



## Education MN Member,

Thank you for your interest in the Education MN ESI sponsored Group Medicare Plans. The following benefits are available for individuals that live in the "Rochester" area or surrounding counties. To be eligible for the plans below you must live in one of the following counties:

- Blue Earth
- Cottonwood
- Dodge
- Fillmore
- Freeborn
- Goodhue
- Houston
- Jackson
- Le Sueur
- Martin
- Mower
- Nobles
- Olmsted
- Rice
- Rock
- Sibley
- Steele
- Wabasha
- Waseca
- 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 Rochester Area Group Medicare Comparison

	Humana	Medica	Medica	Medica
<b>Plan Name</b>	LPPO-Low	Plan 5	Plan 6	Plan 2
<b>Plan Type</b>	Medicare Advantage with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX	Medicare Advantage/Cost with RX
<b>Monthly Premium</b>	<b>\$136.00</b>	<b>\$85.00</b>	<b>\$149.00</b>	<b>\$299.00</b>
<b>Coverage Area</b>	PPO Network (Nationwide Network)	Most counties throughout the U.S.	Most counties throughout the U.S.	Most counties throughout the U.S.
<b>Medical Deductible (In Network)</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Directory</b>	<a href="#">Click Here Provider Directory</a>	<a href="#">Click Here Provider Directory</a>	<a href="#">Click Here Provider Directory</a>	<a href="#">Click Here Provider Directory</a>
<b>Routine Physical Exams</b>	\$0 (1 per year)	\$0.00	\$0.00	\$0.00
<b>Vision Exams/Eyewear</b>	\$0-1 routine exam(up to \$75) \$50 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
<b>Hearing Exams/Hearing Aids</b>	\$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
<b>Preventative Care</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Doctor Office Visits</b>	Primary Care \$20 copay Specialist \$50 copay	Primary Care \$0 copay Specialist \$25 copay	Primary Care \$0 copay Specialist \$25 copay	Primary Care \$0 copay Specialist \$20 copay
<b>Urgent Care</b>	\$50 copay	\$25 traditional or \$0 retail/convenience	\$25 traditional or \$0 retail/convenience	\$20 copay
<b>Emergency Care</b>	\$90 worldwide	\$75 worldwide	\$65 worldwide	\$50 worldwide
<b>Inpatient Hospital Care</b>	\$454 copay per day (days1-4), per admission	\$300 copay per admission	\$200 copay per admission	\$150 copay per admission
<b>Outpatient Services</b>	\$40 - \$250 copay or 20% coinsurance	\$125 copay	\$100 copay	\$50 copay
<b>Durable Medical Equip</b>	18-20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetes Supplies</b>	10-18% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
<b>Part B Drugs (doc admin injects,etc)</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>In Network Out-Of-Pocket Annual Max</b>	\$6,700 Medical Only	\$3,250 Medical Only	\$3,350 Medical Only	\$1,500 Medical Only
<b>Travel/Extended Absence (all include worldwide emergency care)</b>	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
<b>Health Club/Fitness Discount</b>	SilverSneakers	OnePass	OnePass	OnePass
<b>Dental</b>	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
<b>Prescription Drug Options</b>	Included	Included	Included	Included
<b>Prescription Drug Formulary</b>	<a href="#">RX Formulary Click Here</a>	<a href="#">RX Formulary Click Here</a>	<a href="#">RX Formulary Click Here</a>	<a href="#">RX Formulary Click Here</a>
<b>Drug Deductible</b>	\$350 - tier 1 & 2 drugs excluded	\$315 - tier 1 & 2 excluded	\$0.00	\$0.00
<b>STAGE 1: Up to \$4,430 Total Drug Costs</b>	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
<b>STAGE 2: (Donut Hole) \$4,430 to \$7,050 (TROOP)</b>	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	<b>Donut Hole Coverage</b> Copays continue through the gap
<b>STAGE 3: Catastrophic Level</b>	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
<b>Mail Order Discounts</b>	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
<b>Over-the-counter(OTC) allowance</b>	\$25 quarterly allowance for select OTC & Wellness Products	\$25 quarterly allowance for select OTC & Wellness Products	N/A	N/A
<b>Pharmacy Directory</b>	<a href="#">Pharmacy Directory Click Here</a>	<a href="#">Pharmacy Directory Click Here</a>	<a href="#">Pharmacy Directory Click Here</a>	<a href="#">Pharmacy Directory Click Here</a>

\*\*\*For more information or to access applications please visit [edmn.schatzbenefits.com](http://edmn.schatzbenefits.com) or contact Sandra Juetten at 612-428-0312

## 2022 Education Minnesota Rochester Area Group Medicare Comparison

	UCARE	UCARE	UCARE
<b>Plan Name</b>	Basic Option	Core Option	High Option
<b>Plan Type</b>	Medicare Advantage with RX	Medicare Advantage with RX	Medicare Advantage with RX
<b>Monthly Premium</b>	<b>\$79.00</b>	<b>\$177.00</b>	<b>\$342.00</b>
<b>Coverage Area</b>	HMO Network-POS (MN) (26 counties in WI)	HMO Network-POS(MN) (26 counties in WI)	HMO Network (MN) (26 counties in WI)
<b>Medical Deductible (In Network)</b>	\$0.00	\$0.00	\$0.00
<b>Provider Directory</b>	<a href="#">Click Here Provider Directory</a>	<a href="#">Click Here Provider Directory</a>	<a href="#">Click Here Provider Directory</a>
<b>Routine Physical Exams</b>	\$0.00	\$0.00	\$0.00
<b>Vision Exams/Eyewear</b>	\$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
<b>Hearing Exams/Hearing Aids</b>	\$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
<b>Preventative Care</b>	\$0 copay	\$0 copay	\$0 copay
<b>Doctor Office Visits</b>	Primary Care \$0 copay Specialist \$40 copay	Primary Care \$0 copay Specialist \$30 copay	Primary Care \$0 copay Specialist \$15 copay
<b>Urgent Care</b>	\$35 copay	\$35 copay	\$25 copay
<b>Emergency Care</b>	\$75 copay per visit; worldwide	\$75 copay per visit; worldwide	\$50 copay per visit; worldwide
<b>Inpatient Hospital Care</b>	\$400 copay per admission	\$125 copay per admission	\$100 copay per admission
<b>Outpatient Services</b>	Copays vary (\$250 surgical)	Copays vary (\$250 surgical)	Copays vary (\$200 surgical)
<b>Durable Medical Equip</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetes Supplies</b>	0% coinsurance	0% coinsurance	0% coinsurance
<b>Part B Drugs (doc admin injects,etc)</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>In Network Out-Of-Pocket Annual Max</b>	\$3,800 Medical Only	\$3,000 Medical Only	\$2,800 Medical Only
<b>Travel/Extended Absence (all include worldwide emergency care)</b>	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.
<b>Health Club/Fitness Discount</b>	OnePass	OnePass	OnePass
<b>Dental</b>	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)
<b>Prescription Drug Options</b>	Included	Included	Included
<b>Prescription Drug Formulary</b>	<a href="#">RX Formulary Click Here</a>	<a href="#">RX Formulary Click Here</a>	<a href="#">RX Formulary Click Here</a>
<b>Drug Deductible</b>	\$395 - tier 1 drugs excluded	\$200 - tier 1 drugs excluded	\$100 - tier 1 drugs excluded
<b>STAGE 1: Up to \$4,430 Total Drug Costs</b>	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
<b>STAGE 2: (Donut Hole) \$4,430 to \$7,050 (TROOP)</b>	You Pay: Tier 1 and 4 Generics: 25% coins. Brand Name: 25% coinsurance	You Pay: Tier 1 Generics \$12 copay; Brand Name: 25% coinsurance	<b>Donut Hole Coverage</b> Copays continue through the gap
<b>STAGE 3: Catastrophic Level</b>	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
<b>Mail Order Discounts</b>	90 day supply for 2 copays	90 day supply for 2 copay	90 day supply for 2 copays
<b>Over-the-counter(OTC) allowance</b>	\$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
<b>Pharmacy Directory</b>	<a href="#">Pharmacy Directory Click Here</a>	<a href="#">Pharmacy Directory Click Here</a>	<a href="#">Pharmacy Directory Click Here</a>

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