



Education Minnesota Member,

Thank you for your interest in the Education MN ESI sponsored Group Medicare Plans. The following benefits all plan comparison below includes plans that are available to all MN residents. (Except those that live in the Rochester area.)

The following plans are not available in any of the following counties including Blue Earth, Cottonwood, Dodge, Fillmore, Freeborn, Goodhue, Houston, Jackson, Le Sueur, Martin, Mower, Nobles, Olmsted, Rice, Rock, Sibley, Steele, Wabasha, Waseca, or Winona.

Thanks,

Sandra

Sandra Juetten
Phone: 612-428-0132
sjuetten@schatzbenefits.com

Woodbury Location

8350 Eagle Point Blvd, #100 Woodbury, MN 55402

Burnsville Location

768 Southcross Dr W. Burnsville, MN 55306

2022 Education Minnesota Group Medicare Comparison

	UCARE	UCARE	UCARE
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 allowance per year-eyewear \$150	\$0-1 exam per year/ \$0 diagnostic allowance per year-eyewear \$150	\$0-1 exam per year/ \$0 diagnostic allowance per year-eyewear \$150
Hearing Exams/Hearing Aids	\$0-1 exam per year/ \$40 diagnostic \$999 copay for 2 hearing aids \$699	\$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	0% 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	\$3,800 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	\$395 - tier 1 drugs excluded	\$200 - tier 1 drugs excluded	\$100 - tier 1 drugs excluded
STAGE 1: Up to \$4,430 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 \$10 copay Tier 2- Pref Brand \$40 copay Tier 3- Brand \$100 copay Tier 4- Specialty 30% coinsurance
STAGE 2: (Donut Hole) \$4,430 to \$7,050 (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	5%, or \$3.95 for Generic, or \$9.85	5%, or \$3.95 for Generic, or \$9.85	5%, or \$3.95 for Generic, or \$9.85
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	\$50 semiannually allowance:online, mail order, in store purchase	\$50 semiannually allowance:online, mail order, in store purchase	\$50 semiannually allowance:online, mail order, in store purchase
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 612-428-0312

2022 Education Minnesota Group Medicare Comparison

	Humana	Medica	Medica	Medica
Plan Name	LPPO-Low	Plan 5	Plan 6	Plan 2
Plan Type	Medicare Advantage with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX
Monthly Premium	\$45.00	\$85.00	\$149.00	\$299.00
Coverage Area	PPO Network (Nationwide Network)	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	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory	Click Here Provider Directory
Routine Physical Exams	\$0 (1 per year)	\$0.00	\$0.00	\$0.00
Vision Exams/Eyewear	\$0-1 routine exam(up to \$75) \$30 diag /\$100 eyewear allowance	1 exam per yr,\$0 primary, \$25 specialist \$200 allowance 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	\$0 routine exam/fitting/ \$30 diag \$699-\$999 copay for hearing aids	1 exam per yr,\$0 primary,\$25 specialist No hearing aid allowance	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	\$30 copay	\$25 traditional or \$0 retail/convenience	\$25 traditional or \$0 retail/convenience	\$20 copay
Emergency Care	\$75 worldwide	\$75 worldwide	\$65 worldwide	\$50 worldwide
Inpatient Hospital Care	\$150 copay per day (days1-5), per admission	\$300 copay per admission	\$200 copay per admission	\$150 copay per admission
Outpatient Services	\$10 - \$250 copay or 20% coinsurance	\$125 copay	\$100 copay	\$50 copay
Durable Medical Equip	17-20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes Supplies	10-17% 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 (all include worldwide emergency care)	Members receives in network benefit when services are received from a participating PPO provider in another Humana PPO service area.	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	SilverSneakers	OnePass	OnePass	OnePass
Dental	2 cleanings, 1 evals,1 bitewing, and 1 intraoral x-ray annually. 50-75% coins. for fillings, extractions, crowns and partial dentures.\$2,000 max benefit/yr	\$500 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	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here	RX Formulary Click Here
Drug Deductible	\$350 - tier 1 & 2 drugs excluded	\$315 - tier 1 & 2 excluded	\$0.00	\$0.00
STAGE 1: Up to \$4,430 Total Drug Costs	30-day Supply: Tier 1- Generic: \$4 Copay Tier 2- Pref Brand: \$47 Copay Tier 3- Brand: \$100 copay Tier 4- Specialty: 26% Coinsurance	Preferred Standard Tier 1- \$2 copay \$6 copay Tier 2- \$5 copay \$12 copay Tier 3- \$40 copay \$45 copay Tier 4- 50%coins 50% coins Tier 5- 28% coins 28% 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) \$4,430 to \$7,050 (TROOP)	You pay: 25% coinsurance Name: 25% coinsurance Generics: Brand	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	5%,or \$3.95 for Generic, or \$9.85	5%,or \$3.95 for Generic, or \$9.85	5%,or \$3.95 for Generic, or \$9.85	5%,or \$3.95 for Generic, or \$9.85
Mail Order Discounts	Yes- Mail Order Tier 1 \$0 Copay	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	\$25 quarterly allowance for select OTC & Wellness Products	N/A	N/A
Pharmacy Directory	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here	Pharmacy Directory Click Here

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