



UCare Medicare Group Plans

Dakota County Retirees

Effective January 1, 2024 through December 31, 2024

Benefit Category	UCare Group High	UCare Group Core
Premium - Monthly per person	\$350.00	\$177.00
Preventive Care (e.g., physicals, eye and hearing exams, flu shots)	100% coverage	100% coverage
Preventive Dental (at participating dental offices)	Not covered	100% coverage: 2 oral exams and 3 cleanings per year
Classic Choice Dental	Not available	\$25/month
Eyewear	\$200 Annual Allowance	\$200 Annual Allowance
Hearing Aids (TruHearing brand)	\$499 per aid for Advanced Aids \$799 per aid for Premium Aids	\$599 per aid for Advanced Aids \$899 per aid for Premium Aids
Office Visits: Primary Specialist	\$0 copay per visit \$20 copay per visit	\$0 copay per visit \$30 copay per visit
Inpatient Hospital	100% coverage	\$125 copay per admission
Outpatient surgery Hospital Ambulatory Surgery Center	100% coverage 100% coverage	\$250 copay \$250 copay
Outpatient mental health care	\$0 copay per visit	\$0 copay per visit
Emergency Services (Worldwide - may travel up to 6 months)	\$50 copay per hospital emergency visit	\$75 copay per hospital emergency visit
Ambulance Services	\$100 copay	\$100 copay
Medical Out-of-Pocket Maximum for Part A and Part B services	\$2,800 per calendar year Once met, all services are covered 100% for the rest of the year.	\$3,000 per calendar year. Once met, all services are covered 100% for the rest of the year.

Benefit Category	UCare Group High	UCare Group Core
<p>Part D Prescription Drug Coverage:</p> <p>Annual deductible (No deductible for Tier 1)</p> <p>Tier 1 – Generic drugs Tier 2 - Preferred brand drugs* Tier 3 - Non-preferred drugs* Tier 4 – Specialty drugs</p> <p>Up to a 30-day supply for 1 copay.</p> <p>Up to a 100-day supply for 2 copays through mail order or any network retail pharmacy.</p> <p>NOTE: Tier 4 drugs can only be filled for up to a 30-day supply.</p> <p>*Insulin: \$35 copay, no deductible; 1 month supply</p>	<p>\$0</p> <p>\$0 copay \$30 copay \$50 copay \$50 copay</p> <p>Coverage through the prescription drug gap, or the “donut hole.” Medicare catastrophic drug coverage begins once the \$8,000 out-of-pocket costs are met. You will pay nothing during the catastrophic coverage stage.</p>	<p>\$200 for Tiers 2-4</p> <p>\$12 copay \$45 copay \$100 copay 25% coinsurance</p> <p>After total yearly drug costs reach \$5,030, Tier 1 Generics will continue to be covered with a \$12 copay and you will pay 25% of Brand-name drugs. Medicare catastrophic drug coverage begins once the \$8,000 out-of-pocket costs are met. You will pay nothing during the catastrophic coverage stage.</p>
<p>Medicare Part B Drugs *Insulin: \$35 copay, no deductible; 1 month supply</p>	<p>20% coinsurance* Certain drugs may have a lower coinsurance.</p>	<p>20% coinsurance* Certain drugs may have a lower coinsurance.</p>
<p>Over-the Counter (OTC)</p>	<p>\$75 twice a year</p>	<p>\$75 twice a year</p>
<p>Fitness Programs</p>	<p>One Pass or Health Club Savings</p>	<p>One Pass or Health Club Savings</p>

- Service area includes the entire state of Minnesota and 26 counties in Western Wisconsin.
- Enrollees must carry both Parts A and B of Medicare; automatic enrollment in Part D.
- See UCare Medicare Group Plans Summary of Benefits for full plan description.
- Website: www.ucare.org

**Contact the UCare Medicare Group Plans Sales Team at:
612-676-6900 or toll free at 1-877-598-6574 (TTY users: 1-800-688-2534)
Email to: groupsales@ucare.org
We are available 8 am to 8 pm, Monday - Friday**

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.