



UCare Medicare Group Plans Bloomington Schools Retirees

Effective January 1, 2019 through December 31, 2019

Benefit Category	UCare Group High	UCare Group Core	UCare Group Basic
Premium: monthly, per person	\$339.00	\$175.00	\$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	\$21/month	\$21/month	\$21/month
Eyewear	\$150 annual allowance	\$150 annual allowance	Not covered
Hearing Aids	\$500 every 36 months	\$500 every 36 months	Not covered
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. 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.

Please see reverse side for more information

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 \$5,100 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 \$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).</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 \$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).</p>
<p>Medicare Part B Drugs</p>	<p>80% coverage</p>	<p>80% coverage</p>	<p>80% coverage</p>
<p>Fitness Programs</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.
- 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.

**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.**