

CITY OF BLOOMINGTON
 JANUARY 1, 2017 RENEWAL FOR MEDICARE SUPPLEMENT PLANS

Summary of Coverage	2016			2017	
	HealthPartners Freedom	Medica Group Prime Solutions	UCare	HealthPartners Freedom	Medica Group Prime Solutions
In-Network Benefits					
Annual Deductible:	None	None	None	None	None
Annual Out-of-Pocket Max:	Medical Only: \$3,000	Medical and Prescription: \$1,000	Medical Only \$3,400	Medical Only: \$1,000	Medical and Prescription: \$1,000
Routine Care: (deductible does not apply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Office Visit:	\$0 copay	\$0 copay	Primary Visits: \$15 copay Specialty Office Visit: \$25 copay	\$0 copay	\$0 copay
Prescription Drug:	Generic Drugs: \$10 copay Preferred Brand Drugs: \$25 copay Non-Preferred Brand Drugs: \$50 copay Specialty Drugs: 25% coinsurance	Tier 1 Pref. Generic: \$10 copay Tier 2 Non-Pref. Generics : \$20 copay Tier 3 Preferred Brand: \$35 copay Tier 4 Non-Pref. Brand: \$65 copay Tier 5 Specialty: \$100 copay Medicare Excluded Drug Included: No Rx Coverage Gap (donut hole coverage): Yes Catastrophic Coverage: Medicare Limits Retail Drug Supply: 31 days for 1 copay Choice 93 Supply: 93 days 3 copays Mail Order Max Drug Supply: 93 days for 2 copays	Tier 1 Generic: \$10 copay Tier 2 Preferred Brand: \$40 copay Tier 3 Non-Preferred Brand: \$80 copay Tier 4 Specialty Drugs: 25% coinsurance Up to 30-day supply: 1 copay 90-day supply: 2 copays through participating local pharmacies and mail order. Medicare catastrophic drug coverage begins once the \$4,850 out-of-pocket max is met.	Pref. Generic Drugs: \$10 copay Generic Drugs: \$20 copay Pref. Brand Drugs: \$35 copay Non-Pref. Brand Drugs:\$65 copay Specialty Drugs: \$100 copay Drug Benefit, Retail Pharmacy to \$4,950 Includes extra benefit during drug coverage gap	Tier 1 Pref. Generic: \$10 copay Tier 2 Non-Pref. Generics : \$20 copay Tier 3 Preferred Brand: \$35 copay Tier 4 Non-Pref. Brand: \$65 copay Tier 5 Specialty: \$100 copay Medicare Excluded Drug Included: No Rx Coverage Gap (donut hole coverage): Yes Catastrophic Coverage: Medicare Limits Retail Drug Supply: 31 days for 1 copay Choice 93 Supply: 93 days 3 copays Mail Order Max Drug Supply: 93 days for 2 copays NOTE: CVS will be Medica's new Pharmacy Benefit Manager effective 1/1/17. There may be changes to the Medica Formulary in 2017, but nothing has been finalized at this time.
Urgent Care:	\$0 copay	\$0 copay	\$50 copay	\$0 copay	\$0 copay
Emergency Care:	\$30 copay	\$0 copay	\$50 copay	\$0 copay	\$0 copay
Inpatient Hospital	\$0 copay	\$0 copay	\$200 copay	\$0 copay	\$0 copay
Durable Medical Equipment:	10% coinsurance	\$0 copay	20% coinsurance	\$0 copay	\$0 copay
Premium	\$269.20	\$316.00	\$263.00	\$283.36	\$339.00
Monthly Change	N/A	N/A	N/A	\$14.16	\$23.00
Percent Change	N/A	N/A	N/A	5.26%	7.28%

This is not meant to be a complete plan description. This is a summary meant only for illustrative purposes and is not a guarantee person of current or future benefits. Consult the plan booklet for exact details.

NOTE - Retiree member counts per the census provided by the City of Bloomington: HealthPartners - 56; Medica - 47; UCare 7