



# UCare Medicare Group Plans

## University of Minnesota Retirees

Effective January 1, 2021 through December 31, 2021

Benefit Category	UCare Group Plan 1	UCare Group Plan 2
<b>Premium</b> Monthly per person	<b>\$315.00</b>	<b>\$167.00</b>
<b>Preventive Care</b> (e.g., physicals, eye and hearing exams, flu shots)	100% coverage	100% coverage
<b>Eyewear</b>	\$150 Annual Allowance	\$150 Annual Allowance
<b>Hearing Aids (TruHearing Brand)</b>	\$599 per aid for Advanced Aids \$899 per aid for Premium Aids	\$599 per aid for Advanced Aids \$899 per aid for Premium Aids
<b>Office Visits:</b> <b>Primary</b> <b>Specialist</b>	\$15 copay per visit \$15 copay per visit	\$20 copay per visit \$30 copay per visit
<b>Inpatient Hospital</b>	100% coverage	\$200 copay per admission
<b>Outpatient surgery</b>	100% coverage	\$100 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.
<b>Ambulance Services</b>	100% coverage	\$100 copay
<b>Medical Out-of-Pocket Maximum for Part A and Part B services</b>	\$3,400 per calendar year. Once met, all services are covered 100% for the rest of the year.	\$3,400 per calendar year. Once met, all services are covered 100% for the rest of the year.

*Please see reverse side for more information*

Benefit Category	UCare Group Plan 1	UCare Group Plan 2
<p><b>Part D Prescription Drug Coverage:</b></p> <p>Tier 1 – Generic drugs  Tier 2 - Preferred brand drugs  Tier 3 - Non-preferred drugs  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>\$10 copay  \$30 copay  \$50 copay  \$50 copay</p> <p>Coverage after above copays through the prescription drug gap, or “donut hole,” and through the Medicare catastrophic drug stage.</p>	<p>\$10 copay  \$30 copay  \$60 copay  25% coinsurance</p> <p>After total yearly drug costs reach <b>\$4,130</b>, Tier 1 Generics will continue to be covered with a \$10 copay and you will pay 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the <b>\$6,550</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><b>Over-the-Counter (OTC)</b></p>	<p>\$50 every 6 mos.</p>	<p>\$50 every 6 mos.</p>
<p><b>Fitness Programs</b></p>	<p><b>SilverSneakers® and Health Club Savings Programs</b></p>	<p><b>SilverSneakers® and Health Club Savings Programs</b></p>

- Service area includes the entire state of Minnesota and 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**

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.