

## 2023 Education Minnesota Group Medicare Comparison

|   | <b>UCARE</b>  | <b>UCARE</b>  | <b>UCARE</b>  |
|---|---|---|---|
| Plan Name   | Basic Option  | Core Option   | High Option   |
| Plan Type   | Medicare Advantage with RX  | Medicare Advantage with RX  | Medicare Advantage with RX  |
| Monthly Premium   | <b>\$79.00</b>  | <b>\$177.00</b>   | <b>\$342.00</b>   |
| Coverage Area   | HMO Network-POS (MN)<br>(26 counties in WI)   | HMO Network-POS (MN)<br>(26 counties in WI)   | HMONetwork (MN)<br>(26 counties in WI)  |
| Medical Deductible (In Network)                                   | \$0.00  | \$0.00  | \$0.00  |
| Provider Directory  | <a href="#">Click Here Provider Directory</a>   | <a href="#">Click Here Provider Directory</a>   | <a href="#">Click Here Provider Directory</a>   |
| Routine Physical Exams  | \$0.00  | \$0.00  | \$0.00  |
| Vision Exams/Eyewear  | \$0-1 exam per year/\$40 diagnostic<br>\$200 allowance per year-eyewear   | \$0-1 exam per year/ \$0 diagnostic<br>\$200 allowance per year-eyewear   | \$0-1 exam per year/ \$0 diagnostic<br>\$200 allowance per year-eyewear   |
| Hearing Exams/Hearing Aids  | \$0-1 exam per year/ \$40 diagnostic<br>\$699-\$999 copay for 2 hearing aids  | \$0-1 exam per year/ \$0 diagnostic<br>\$599-\$899 copay for 2 hearing aids   | \$0-1 exam per year/ \$0 diagnostic<br>\$499-\$799 copay for 2 hearing aids   |
| Preventative Care   | \$0 copay   | \$0 copay   | \$0 copay   |
| Doctor Office Visits  | Primary Care \$0 copay<br>Specialist \$40 copay   | Primary Care \$0 copay<br>Specialist \$30 copay   | Primary Care \$0 copay<br>Specialist \$15 copay   |
| Urgent Care   | \$35 copay  | \$35 copay  | \$25 copay  |
| Emergency Care  | \$75 copay per visit; worldwide   | \$75 copay per visit; worldwide   | \$50 copay per visit; worldwide   |
| Inpatient Hospital Care   | \$400 copay per admission   | \$125 copay per admission   | \$100 copay per admission   |
| Outpatient Services   | Copays vary (\$250 surgical)  | Copays vary (\$250 surgical)  | Copays vary (\$200 surgical)  |
| Durable Medical Equip   | 20% coinsurance   | 20% coinsurance   | 20% coinsurance   |
| Diabetes Supplies   | 20% coinsurance   | 0% coinsurance  | 0% coinsurance  |
| Part B Drugs (doc admin injects,etc)                              | 20% coinsurance   | 20% coinsurance   | 20% coinsurance   |
| In Network Out-Of-Pocket Annual Max                               | \$3,400 Medical Only  | \$3,000 Medical Only  | \$2,800 Medical Only  |
| Travel/Extended Absence<br>(all include worldwide emergency care) | 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                                      | OnePass   | OnePass   | OnePass   |
| Dental  | Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$25/mo)                        | Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$25/mo)                        | Includes 3 cleanings at participating dentist per year and 2 exams per year (additional dental benefits available for \$25/mo)                        |
| Prescription Drug Options   | Included  | Included  | Included  |
| Prescription Drug Formulary                                       | <a href="#">RX Formulary Click Here</a>   | <a href="#">RX Formulary Click Here</a>   | <a href="#">RX Formulary Click Here</a>   |
| Drug Deductible   | \$345 - tier 1 drugs excluded   | \$200 - tier 1 drugs excluded   | \$0.00  |
| STAGE 1:<br>Up to \$4,430 Total Drug Costs                        | Tier 1 - \$12<br>Tier 2 - \$45 copay<br>Tier 3 - \$100 copay<br>Tier 4 - 25% coinsurance  | Tier 1 - \$12<br>Tier 2 - \$45 copay<br>Tier 3 - \$100 copay<br>Tier 4 - 25% coinsurance  | Tier 1 - \$10<br>Tier 2 - \$40 copay<br>Tier 3 - \$100 copay<br>Tier 4 - 30% coinsurance  |
| STAGE 2: (Donut Hole)\$4,660 to \$7,400 (TROOP)                   | You Pay:<br>Generics: 25% coins.<br>Brand Name: 25% coinsurance   | You Pay:<br>Tier 1 - \$12 copay;<br>Tier 2 - 4 : 25% coinsurance  | <b>Donut Hole Coverage</b><br>Copays continue through the gap   |
| STAGE 3: Catastrophic Level                                       | 5%,or \$4.15 for Generic, or \$10.35  | 5%,or \$4.15 for Generic, or \$10.35  | 5%,or \$4.15 for Generic, or \$10.35  |
| Mail Order Discounts  | 90 day supply for 2 copays  | 90 day supply for 2 copay   | 90 day supply for 2 copays  |
| Over-the-counter(OTC) allowance                                   | \$75 semiannually allowance:online, mail order, in store purchase   | \$75 semiannually allowance:online, mail order, in store purchase   | \$75 semiannually allowance:online, mail order, in store purchase   |
| Pharmacy Directory  | <a href="#">Pharmacy Directory Click Here</a>   | <a href="#">Pharmacy Directory Click Here</a>   | <a href="#">Pharmacy Directory Click Here</a>   |

"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

**For more information or to access applications please visit: [edmn.schatzbenefits.com](http://edmn.schatzbenefits.com) or contact Sandra Juetten at 612-428-0132**

# 2023 Education Minnesota Group Medicare Comparison

|   | Medica  | Medica  | Medica  | Medica   |
|---|---|---|---|--|
| Plan Name   | Plan 11   | Plan 5  | Plan 6  | Plan 2   |
| Plan Type   | Medicare Advantage/Cost with RX   | Medicare Advantage/Cost with RX   | Medicare Advantage/Cost with RX   | Medicare Advantage/Cost with RX  |
| Monthly Premium   | <b>\$51.00</b>  | <b>\$85.00</b>  | <b>\$154.00</b>   | <b>\$305.00</b>  |
| Coverage Area   | Most counties throughout the U.S.   | Most counties throughout the U.S.   | Most counties throughout the U.S.   | Most counties throughout the U.S.  |
| Medical Deductible (In Network)                                   | \$0.00  | \$0.00  | \$0.00  | \$0.00   |
| Provider Directory  | <a href="#">Click Here Provider Directory</a>   | <a href="#">Click Here Provider Directory</a>   | <a href="#">Click Here Provider Directory</a>   | <a href="#">Click Here Provider Directory</a>  |
| Routine Physical Exams  | \$0.00  | \$0.00  | \$0.00  | \$0.00   |
| Vision Exams/Eyewear  | 1 exam per yr - \$0 primary, \$30 specialist<br>\$100 allowance for eyewear   | 1 exam per yr - \$0 primary, \$25 specialist<br>\$200 allowance for eyewear   | 1 exam per yr - \$0 primary, \$25 specialist<br>\$75 allowance for eyewear  | 1 exam per yr - \$20 copay diagnostic<br>\$150 allowance for eyewear   |
| Hearing Exams/Hearing Aids  | 1 exam per yr - \$0 primary, \$30 specialist<br>No hearing aid allowance  | 1 exam per yr - \$0 primary, \$25 specialist<br>No hearing aid allowance  | 1 exam per yr - \$0 primary, \$25 specialist<br>\$400 allowance for hearing aids/fitting  | 1 exam per yr - \$20 copay diagnostic<br>\$500 allowance for hearing aids/fitting  |
| Preventative Care   | \$0 copay   | \$0 copay   | \$0 copay   | \$0 copay  |
| Doctor Office Visits  | Primary Care \$10 copay<br>Specialist \$30 copay  | Primary Care \$0 copay<br>Specialist \$25 copay   | Primary Care \$0 copay<br>Specialist \$25 copay   | Primary Care \$0 copay<br>Specialist \$20 copay  |
| Urgent Care   | \$10 traditional or \$0 retail/convenience  | \$25 traditional or \$0 retail/convenience  | \$25 traditional or \$0 retail/convenience  | \$20 copay   |
| Emergency Care  | \$100 worldwide   | \$75 worldwide  | \$65 worldwide  | \$50 worldwide   |
| Inpatient Hospital Care   | \$150 copay per day (days 1-5), per admission   | \$150 copay per admission   | \$200 copay per admission   | \$150 copay per admission  |
| Outpatient Services   | \$200 copay   | \$175 copay   | \$100 copay   | \$50 copay   |
| Durable Medical Equip   | 20% coinsurance   | 20% coinsurance   | 20% coinsurance   | 20% coinsurance  |
| Diabetes Supplies   | 0% coinsurance  | 0% coinsurance  | 0% coinsurance  | 0% coinsurance   |
| Part B Drugs (doc admin injects,etc)                              | 20% coinsurance   | 20% coinsurance   | 20% coinsurance   | 20% coinsurance  |
| In Network Out-Of-Pocket Annual Max                               | \$4,000 Medical Only  | \$3,250 Medical Only  | \$3,350 Medical Only  | \$1,500 Medical Only   |
| Travel/Extended Absence<br>(all include worldwide emergency care) | 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  | 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   |
| Health Club/Fitness Discount                                      | OnePass   | OnePass   | OnePass   | OnePass  |
| Dental  | \$750 allowance for non-Medicare covered dental services per year   | \$750 allowance for non-Medicare covered dental services per year   | \$500 allowance for non-Medicare covered dental services per year   | \$500 allowance for non-Medicare covered dental services per year  |
| Prescription Drug Options   | Included  | Included  | Included  | Included   |
| Prescription Drug Formulary                                       | <a href="#">RX Formulary Click Here</a>   | <a href="#">RX Formulary Click Here</a>   | <a href="#">RX Formulary Click Here</a>   | <a href="#">RX Formulary Click Here</a>  |
| Drug Deductible   | \$350 - Tier 1-3 excluded   | \$315 - Tier 1-3 excluded   | \$0.00  | \$0.00   |
| STAGE 1:<br>Up to \$4,430 Total Drug Costs                        | Preferred                      Standard<br>Tier 1- \$4 copay              \$9 copay<br>Tier 2- \$4 copay              \$9 copay<br>Tier 3- \$47 copay              \$53 copay<br>Tier 4- \$100 copay              \$105 copay<br>Tier 5- 26% coins              26% coins | Preferred<br>Tier 1- \$0 copay              \$10 copay<br>Tier 2- \$8 copay              \$20 copay<br>Tier 3- \$47 copay              \$47 copay<br>Tier 4- 50% coins              50% coins<br>Tier 5- 29% coins              29% coins | Preferred                      Standard<br>Tier 1- \$2 copay              \$6 copay<br>Tier 2- \$5 copay              \$12 copay<br>Tier 3- \$30 copay              \$35 copay<br>Tier 4- 50%coins              50% coins<br>Tier 5- 33% coins              33% coins | Preferred                      Standard<br>Tier 1- \$5 copay              \$10 copay<br>Tier 2- \$15 copay              \$25 copay<br>Tier 3- \$30 copay              \$35 copay<br>Tier 4- \$60 copay              \$65 copay<br>Tier 5- 28% coins              28% coins |
| STAGE 2: (Donut Hole)\$4,660 to \$7,400 (TROOP)                   | You pay:<br>Generics: 25% Coinsurance<br>Brand Name: 25% Coinsurance  | You pay:<br>Generics: 25% Coinsurance<br>Brand Name: 25% Coinsurance  | You pay:<br>Generics: 25% Coinsurance<br>Brand Name: 25% Coinsurance  | <b>Donut Hole Coverage</b> Copays continue through the gap   |
| STAGE 3: Catastrophic Level                                       | 5%,or \$4.15 for Generic, or \$10.35  | 5%,or \$4.15 for Generic, or \$10.35  | 5%,or \$4.15 for Generic, or \$10.35  | 5%,or \$4.15 for Generic, or \$10.35   |
| Mail Order Discounts  | 90 day supply for \$0 copay Tiers 1 & 2   | 90 day supply for 2 copays Tiers 1-3  | 90 day supply for 2 copays Tiers 1-3  | 90 day supply for 2 copays Tiers 1-4   |
| Over-the-counter(OTC) allowance                                   | \$25 quarterly allowance for select OTC & Wellness Products   | \$75 quarterly allowance for select OTC & Wellness Products   | N/A   | N/A  |
| Pharmacy Directory  | <a href="#">Pharmacy Directory Click Here</a>   | <a href="#">Pharmacy Directory Click Here</a>   | <a href="#">Pharmacy Directory Click Here</a>   | <a href="#">Pharmacy Directory Click Here</a>  |

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