

# 2017 Retirees Medical Plans U of M Retirees Association

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UNIVERSITY OF MINNESOTA

## Disclaimer

Please note that the material in this presentation is intended as an overview of your plan options for informational purposes only, and it is not intended to cover all aspects of the plans.

Please check with your plan administrator for any specific questions about your coverage.

This information in this presentation and the retiree benefits annual enrollment guide is not a substitute for the Certificate of Coverage. If there are any differences between this information and the Certificate of Coverage, the Certificate will govern.



# Agenda

- Current 65+ Retiree Medical Programs
- U of M Programs and Medicare
- 2018 Rates and Plan Facts



# Medical Options: Age 65 or Over

- Programs are fully insured
- University conducts RFPs and negotiates coverage and rates for retirees
- Retirees pay full cost of coverage
- 2,115 retirees participate, 899 carry family coverage



# Medical Options: Age 65 or Over

- U of M Retiree Program through BlueCross Blue Shield of Minnesota – **27%**
- HealthPartners Freedom and HealthPartners Retiree National Choice – **36%**
- Medica Group Prime Solution – **27%**
- UCare for Seniors – **10%**
- Plans (except BCBS and HealthPartners Retiree National Choice) require members to live in the plans' service areas



# Review of Medicare Benefits

- Part A — Hospital Insurance
- Part B — Supplemental Medical Insurance



# Medicare Part A: Hospital Insurance

- No monthly premium—part of Social Security tax while employed
- Limited coverage for:
  - Inpatient hospital care with deductible and coinsurance
  - Skilled nursing facility care with coinsurance
  - Home health services
  - Hospice care



# Medicare Part B: Supplemental Medical Insurance

- After the \$183 annual deductible for 2017 (subject to change for 2018), Medicare pays 80% of “reasonable cost”
- Covers eligible physician services, lab, diagnostic services, outpatient medical and surgical hospital services, certain home health services, and durable medical equipment





# Exclusions from Medicare

- Custodial care
- Doctor's charges above "reasonable cost"
- Routine dental care
- Routine checkups
- Eye exams, glasses
- Hearing aids and exams for fitting



# Medicare Part D

- Enrollment in Medicare Part D occurs automatically when you enroll in a Medicare supplemental plan
- Premiums paid to Medicare supplemental plan cover cost of Medicare Part D



# 2018 Medical Options: Age 65 or Over

- Blue Cross Blue Shield of Minnesota
  - U of M Retiree Plan—Plan 1
  - Group Platinum Blue Plan C—Plan 2
- HealthPartners Freedom and HealthPartners Retiree National Choice—Plan 1 and Plan 2
- Medica Group Prime Solution—Plan 1 and Plan 2
- UCare for Seniors—Plan 1 and Plan 2



# 2018 Monthly Medical Rates:

Age 65 or Over (includes premium for Medicare Part D)

Plan Options	Cost per Person
Blue Cross Blue Shield of MN U of M Retiree Plan Group Platinum Blue Plan C	Plan 1: \$322.25 Plan 2: \$180.00
HealthPartners Freedom and HealthPartners Retiree National Choice	Plan 1: \$282.10 Plan 2: \$177.30
Medica Prime Solution	Plan 1: \$309.00 Plan 2: \$178.00
UCare for Seniors	Plan 1: \$306.00 Plan 2: \$173.00
<b>Note:</b> Same rates for surviving spouse age 65 or over and participants on disability status with Medicare Part A and Part B.	



# Retiree Medical Plan Facts: BCBS U of M Retiree Plan, Plan 1

- Freedom to choose your doctor; primary care physician selection is not required
- Office Visit / Emergency / Ambulance / Urgent Care Service – 100% after \$183 Medicare Part B annual deductible for 2017 (subject to change for 2018)
- Inpatient Admission, Skilled Nursing, Mental Health, and Chemical Dependency – 80% of first \$2,900 of total allowed amount following the \$100 annual inpatient deductible; 100% thereafter through end of calendar year
  - Your annual out-of-pocket expense is limited to \$680 per year including \$100 annual inpatient deductible



# Retiree Medical Plan Facts: BCBS U of M Retiree Plan, Plan 1

- **Prescription Drug Coverage:**

**Note:** A separate card is provided for pharmacy coverage through Group MedicareBlue Rx

- \$10 copay for 31-day supply of generic drugs
- \$30 copay for 31-day supply of formulary brand and specialty drugs
- \$50 copay for 31-day supply of non-preferred formulary brand drugs
- \$50 copay for 31-day supply of specialty drugs
- 25% coinsurance above copays for supplemental drugs
- 3-month supply available for 2 copays through mail order or if using Preferred Extended Network (PXT) within Group MedicareBlue Rx Pharmacy network



# Retiree Medical Plan Facts: BCBS U of M Retiree Plan, Plan 1

- **Catastrophic Pharmacy:**
  - If total prescription out-of-pocket drug expenses exceed \$5,000 per year, member will pay the *greater of*:
    - \$3.35 copay for covered generic or multisource preferred brand drugs and \$8.35 copay for all other covered drugs, or
    - 5% of drug cost
- **Travel Policy:**
  - No limitations
- **Application Requirement:**
  - Separate application required for Group MedicareBlue Rx coverage



# Retiree Medical Plan Facts: BCBS Group Platinum Blue Plan C, Plan 2

- Freedom to choose your doctor; primary care physician selection is not required
- Office Visit – 100% after \$20 copay / Emergency – 100% after \$50 copay / Ambulance – 100% after \$75 copay / Urgent Care Service – 100% after \$20 copay
- Inpatient Admission – 100% after \$200 copay for each Medicare-covered stay
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
- Mental Health – 100% after \$200 copay up to 190 days of inpatient psychiatric hospital care in a lifetime; does not apply to psychiatric care provided in a general hospital
- Chemical Dependency – 100% after \$200 copay





# Retiree Medical Plan Facts: BCBS Group Platinum Blue Plan C, Plan 2

- **Prescription Drug Coverage:**

**Note:** A separate card is provided for pharmacy coverage through Group MedicareBlue Rx

- \$10 copay for 31-day supply of generic drugs
- \$25 copay for 31-day supply of formulary brand drugs
- \$60 copay for 31-day supply of non-preferred formulary brand drugs
- 25% coinsurance above copays for supplemental drugs and specialty drugs
- 3-month supply available for 2 copays through mail order or if using Preferred Extended Network (PXT) within Group MedicareBlue Rx Pharmacy network



# Retiree Medical Plan Facts: BCBS Group Platinum Blue Plan C, Plan 2

- **Catastrophic Pharmacy:**
  - If total prescription out-of-pocket drug expenses exceed \$5,000 per year, member will pay the ***greater of:***
    - \$3.35 copay for covered generic drugs and multisource preferred brand drugs and \$8.35 copay for all other covered drugs, or
    - 5% of the cost of covered drugs
- **Travel Policy:**
  - May travel out of service area and within the U.S. for 9 months; no activation of benefits required
- **Application Requirement:**
  - Separate application required for Group MedicareBlue Rx coverage



# Retiree Medical Plan Facts: HealthPartners Freedom, Plan 1

- Network of providers available to members who reside in Minnesota and western Wisconsin
- Open-access network — no referrals within network
- Members retain ownership of Medicare card
- Office Visit – 100% after \$15 copay / Emergency Services – 100% after \$50 copay / Ambulance – 100% / Urgent Care – 100% after \$15 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% coverage
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period



# Retiree Medical Plan Facts: HealthPartners Retiree National Choice, Plan 1

- Members must permanently live outside of Minnesota and western Wisconsin service area
- No contracted network – can see any Medicare provider in the U.S. without a referral
- Members retain ownership of Medicare card
- Same benefits as HealthPartners Freedom Plan 1



# Retiree Medical Plan Facts: HealthPartners Freedom & HealthPartners Retiree National Choice, Plan 1

- **Prescription Drugs Copay**
  - \$10 copay for 30-day supply of generic drugs
  - \$30 copay for 30-day supply of formulary brand/non-preferred formulary brand
  - \$50 copay for 30-day supply of specialty drugs
  - 3-month supply for 2 copays through mail order
- **Catastrophic Pharmacy**
  - If total prescription drug out-of-pocket expenses exceed \$5,000 per year, member will pay the *lesser of*:
    - 5%, or
    - Copays shown above



# Retiree Medical Plan Facts: HealthPartners Freedom, Plan 2

- Network of providers available to members who reside in Minnesota and western Wisconsin
- Open-access network – no referrals within network
- Members retain ownership of Medicare card
- Office Visit – 100% after Primary Care \$20 copay/Specialist \$30 copay
- Emergency Services – 100% after \$100 copay / Ambulance – 80% / Urgent Care – 100% after \$30 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after \$200 copay per visit
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period



# Retiree Medical Plan Facts: HealthPartners Retiree National Choice, Plan 2

- Members must permanently **live outside** of Minnesota and western Wisconsin
- No contracted network — can see any Medicare provider in the U.S. without a referral
- Members retain ownership of Medicare card
- Same benefits as HealthPartners Freedom Plan 2



# Retiree Medical Plan Facts: HealthPartners Freedom & HealthPartners Retiree National Choice, Plan 2

- **Prescription Drugs Coverage**
  - \$10 copay for 30-day supply of generic drugs
  - \$35 copay for 30-day supply of formulary brand drugs
  - \$70 copay for non-preferred formulary brand drugs
  - 75% coverage for specialty drugs
  - 3-month supply for 2 copays through mail order
- **Catastrophic Pharmacy**
  - If total prescription drug out-of-pocket expenses exceed \$5,000 per year, member will pay the **greater of**:
    - 5% of drug cost or
    - \$3.35 copay for generic drugs and \$8.35 copay for brand/formulary drugs





# Retiree Medical Plan Facts: HealthPartners Freedom & HealthPartners Retiree National Choice, Plans 1 & 2

- **Travel Policy**
  - May be out of service area for up to 9 consecutive months
  - Benefits must be activated by contacting Member Services
- **Application Required**



# Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 1

- Network of providers in all of Minnesota's counties and selected counties in North and South Dakota and Wisconsin
- Open Access Network: no referrals needed when using network providers
- Members retain ownership of Medicare card
- Office Visit – 100% after \$15 copay
- Urgent Care – 100% after \$15 copay
- Emergency Services – 100% after \$50 copay
- Ambulance Services – 100%
- Inpatient Admission, Mental Health, and Chemical Dependency – 100%
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period



# Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 1

- **Prescription Drugs Copay**
  - \$10 copay for 30-day supply of preferred generic drugs and \$30 copay for non-preferred generic drugs
  - \$30 copay for 30-day supply of formulary brand drugs and non-preferred formulary brand drugs
  - \$30 copay for 30-day supply of specialty drugs
  - 90-day supply for 2 copays through mail order
- **Catastrophic Pharmacy:**
  - 100% coverage after \$10 generic copay or \$30 brand copay



# Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 2

- Network of providers in all of Minnesota's counties and selected counties in North and South Dakota and Wisconsin
- Open Access Network: no referrals needed when using network providers
- Members retain ownership of Medicare card
- Office Visit – Primary Care \$20 copay/Specialist \$30 copay
- Urgent Care – 100% after \$30 copay
- Emergency Services – 100% after \$65 copay
- Ambulance Services – 80% coinsurance
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after \$200 copay
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period



# Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 2

- **Prescription Drugs Copay**
  - \$10 copay for 30-day supply of preferred generic drugs and \$20 copay for non-preferred generic drugs
  - \$30 copay for 30-day supply of formulary brand and \$70 copay for non-preferred formulary brand drugs
  - 75% coverage for 30-day supply of specialty drugs
  - 90-day supply for 2 copays through mail order
- **Catastrophic Pharmacy:**
  - If total prescription drug out-of-pocket expenses exceed \$5,000 per year, member will pay the **greater of**:
    - 5% of drug cost or
    - \$3.35 copay for covered generic drugs and \$8.35 copay for brand/formulary drugs



# Retiree Medical Plan Facts: Medica Group Prime Solution, Plans 1 & 2

- **Travel Policy**
  - May be out of service area for up to 9 consecutive months
- **Application required**



# Retiree Medical Plan Facts: UCare for Seniors, Plan 1

- Network providers available to members who reside anywhere in Minnesota and 26 Wisconsin counties
- Must choose a primary care clinic/physician
- May see any specialist in the network without referral
- Cannot use your Medicare benefits outside of UCare network
- Office Visit – 100% after \$15 copay / Urgent Care – 100% after \$20 copay
- Emergency Services – 100% after \$50 copay
- Ambulance – 100%
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% coverage
- Skilled Nursing – 100% for up to 100 days per benefit period; no requirement for 3-day hospital stay



# Retiree Medical Plan Facts: UCare for Seniors, Plan 1

- **Prescription Drugs Copay**

- \$10 copay for 34-day supply of generic drugs
- \$30 copay for 34-day supply of formulary brand
- \$50 copay for non-preferred formulary brand and specialty drugs
- 90-day supply for 2 copays at retail stores or through mail order

- **Catastrophic Pharmacy**

- 100% coverage after \$10 generic copay; \$30 preferred brand copay; \$50 non-preferred or specialty drug copay (counts toward the OOP max.)





# Retiree Medical Plan Facts: UCare for Seniors, Plan 2

- Network providers available to members who reside anywhere in Minnesota and 26 selected counties in Wisconsin
- Must choose a primary care clinic/physician
- May see any specialist in the network without referral
- Cannot use your Medicare benefits outside of UCare network
- Office Visit – \$20 copay / Urgent Care – \$35 copay
- Emergency Services – 100% after \$75 copay
- Ambulance – 100% after \$100 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after \$200 copay
- Skilled Nursing – 100% for up to 100 days per benefit period; no requirement for 3-day hospital stay



# Retiree Medical Plan Facts: UCare for Seniors, Plan 2

- **Prescription Drugs Copay**
  - \$10 copay for 34-day supply of generic drugs
  - \$30 copay for 34-day supply of formulary brand drugs
  - \$60 copay for non-preferred formulary brand drugs
  - 75% coverage for specialty drugs
  - 90-day supply for 2 copays through mail order only
- **Catastrophic Pharmacy**
  - If total prescription drug out-of-pocket expenses exceed \$5,000 per year, member will pay the **greater of**:
    - 5% of drug cost or
    - \$3.35 copay for covered generic drugs and \$8.35 copay for brand/formulary drugs



# Retiree Medical Plan Facts: UCare for Seniors, Plans 1 & 2

- **Travel Limitation**
  - May be out of service area for up to 6 consecutive months; after that, eligible for emergency services
  - No need to notify Member Services
- **Application Required**



# For More Information:

- **HealthPartners Freedom**  
**HealthPartners Retiree National Choice**
  - 952-883-7428 or 1-866-993-7428;
  - [www.healthpartners.com/uofm](http://www.healthpartners.com/uofm)
- **Medica Group Prime Solution**
  - 952-992-2330 or 1-800-575-2330
  - [www.medica.com](http://www.medica.com)
- **UCare for Seniors**
  - 612-676-6900 or 1-877-598-6574
  - [Groupsales@ucare.org](mailto:Groupsales@ucare.org)



# For More Information:

- **Blue Cross Blue Shield of Minnesota**
  - **U of M Retiree Plan – U of M Plan 1**
    - 1-800-262-0819
  - **Group Platinum Blue Plan C - U of M Plan 2**
    - 1-888-870-6297
    - [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com)
- **Prescription Pharmacy for BCBS**
  - **Group MedicareBlue Rx**
    - 1-877-838-3827
    - [www.yourmedicareolutions.com](http://www.yourmedicareolutions.com)



# Individual Medicare Supplements

## For information, contact:

- Individual medical plan options
- State Department of Commerce Insurance Gateway
  - 651-296-2488
  - [www.insurance.mn.gov](http://www.insurance.mn.gov)
- Minnesota Senior Federation
  - 651-221-0261
  - [www.mnseniors.org](http://www.mnseniors.org)
- For more information on the eight U of M supplemental plans go to [z.umn.edu/retireesupp](http://z.umn.edu/retireesupp)



# Questions?

Contact an Employee Benefits counselor:

Phone: 4-UOHR (612-624-8647 or 800-756-2363) and  
select option 1

Email: [benefits@umn.edu](mailto:benefits@umn.edu)

[humanresources.umn.edu/benefits](https://humanresources.umn.edu/benefits)





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