

2020 Education Minnesota Rochester Group Medicare Comparison

	<u>Humana</u>	<u>Medica</u>	<u>Medica</u>	<u>UCARE</u>	<u>UCARE</u>	<u>UCARE</u>																																				
Plan Name	LPPO-Low	Plan 6	Plan 2	Basic Option	Core Option	High Option																																				
Plan Type	Medicare Advantage with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX	Medicare Advantage with RX	Medicare Advantage with RX	Medicare Advantage with RX																																				
Monthly Premium	\$135.00	\$148.00	\$299.00	\$79.00	\$177.00	\$342.00																																				
Coverage Area	PPO Network (Nationwide Network)	Most counties throughout the U.S.	Most counties throughout the U.S.	HMO Network-POS (MN) (26 counties in WI)	HMO Network-POS(MN) (26 counties in WI)	HMO Network (MN) (26 counties in WI)																																				
Medical Deductible (In Network)	\$0	\$0	\$0	\$0	\$0	\$0																																				
Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory																																				
Routine Physical Exams	\$0 (1 per year)	\$0	\$0	\$0	\$0	\$0																																				
Vision Exams/Eyewear	\$0-1 routine exam(up to \$75) \$50 diag /\$100 eyewear allowance	1 exam per yr,\$0 primary, \$10 specialist \$75 allowance for eyewear	1 exam per yr, \$15 copay-diagnostic \$150 allowance for eyewear	\$0-1 exam per year/\$40 diagnostic Eyewear not covered	\$0-1 exam per year/ \$0 diagnostic \$150 allowance per year-eyewear	\$0-1 exam per year/ \$0 diagnostic \$150 allowance per year-eyewear																																				
Hearing Exams/Hearing Aids	\$0 routine exam/fitting/ \$50 diag \$699-\$999 copay for hearing aids	1 exam per yr,\$0 primary,\$10 specialist \$400 allowance for hearing aids/fitting	1 exam per yr, \$15 copay-diagnostic \$500 allowance for hearing aids/fitting	\$0-1 exam per year/ \$40 diagnostic \$699-\$999 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$699-\$999 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$699-\$999 copay for 2 hearing aids																																				
Preventative Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay																																				
Doctor Office Visits	Primary Care \$20 copay Specialist \$50 copay	Primary Care \$0 copay Specialist \$10 copay	\$15 Primary Care and Specialist	Primary Care \$15 copay Specialist \$40 copay	Primary Care \$15 copay Specialist \$30 copay	\$15 Primary Care and Specialist																																				
Urgent Care	\$25 copay	\$10 traditional or \$0 retail/convenience	\$15 copay	\$35 copay	\$35 copay	\$25 copay																																				
Emergency Care	\$90 worldwide	\$50 worldwide	\$50 worldwide	\$75 copay per visit; worldwide	\$75 copay per visit; worldwide	\$50 copay per visit; worldwide																																				
Inpatient Hospital Care	\$454 copay per day (days1-4),per admission	\$100 copay per admission	\$100 copay per admission	\$300 copay per day (days 1-5), per admission	\$200 copay per admission	\$100 copay per admission																																				
Outpatient Services	\$30 - \$250 copay or 20% coins.	\$50 copay	\$0 copay	Copays vary (\$250 surgical)	Copays vary (\$250 surgical)	Copays vary (\$200 surgical)																																				
Durable Medical Equip	16-20% coinsurance	20% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance																																				
Diabetes Supplies	10-16% coinsurance	20% coinsurance	10% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance																																				
Part B Drugs (doc admin injects,etc)	0-20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance																																				
In Network Out-Of-Pocket Annual Max	\$6,700 Medical Only	\$3,000 Medical Only	\$1,500 Medical Only	\$3,400 Medical Only	\$3,400 Medical Only	\$3,400 Medical Only																																				
Travel/Extended Absence (all include worldwide emergency care)	Members receives in network benefit when services are received from a participating PPO provider in another Humana PPO service area.	Up to 9 consecutive months. Members may receive in network benefits provided the provider accepts Medicare	Up to 9 consecutive months. Members may receive in network benefits provided the provider accepts Medicare	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.	Out of network office visits covered with the same copays as in network office visits; includes specialists. 80% coverage for non emergency services.																																				
Health Club/Fitness Discount	Silver Sneakers	SilverSneakers	SilverSneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers																																				
Dental	2 cleanings, 1 evals,1 bitewing, and 1 intraoral x-ray annually. 30-50% coinsurance for fillings, extractions, crowns and partial dentures.\$2,000 max benefit per year	\$500 allowance for non-Medicare covered dental services per year	\$500 allowance for non-Medicare covered dental services per year	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$22/mo)	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$22/mo)	Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$22/mo)																																				
Prescription Drug Options	Included	Included	Included	Included	Included	Included																																				
Prescription Drug Formulary	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here																																				
Drug Deductible	\$350 - tier 1 & 2 drugs excluded	\$0.00	\$0.00	\$400 - tier 1 drugs excluded	\$200 - tier 1 drugs excluded	\$100 - tier 1 drugs excluded																																				
STAGE 1: Up to \$4,020 Total Drug Costs	30-day Supply: Tier 1 Generic: \$4 copay Tier 2 Pref Brand: \$47 copay Tier 3 Brand: 50% coins Tier 4 Specialty: 26% coins	<table border="0"> <tr> <td></td> <td>Preferred</td> <td>Standard</td> </tr> <tr> <td>Tier 1</td> <td>\$2 copay</td> <td>\$6 copay</td> </tr> <tr> <td>Tier 2</td> <td>\$5 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 3</td> <td>\$30 copay</td> <td>\$35 copay</td> </tr> <tr> <td>Tier 4</td> <td>50%coins</td> <td>50% coins</td> </tr> <tr> <td>Tier 5</td> <td>33% coins</td> <td>33% coins</td> </tr> </table>		Preferred	Standard	Tier 1	\$2 copay	\$6 copay	Tier 2	\$5 copay	\$12 copay	Tier 3	\$30 copay	\$35 copay	Tier 4	50%coins	50% coins	Tier 5	33% coins	33% coins	<table border="0"> <tr> <td></td> <td>Preferred</td> <td>Standard</td> </tr> <tr> <td>Tier 1</td> <td>\$5 copay</td> <td>\$10 copay</td> </tr> <tr> <td>Tier 2</td> <td>\$15 copay</td> <td>\$25 copay</td> </tr> <tr> <td>Tier 3</td> <td>\$30 copay</td> <td>\$35 copay</td> </tr> <tr> <td>Tier 4</td> <td>\$60 copay</td> <td>\$65 copay</td> </tr> <tr> <td>Tier 5</td> <td>25% coins</td> <td>25%coins</td> </tr> </table>		Preferred	Standard	Tier 1	\$5 copay	\$10 copay	Tier 2	\$15 copay	\$25 copay	Tier 3	\$30 copay	\$35 copay	Tier 4	\$60 copay	\$65 copay	Tier 5	25% coins	25%coins	30-day Supply: Tier 1 Generic \$12 copay Tier 2 Pref Brand \$45 copay Tier 3 Brand \$100 copay Tier 4 Specialty 25% coinsurance	30-day Supply: Tier 1 Generic \$12 copay Tier 2 Pref Brand \$45 copay Tier 3 Brand \$100 copay Tier 4 Specialty 25% coinsurance	30-day Supply: Tier 1 Generic \$10 copay Tier 2 Pref Brand \$40 copay Tier 3 Brand \$100 copay Tier 4 Specialty 30% coinsurance
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STAGE 2: (Donut Hole) \$4,020 to \$6,350 (TROOP)	You pay: Generics: 25% coinsurance Brand Name: 25% coinsurance	You pay: Generics: 25% coinsurance Brand Name: 25% coinsurance	Donut Hole Coverage Copays continue through the gap	You Pay: Tier 1 and 4 Generics: 25% coinsurance Brand Name: 25% coinsurance	You Pay: Tier 1 Generics \$12 copay Brand Name: 25% coinsurance	Donut Hole Coverage Copays continue through the gap																																				
STAGE 3: Catastrophic Level	5%,or \$3.60 for Generic, or \$8.95	5%,or \$3.60 for Generic, or \$8.95	5%, or \$3.60 for generic or \$8.95	5%, or \$3.60 for generic or \$8.95	5%,or \$3.60 for Generic, or \$8.95	5%, or \$3.60 for generic or \$8.95																																				
Mail Order Discounts	Yes- Mail Order Tier 1 \$0 Copay	90 day supply for 2 copays-Tiers 1-3	90 day supply for 2 copays-Tiers 1-4	90 day supply for 2 copays	90 day supply for 2 copay	90 day supply for 2 copays																																				
Over-the-counter(OTC) allowance	\$25 quarterly allowance for select OTC & Wellness Products	N/A	N/A	\$25 quarterly allowance:online, mail order, in store purchase	\$25 quarterly allowance:online, mail order, in store purchase	\$25 quarterly allowance:online, mail order, in store purchase																																				
Pharmacy Directory	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here																																				

***For more information or to access applications please visit www.educationmn.mnhi.net or contact Sandra Juetten at 952-465-0064