



# PEIP Retiree Health Group *UCare* for Seniors

Effective January 1, 2018 through December 31, 2018

Benefit Category	Group <i>UCare</i> for Seniors High Option	Group <i>UCare</i> for Seniors Core Option	Group <i>UCare</i> for Seniors Basic Option
<b>Premium:</b> monthly, per person	\$332.00	\$164.00	\$73.00
<b>Network</b>	Select a primary care clinic. Referral is not required to see a specialist within the network. UCare's Provider network includes Allina, CentraCare, Essentia, Fairview, HealthEast, HCMC, Mayo, North Memorial, Park Nicollet, U of M, and many more.		
<b>Medicare</b>	Must Have Parts A and B of Medicare		
<b>Residency Requirements/ Service Area</b>	Must reside within the service area, which consists of the entire state of Minnesota, and 26 Western Wisconsin counties.		
<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>Lab &amp; X-rays</b>	100% coverage	100% coverage	10% coinsurance
<b>Skilled Nursing Facility</b>	100% coverage for days 1-20 \$100 copay per day for days 21-100 <b>No 3 day inpatient hospital stay required for coverage</b>		
<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>Urgent Care</b>	\$25	\$35	\$35
<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>Preventive Care</b> (e.g., physicals, eye & hearing exams, flu shots)	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.
<b>Classic Choice Dental</b>	\$21/month	\$21/month	\$21/month

<b>Benefit Category</b>	<b>Group UCare for Seniors High Option</b>	<b>Group UCare for Seniors Core Option</b>	<b>Group UCare for Seniors Basic Option</b>
<b>Prescription Drug Coverage:</b>			
Annual deductible	\$100	\$150	\$250
Tier 1 – Generic drugs	\$10 copay	\$15 copay	\$15 copay
Tier 2 – Preferred brand drugs	\$40 copay	\$45 copay	\$45 copay
Tier 3 – Non-preferred drugs	\$90 copay	\$100 copay	\$100 copay
Tier 4 – Specialty drugs	30% coinsurance	30% coinsurance	25% coinsurance
Up to a 30-day supply for 1 copay.	Coverage through the prescription drug gap, or the “donut hole.”	After total yearly drug costs reach \$3,750, Tier 1 Generics are covered with a \$15 copay; and you pay 35% of Brand-name drugs. Medicare catastrophic drug coverage begins once the \$5,000 out-of-pocket maximum is met.	After total yearly drug costs reach \$3,750 you pay 44% of Tier 1 and Tier 4 Generics and 35% of Brand-name drugs. Medicare catastrophic drug coverage begins once the \$5,000 out-of-pocket maximum is met.
90-day supply for 2 copays through mail order or preferred pharmacy only.	Medicare catastrophic drug coverage begins once the \$5,000 out-of-pocket maximum is met.		
<b>Medicare Part B Medications</b>	80%	80%	80%
<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.
<b>Eyewear</b>	\$150 annual allowance	\$150 annual allowance	Not covered
<b>Fitness Programs</b>	SilverSneakers® Health Club Savings	SilverSneakers® Health Club Savings	SilverSneakers® Health Club Savings

UCare for Seniors is an HMO-POS plan with a Medicare contract. Enrollment in UCare for Seniors 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.