<b>Outpatient Surgery</b>	\$200 copay	\$250 copay	\$250 copay
<b>Emergency Services</b> (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.
<b>Ambulance Services</b>	\$100 copay	\$100 copay	\$200 copay
<b>Medical Out-of-Pocket Maximum for Part A &amp; B Services</b>	\$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><b>Part D Prescription Drug Coverage:</b></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 <b>\$6,350</b> 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 <b>\$4,020</b>, 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 <b>\$6,350</b> 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 <b>\$4,020</b> you pay 25% of Tier 1 and Tier 4 Generics and 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the <b>\$6,350</b> out-of-pocket costs are met. (See Summary of Benefits for catastrophic costs).</p>
<p><b>Medicare Part B Drugs</b></p>	<p>80% coverage</p>	<p>80% coverage</p>	<p>80% coverage</p>
<p><b>Over-the-Counter (OTC)</b></p>	<p>\$25 quarterly allowance</p>	<p>\$25 quarterly allowance</p>	<p>\$25 quarterly allowance</p>
<p><b>Fitness Programs</b></p>	<p>SilverSneakers® Health Club Savings</p>	<p>SilverSneakers® Health Club Savings</p>	<p>SilverSneakers® Health Club Savings</p>

- 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)  
We are available 8 am to 5 pm, Monday - Friday.**