MEDICARE BASICS
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.
# COMPARISON OF UNI RETIREE OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>Medicare Supplement Program F</th>
<th>UNI Retiree PPO (2021)</th>
<th>UNI Retiree HMO (2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Deductible</td>
<td>$0 Part A/ $0 Part B</td>
<td>$350 Single/$1,000 Family for PPO providers</td>
<td>$100 Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$700 Single/$2,000 Family for non-PPO providers</td>
<td>$200 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>10% PPO providers</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30% for non-PPO providers</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$0</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$0</td>
<td>$20 PCP</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$40 Non-PCP</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$0</td>
<td>$20</td>
<td>$15</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$0</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>Preventative Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>N/A</td>
<td>$1,750 Single/$4,000 Family for PPO providers</td>
<td>$750 Single</td>
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<tr>
<td></td>
<td></td>
<td>$3,500 Single/$8,000 Family for non-PPO providers</td>
<td>$1,500 Family</td>
</tr>
</tbody>
</table>
## 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.
MEDICARE PART D

Prescription Drug Plan
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.

To review Wellmark’s Group or Individual Medicare Part D plans and formularies please visit www.yourmedicaresolutions.com
GROUP MEDICARE PART D SUMMARY

- **Coverage you can rely on:** Get coverage for generic, brand-name and specialty prescription drugs
- **Accessible pharmacy network:** Fill your prescription at approximately 66,000 pharmacies across the U.S.
- **No deductible:** Coverage starts right away with plan copays or coinsurance
- **No coverage gap:** You’re covered throughout the year

<table>
<thead>
<tr>
<th>Benefit level</th>
<th>30-day supply</th>
<th>90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Generic</td>
<td>$5 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Tier 2: Preferred brand</td>
<td>$15 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Tier 3: Non-preferred brand</td>
<td>$35 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Tier 4: Specialty</td>
<td>$60 copay</td>
<td>$120 copay</td>
</tr>
</tbody>
</table>

**Coverage gap**

Begins after your total drug costs for the year reach $4,020

- You pay no more than your usual cost sharing for generic and brand-name drugs.

**Catastrophic coverage**

Amount you pay for a 30-day supply after you have paid $6,350 in out-of-pocket drug costs

- You pay the greater of:
  - 5% coinsurance of the total cost, or
  - $3.60 copay for generic drugs (including brand drugs treated as generic) and $8.95 copay for all other covered drugs.

**Supplemental drugs**¹

25% coinsurance

¹ 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.
WHAT’S NEXT?
NEXT STEPS

Determine which plan meets your needs:

- Carve-out vs Employer Group Retiree Program
- Medicare Part D

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