



# UCare Medicare Group Plans PEIP Retirees

Effective January 1, 2025 through December 31, 2025

Benefit Category	UCare Group High	UCare Group Core	UCare Group Basic
<b>Premium:</b> monthly, per person	<b>\$352.00</b>	<b>\$177.00</b>	<b>\$79.00</b>
<b>Preventive Care</b> (e.g., physicals, eye & hearing exams, flu shots)	100% coverage	100% coverage	100% coverage
<b>Preventive Dental (at participating dental offices)</b>	100% coverage for 2 oral exams and 3 cleanings per year	100% coverage for 2 oral exams and 3 cleanings per year	100% coverage for 2 oral exams and 3 cleanings per year
<b>Classic Choice Dental</b>	\$29/month	\$29/month	\$29/month
<b>Eyewear</b>	\$200 annual allowance	\$200 annual allowance	\$200 annual allowance
<b>Hearing Aids (TruHearing brand)</b>	\$499 per aid for Advanced Aids \$799 per aid for Premium Aids	\$599 per aid for Advanced Aids \$899 per aid for Premium Aids	\$699 per aid for Advanced Aids \$999 per aid for Premium Aids
<b>Office Visits: Primary Specialist</b>	\$0 copay per visit \$15 copay per visit	\$0 copay per visit \$30 copay per visit	\$0 copay per visit \$40 copay per visit
<b>Inpatient Hospital</b>	\$100 copay per admission	\$125 copay per admission	\$400 copay per admission
<b>Outpatient Surgery Hospital Ambulatory Surgery Center</b>	\$200 copay \$200 copay	\$250 copay \$250 copay	\$250 copay \$250 copay
<b>Outpatient mental health care</b>	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<b>Emergency Services (Worldwide - may travel up to 6 months)</b>	\$50 copay per hospital emergency visit	\$75 copay per hospital emergency visit	\$75 copay per hospital emergency visit
<b>Ambulance Services</b>	\$100 copay	\$100 copay	\$200 copay
<b>Medical Out-of-Pocket Maximum for Part A &amp; B Services</b>	\$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.	\$3,400 per calendar year Once met, all services are covered 100% for the rest of the year.

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

<b>Benefit Category</b>	<b>UCare Group High</b>	<b>UCare Group Core</b>	<b>UCare Group Basic</b>
<b>Part D Prescription Drug Coverage:</b>			
Annual deductible	\$0	\$200 for Tiers 3-5	\$345 for Tiers 3-5
Tier 1 – Preferred Generic Drugs	\$0 copay	\$10 copay	\$10 copay
Tier 2 – Generic drugs	\$5 copay	\$12 copay	\$12 copay
Tier 3 – Preferred brand drugs*	\$40 copay	\$45 copay	\$45 copay
Tier 4 – Non-preferred drugs*	\$100 copay	\$100 copay	\$100 copay
Tier 5 – Specialty drugs	30% coinsurance	25% coinsurance	25% coinsurance
Up to a 30-day supply for 1 copay.	Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage.	Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage.	Medicare catastrophic drug coverage begins once you have reached \$2,000 in annual prescription drug spending (excluding UCare’s cost). You pay \$0 during the catastrophic coverage stage.
Up to a 100-day supply for 2 copays through mail order or any network retail pharmacy.			
<b>NOTE:</b> Tier 5 drugs can only be filled for up to a 30-day supply.			
*Insulin: \$35 copay, no deductible; 1 month supply			
<b>Medicare Part B Drugs</b>	20% coinsurance*	20% coinsurance*	20% coinsurance*
*Insulin: \$35 copay, no deductible; 1 month supply	Certain drugs may have a lower coinsurance.	Certain drugs may have a lower coinsurance.	Certain drugs may have a lower coinsurance.
<b>Over-the-Counter (OTC)</b>	\$75 twice a year	\$75 twice a year	\$75 twice a year
<b>Fitness Programs</b>	One Pass or Health Club Savings	One Pass or Health Club Savings	One Pass or Health Club Savings

- Service area includes the entire state of Minnesota & 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](http://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](mailto:groupsales@ucare.org)  
We are available 8 am to 8 pm, Monday - Friday.**