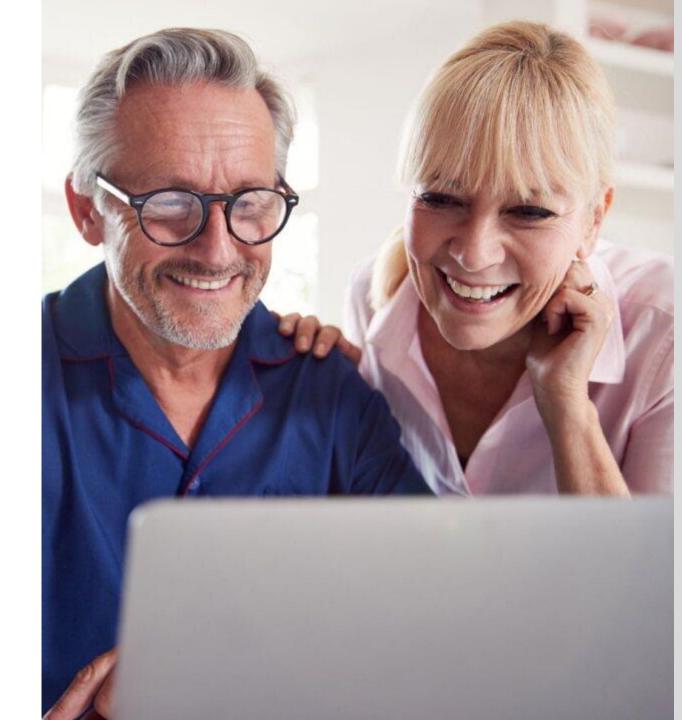


University of Northern Iowa 2025 Retiree Health Plan Options

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Medicare Basics

Website for Medicare Information: Medicare.gov



Original Medicare





Part A — hospital coverage

- Inpatient hospital care
- Skilled nursing facility care
- Hospice



Part B — medical coverage

- Outpatient care and service
- Durable medical equipment
- Ambulance
- Preventive care

Not covered:

- Deductibles, coinsurance, and copays
- Most outpatient prescription drugs
- Care beyond Medicare's limits
- Most care received outside the U.S.
- Charges exceeding Medicare approved amounts

You can see that Medicare doesn't cover all your expenses.

In fact, there's a gap that can leave you with a large bill. Hospital stays, doctor appointments, deductibles and other services can all add up, which is why extra coverage is available to you from Wellmark.



Filling the Gap

Employer Group Retiree Program F

Employer Group Retiree Programs are purchased from private insurance companies by employer groups to offer coverage to their retirees

These programs are designed to pay secondary for services approved by Medicare (i.e. deductibles and coinsurance)

Must be enrolled in Medicare Part A and Part B

Must purchase a Medicare Prescription Drug Plan (Part D) separately

Wellmark's Employer Group Retiree Program

	Program F
BASIC BENEFITS This includes hospitalization, medical expenses, blood and hospice care	√
SKILLED NURSING FACILITY COINSURANCE Without this coverage, members are partially responsible for their stay in a skilled nursing facility.	√
HOSPITAL (PART A) DEDUCTIBLE Coverage to pay the hospital deductible (an amount set by Medicare)	√
MEDICAL (PART B) DEDUCTIBLE This amount will be applied to medical costs.	√
MEDICAL (PART B) EXCESS Coverage when a provider charges over the Medicare-approved amount.	√
FOREIGN TRAVEL EMERGENCY Coverage when emergency care outside the United States is needed.	onfidential and Proprietary — Wellmark Blue Cross and Blue Shield

Comparison of UNI Retiree Health Plans

	Employer Group Retiree Program F	UNI Retiree PPO (2025)	UNI Retiree HMO (2025)
Inpatient Deductible	\$0 Part A/ \$0 Part B	\$400 Single/\$800 Family for PPO providers \$1000 Single/\$2,000 Family for non-PPO providers	\$250 Single \$500 Family
Coinsurance	\$0	10% PPO providers 30% for non-PPO providers	10%
Emergency Room	\$0	\$125 Copay, then 10% coinsurance	\$125, then 10%
Office Visit	\$0	\$25 Office Visit \$40 Specialist	\$15
Urgent Care	\$0	\$25	\$15
Ambulance	\$0	10% coinsurance after deductible	10% coinsurance after deductible
Preventative Care	\$0	\$0	\$0
Out of Pocket Maximum	N/A	\$2,000 Single/\$4,000 Family for PPO providers \$4,000 Single/\$8,000 Family for non-PPO providers	\$1,500 Single \$3,000 Family

Medicare Part D



AVOID COSTLY PENALTIES

Don't delay when considering your options for prescription drug plans. The Centers for Medicare and Medicaid Services will charge you a penalty if you go 63 continuous days without drug coverage after your Initial Enrollment Period.

The easiest way to avoid this penalty is to join a Medicare drug plan when you're first eligible.

Considering Medicare Prescription Drug Coverage

- Members have the option to purchase Medicare Part D coverage in addition to their Employer Group Retiree Plan
- Choose between the Group Part D option in your packet or shop for an individual Medicare Part D plan on your own
- Your Group Part D option:
 - Formulary covers specific generic and brand name drugs.
 - Nationwide network of more than 63,000 pharmacies

To review Wellmark's Group or Individual Medicare Part D plans and formularies please visit www.yourmedicaresolutions.com

Group Medicare Part D Summary

- Coverage for generic, brand-name and specialty drugs.
- A network of pharmacies across the US, including independent pharmacies, national chains and more.
- No Deductible, coverage starts right away with copays or coinsurance.
- Out-Of-Pocket limit capped at \$2,000 in 2025.

SUMMARY OF BENEFITS Group MedicareBlue Rx \$5/\$15/\$35/\$60

If you have any questions about the plan's benefits or costs, contact your employer group.

	Prescription drug benefits		
Initial coverage	During this stage, you pay the following until you reach the Catastrophic coverage phase.		
30-day supply from a network pharmacy or 31-day supply from	Tier	30-day supply	
a long-term care facility	Tier 1 (Generic)	\$5 copay	
	Tier 2 (Preferred brand)	\$15 copay	
	Tier 3 (Non-preferred brand)	\$35 copay	
	Tier 4 (Specialty)	\$60 copay	
90-day supply from a network pharmacy, mail order pharmacy	Tier	90-day supply	
or long-term care facility	Tier 1 (Generic)	\$10 copay	
	Tier 2 (Preferred brand)	\$30 copay	
	Tier 3 (Non-preferred brand)	\$70 copay	
	Tier 4 (Specialty)	\$120 copay	
	You may get 90-day supplies of drugs from retail pharmacies for the same cost as mail order. These pharmacies are called extended day supply pharmacies and are identified in the <i>Pharmacy Directory</i> with the signifier 90 and 90-day supply available for the online version. If you must use an out-of-network pharmacy, you will generally have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. (Please refer to Chapter 5, Section 2 of the <i>Evidence of Coverage</i> for details.)		
Supplemental drugs ¹	25% coinsurance		
Catastrophic coverage Your out-of-pocket costs reach a total of \$2,000	During this stage, the plan pays the forugs. You pay nothing.	ull cost for your covered Part D	

Confidential and Proprietary — Wellmark Blue Cross and Blue Shiel The amount spent on supplemental drugs does not apply toward catastrophic coverage.

Group Medicare Part D Summary

Pre-enrollment questions on the Group MedicareBlue Rx benefit \$5/\$15/\$35/\$60 prescription drug should be directed to Wellmark Blue Cross and Blue Shield at 800-691-1030, 8 a.m. to 5 p.m., Monday–Friday, Central time.

Once you receive confirmation of your enrollment for the Group MedicareBlue Rx coverage, contact Group MedicareBlue Rx Customer Service at 877-838-3827, 8 a.m. to 8 p.m., daily, Central and Mountain times. TTY hearing impaired users call 711.

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Supplemental drugs ¹	25% coinsurance		
Catastrophic coverage Your out-of-pocket costs reach a total of \$2,000	During this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.		

¹The amount spent on supplemental drugs does not apply toward catastrophic coverage

What's Next?

Next steps

Determine which plan meets your needs:

- Carve-out vs Employer Group Retiree Program
- Medicare Part D, enrollment available from October 15th-December 7th.

Reminder: Once you leave a University of Northern Iowa retiree plan option, you are unable to return. If you are currently covered under the Employer Group Retiree Program, you cannot return to the Carve-out.

Thank you



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