# 2020 Education Minnesota Group Medicare Comparison

## Plan Name
- **Standard**
- **Core Option**
- **High Option**

## Plan Type
- Medicare Advantage with RX

## Monthly Premium
- **$55.00**
- **$140.00**
- **$299.00**
- **$79.00**
- **$177.00**
- **$342.00**

## Coverage Area
- PPO Network (Nationwide Network)
- HMO Network-POS (MN)
- HMO Network-POS (MN)

## Medical Deductible (In Network)
- **$0**
- **$0**
- **$0**

## Provider Directory
- Click Here Provider Directory

## Routine Physical Exams
- **$0**
- **$0**
- **$0**

## Vision Exams/Eyewear
- **$0**

## Hearing Exams/Hearing Aids
- **$0**

## Preventative Care
- **$0**

## Doctor Office Visits
- **$0**

## Outpatient Services
- **$10 - $250 copay or 20% coins.
- **$177.00**
- **$3,400 Medical Only**

## Medicare Advantage with RX
- **Included**

## Core Option
- Medicare Advantage with RX
- 90 day supply for 2 copays
- 17-20% coinsurance

## High Option
- Medicare Advantage with RX
- 90 day supply for 2 copays
- 10% coinsurance

## Basic Option
- Medicare Advantage with RX
- 30-day Supply:
  - Tier 1- Generics: $4 Copay
  - Tier 1- Brand: $4 Copay
  - Tier 1- Generic: $6 Copay
  - Tier 1- Brand: $6 Copay

## Prescription Drug Options
- Tier 1 Generics $12 copay;
- Tier 2- Generic: $12 copay
- Tier 2- Brand: $12 copay
- Tier 3- Generic: $30 copay
- Tier 3- Brand: $30 copay
- Tier 4- Generic: $60 copay
- Tier 4- Brand: $60 copay

## Preventative Care
- **$0 copay**

## Dental
- 2 cleanings, 1 exams, 1 blewing, and 1 intraoral x-ray annually, 35-50% coins. for fillings, extractions, crowns and partial dentures.$2,000 max beneficiary
- **$500 allowance for non-Medicare covered dental services per year**

## Prescription Drug Formulary
- **RX Formulary Click Here**
- **RX Formulary Click Here**

## Drug Deductible
- **$350 - tier 1 & 2 drugs excluded**
- **$0.00**

## STAGE 1: Up to $4,020 Total Drug Costs
- **30-day Supply:**
  - Tier 1- Generics: $4 Copay
  - Tier 2- Brand: $47 Copay
  - Tier 3- Brand: $125 Copay

## STAGE 2: (Donut Hole)
- **$4,020 to $6,350 (TROOP)**

## STAGE 3: Catastrophic Level
- **$6,350 to $11,180**

## Mail Order Discounts
- $25 quarterly allowance: online, mail order, in store purchase
- $25 copay

## Pharmacy Directory
- **Click Here Provider Directory**
- **Click Here Provider Directory**

## Medical Deductible (In Network)
- **$0**
- **$0**
- **$0**

## Provider Directory
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## Routine Physical Exams
- **$0 (1 per year)**
- **$0**

## Vision Exams/Eyewear
- **$1 routine exam/unit to $75**

## Hearing Exams/Hearing Aids
- **$1 exam per yr, $0.50/copy, $10 specialist $25 allowance for eyewear**

## Preventative Care
- **$0 copay**

## Doctor Office Visits
- **Primary Care $15 copay**
- **Primary Care $10 copay**

## Outpatient Services
- **$10 - $250 copay or 20% coins.
- **$177.00**

## Diabetes Supplies
- **17-20% coinsurance**
- **20% coinsurance**
- **20% coinsurance**

## In Network Out-Of-Pocket Annual Max
- **$3,900 Medical Only**
- **$3,000 Medical Only**
- **$1,500 Medical Only**

## Travel/Extended Absence (all include worldwide emergency care)
- Members receive in network benefit when services are received from a participating PPO provider in another Humana PPO service area.
- **U.S.**
- **International**

## Health Club/Fitness Discount
- **Silver Sneakers**
- **Silver Sneakers**

## Dental
- 2 cleanings, 1 exams, 1 blewing, and 1 intraoral x-ray annually, 35-50% coins. for fillings, extractions, crowns and partial dentures.$2,000 max beneficiary
- **$500 allowance for non-Medicare covered dental services per year**

## Prescription Drug Formulary
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- $25 quarterly allowance: online, mail order, in store purchase
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*For more information or to access applications please visit www.educationmn.mnhi.net or contact Sandra Juetten at 952-465-0064*