

**PEIP Retiree Health
Group UCare for Seniors**

January 1, 2015 through December 31, 2015



	Group UCare for Seniors High Option \$298.00 monthly	Group UCare for Senior Core Option \$140.00 monthly	New Option for 2015 Group UCare for Seniors Basic Option \$70.00 monthly
	Must choose a primary care clinic, however, you do not need a referral to see a specialist within the network.		
Prescription Drugs <i>(34-day supply, formulary)</i>	\$10 co-pay generic drugs \$30 co-pay preferred brand drugs \$60 co-pay brand 25% coinsurance specialty Mail order 2-copays for 102-day supply. No Coverage Gap (Donut Hole) Medicare Catastrophic begins once \$4,700 out of pocket is met.	\$10 co-pay generic drugs \$40 co-pay preferred brand drugs \$80 co-pay brand 25% coinsurance specialty Mail order 2-copays for 102-day supply. Once total yearly Rx costs reach \$2,960, you pay 65% of generic & 45% of Brand Name drugs until the out of pocket level is met. Catastrophic Rx begins at that time.	\$15 co-pay generic drugs \$45 co-pay preferred brand drugs \$90 co-pay brand 31% coinsurance specialty Mail order 2-copays for 102-day supply. Once total yearly Rx costs reach \$2,960, you pay 65% of generic & 45% of Brand Name drugs until the out of pocket level is met. Catastrophic Rx begins at that time.
Medicare	Must have Parts A & B of Medicare		
Residency Requirements	Must reside within the service area which consists of the entire State of Minnesota and Western Wisconsin.		
Preventive Care <i>routine physicals, cancer screenings, eye and hearing exams, immunizations)</i>	100% coverage		
Office Visits	Primary \$15 co-pay Specialist \$15 co-pay	Primary \$15 co-pay Specialist \$30 co-pay	Primary \$15 co-pay Specialist \$40 co-pay
In-Patient Hospital	100% after \$100 co-pay	100% after \$200 co-pay	\$300/day co-pay for days 1-5, then 100%
Outpatient Surgery	\$200 co-pay	\$250 co-pay	\$250 co-pay
Emergency Care	\$50 co-pay per hospital emergency	\$65 co-pay per hospital emergency	\$65 co-pay per hospital emergency
Travel Benefit Option	Can live outside of the service area up to 6 months a year. Coverage for non-emergencies outside the UCare for Seniors network is at 80%.		
Additional Benefits	<ul style="list-style-type: none"> • Preventive Dental – 100% coverage; 3 cleanings per year. Add comprehensive dental for additional \$19/mo. • Hearing Aid Benefits - \$500 every 36 months • Eyewear - \$75 annual allowance – High and Core Options only • <i>Silver Sneakers® Fitness Program –and Health Club Savings Program</i> 		
Out-of-Pocket Maximum	\$3,400 per calendar year for Part A & B Services		
Service Area	Service area includes: All of Minnesota and the following 26 counties in western Wisconsin: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, St. Croix, Sauk, Sawyer, Trempealeau, Vernon and Washburn		

This is a brief summary of benefits. Not all covered services, exclusions, and limitations are shown here. Please call 612-676-6900 or 1-877-598-6574 for specific information or visit www.ucare.org.