

2024 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	\$56.00	\$85.00	\$167.00	\$329.00
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 Cost w/Rx	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Provider Directory Medicare Advantage	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Routine Physical Exams	\$0.00	\$0.00	\$0.00	\$0.00
Vision Exams/Eyewear	1 exam per yr,\$0 primary, \$30 specialist \$100 Visa Flex Card for eyewear	1 exam per yr,\$0 primary, \$25 specialist \$200 Visa Flex Card for eyewear	1 exam per yr,\$0 primary, \$25 specialist \$75 allowance for eyewear	1 exam per yr, \$20 copay-diagnostic \$150 allowance for eyewear
Hearing Exams/Hearing Aids	1 exam per yr,\$0 primary, \$30 specialist Discount Only through EPIC hearing	1 exam per yr,\$0 primary,\$25 specialist Discount Only through EPIC hearing	1 exam per yr,\$0 primary,\$25 specialist \$400 allowance for hearing aids/fitting	1 exam per yr, \$20 copay-diagnostic \$500 allowance for hearing aids/fitting
Preventative Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Doctor Office Visits	Primary Care \$10 copay Specialist \$30 copay	Primary Care \$0 copay Specialist \$25 copay	Primary Care \$0 copay Specialist \$25 copay	Primary Care \$0 copay Specialist \$20 copay
Urgent Care	\$10 traditional or \$0 retail/convenience	\$25 traditional or \$0 retail/convenience	\$25 traditional or \$0 retail/convenience	\$20 traditional or \$0 retail/convenience
Emergency Care	\$120 worldwide	\$110 worldwide	\$75 worldwide	\$50 worldwide
Inpatient Hospital Care	\$150 copay per day (days 1-5), per admission	\$150 copay per admission	\$200 copay per admission	\$175 copay per admission
Outpatient Services	\$200 copay	\$200 copay	\$125 copay	\$100 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	\$3,600 Medical Only	\$1,750 Medical Only
Travel/Extended Absence (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 Visa Flex Card for non-Medicare covered dental services per year	\$1000 Visa Flex Card 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	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here
Drug Deductible	\$350 - tier 1-3 excluded	\$315 - tier 1-3 excluded	\$0.00	\$0.00
STAGE 1: Up to \$5,031 Total Drug Costs	Preferred Standard Tier 1- \$4 copay \$9 copay Tier 2- \$4 copay \$9 copay Tier 3- \$47 copay \$53 copay Tier 4- \$100 copay \$105 copay Tier 5- 26% coins 26% coins	Preferred Standard Tier 1- \$0 copay \$10 copay Tier 2- \$8 copay \$20 copay Tier 3- \$47 copay \$47 copay Tier 4- 50%coins 50% coins Tier 5- 29% coins 29% coins	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	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- 28% coins 28%coins
STAGE 2: (Donut Hole) \$5,031 to \$8,000 (TROOP)	You pay: Generics: 25% coinsurance Brand Name: 25% coinsurance	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
STAGE 3: Catastrophic Level	\$0	\$0	\$0	\$0
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 OTC	\$25 quarterly allowance for OTC	N/A	N/A
Pharmacy Directory Cost w/RX	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Pharmacy Directory Medicare Advantage	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory

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	<u>UCARE</u>	<u>UCARE</u>	<u>UCARE</u>
Plan Name	Basic Option	Core Option	High Option
Plan Type	Medicare Advantage with RX	Medicare Advantage with RX	Medicare Advantage with RX
Monthly Premium	\$79.00	\$177.00	\$342.00
Coverage Area	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)	\$0.00	\$0.00	\$0.00
Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Routine Physical Exams	\$0.00	\$0.00	\$0.00
Vision Exams/Eyewear	\$0-1 exam per year/ \$40 diagnostic \$200 allowance per year - eyewear	\$0-1 exam per year/ \$0 diagnostic \$200 allowance per year - eyewear	\$0-1 exam per year/ \$0 diagnostic \$200 allowance per year- eyewear
Hearing Exams/Hearing Aids	\$0-1 exam per year/ \$40 diagnostic \$699-\$999 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$599-\$899 copay for 2 hearing aids	\$0-1 exam per year/ \$0 diagnostic \$499-\$799 copay for 2 hearing aids
Preventative Care	\$0 copay	\$0 copay	\$0 copay
Doctor Office Visits	Primary Care \$0 copay Specialist \$40 copay	Primary Care \$0 copay Specialist \$30 copay	Primary Care \$0 copay 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 (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	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here
Drug Deductible	\$345 - tier 1 drugs excluded	\$200 - tier 1 drugs excluded	\$0.00
STAGE 1: Up to \$5,031 Total Drug Costs	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 \$0 copay Tier 2- Pref Brand \$40 copay Tier 3- Brand \$100 copay Tier 4- Specialty 30% coinsurance
STAGE 2: (Donut Hole) \$5,031 to \$8,000 (TROOP)	You Pay: Tier 1 and 4 Generics: 25% coins. 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	\$0	\$0	\$0
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	\$75 semiannually allowance	\$75 semiannually allowance
Pharmacy Directory	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here

***For more information or to access applications please visit edmn.schatzbenefits.com or contact Sandra Juetten at 612-428-0132.