Retiree Open Enrollment Update

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October 2021



Overview

- What sets UMN retiree coverage apart and how rates are calculated
 - Ryan Reisdorfer, OHR
- 2022 Retiree Guide overview and open enrollment resources
 - Katie Kolodge, OHR





What are some examples of what sets UMN coverage apart from other plans?

- Rich pharmacy coverage
- Lower out of pocket costs and plan maximums
- U of M vets vendors and plans to ensure high quality
- Convenience of having plans readily available at retirement



How are rates calculated for retiree plans?

- Retiree plans are fully insured
- Each plan sets their own rates
 - utilization
 - cost trends are applied
 - impacted by CMS
- Richness of benefits



2022 Retiree Guide Overview

- Guides will be mailed the week of October 18
- Features side by side plan comparisons, decision helper, dental plan overview, vendor contact information



Virtual Benefits Fair is back!

Visit the Fair for:

- Video resources
- Flyers and sheets for concepts like:
 - Presentations from Medica, Blue Cross Blue Shield, HealthPartners, UCare
 - Includes a coverage overview, network descriptions, pharmacy coverage, wellness benefits
- Direct contact information for plan representatives
- Links to Open Enrollment resources
- ...and more!

Where?

z.umn.edu/VirtualBenefitsFair

When?

November 1-30, 24/7





Decision Helper (pg 6)

- Compare costs
- Provider networks
- Prescriptions
- Travel/relocation
- Specific categories that are important to you

Questions to Aid in Choosing a Medicare-Eligible Medical Plan

- What is the monthly premium? Compare rates on pages 8-9.
 - Are my current healthcare providers covered under the plan?
 - Consider checking the provider finder on each plan's website.
 - · Contact a plan using the information on page 7.
- If I am taking any medications, are they covered under the plan, and what is the out-of-pocket cost (copay or coinsurance)? See pages 14-15 to compare prescription drug coverage across plans.
- Am I planning on moving outside of the local service area (Minnesota, western Wisconsin, eastern Dakotas) for more than 6 consecutive months?
 - Contact the plan to understand any impact from moving outside the local service area permanently.
 Contact information is on page 7.
- What is the coverage for hearing aids? Compare costs on pages 12-13.
- Is there a deductible? Compare maximums on pages 16-17.
- Is there coverage if I travel internationally? Compare coverage on pages 16-17.
- Is my health club covered under the plan? Check Wellness Benefits on pages 14-15 and use the contact information on page 7 for more information.
- What if one of these plans is not right for me?
 - If you would like more information about what plans are offered in the marketplace, Senior LinkAge Line is a non-profit dedicated to serving Minnesota Seniors and they are able to assist in your search.
 - » Call Senior LinkAge Line: 800-333-2433
 - » Visit Senior LinkAge Line online: www.seniorlinkageline.com



Plan Comparisons (pgs 8-17)

Medicare-Enrolled Health Plans

	Blue Cross Blue Sirield of Minnesota U of M Han 1	Blue Cross Blue Shield of Himesola U of HiMes 8	Healthfurtners Journay & Botton National Chaire U al H Plan 1	Madis Pertinent Journey & Belline Hallonal Chains U al H Plan 1	
Premium per menth per person	\$393.10	Pre MACRIAL BIST LISS Prest MACRIAL BISS SS	\$294.00	9167.50	
Type of Policy	Coordinates with Wedcore and Includes Wedcore Prescription Drug Ran	Medicare Supplement Plan with Medicare Prescription Drug Plan	Journey Wellcore Advantage Plan TNC Comfinites with Medicare and includes Medicare Prescription Ong Plan Type of Policy is determined by county of residence.		
Here Plan Works with Helicare and Hedicare Assignment	U of Millatime Plan page offer agetying U offel flustree Plan inputient destatible and communice. You pay Medican Plat IS annual destations.	Welcow pays first. You pay fruit it and 5 enturities and or computers and you meet your detection in \$2,070 (0001); then plays 100%, Codection may sharps in 2002**	Journey Health? where administers benefits and allowing payment for all plan allowed and allowing payment for all plan allowed and for the control of t		
Helwork Providers (Helloure Judgement)	The are encouraged to stell (CBS network providers, but you do not assign your Meeting benefits to Sture Creats. You are altissed to use your Meetings benefits outside of the (CBS network.)	You can use any Stellars controved provider nationalitie.	You can see any provider that accepts Wedcore and your Heardnes.		
Outpetient Hospital					
Outpatient Surgery	107% other Weekcore Fact 8 annual destactible \$200 for 2021 (subject to shange for 2022)		100%	100% after \$75 capasy	
LalyX-Bay CT scan, HB1, other surjections diagnostic tests	100% other Westcone Plant 8 annual deductible 5253 for 2021 (subject to change for 2022)	10% ofer-deductive is satisfied	Lab services at 199% and all other services at \$13	Lik services at 100% and all other services at \$10 capay	
Emergency Services	100% other Westcore Part 8 armust deductible \$200 for 2021 (subject to		100% after \$10 capey	100% after \$100 capage	
Ambulance	change for 2003)		100%	80%	

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Mades U of H Plan 2	UCare U of M Plan 1	UCare Unf ∺ Plant	
Prunium per month per person	\$140.00	\$100.00	\$215.00	\$167.00	
Type of Policy	Medicare Cost Ran with Medicar or Medicare Advantage PPO plo Drug Co	e with Medicare Prescription	Medicare Advantage Plan Including Prescription Drug Coverage		
New Plan Works with Healizare and Healizare Assignment	Cost Wedsare pays primary for I nursing facility, and home feath Medicare Fort 8 pm Wedsare Advantage: Medic hospitalization and Fort	core expercers. Medica pays scider expercers. a pays primary for Part A	UCare patrionisters benefits and datins payment of fittedione Parts A and B, in wall as additional benefit included in plant, such as Precipion Drug proverage (PartO) and provention care. Bits for health care services are send effectly to UCare by provinces but in Michael and the provinces of the UCare date by provinces but in UCare Ucare department.		
Network Providers (Hedicare Assignment)	Cost Plan. You are encouraged to led you do not assign your Mindo allowed to use your threboa Weeks on Weeksome Rekventage Plan. You can Medicare and you	ore benefits to Weeks. You are in benefits outside of the classifi. I see any provider that accepts	Trous anywhere within the U.S. and pay only your inventorship space or mouther care. Anothery clinic and specialist value, algorists through sell-consistency and security services. This may see any provise that accepts bleeduces. U.C. are sell after come Eth of many other services throughout the U.S. and sell-come Eth of many other services.		
Outpetient Hospital					
Outpetient Surgery	100% after \$50 copay	100% after \$100 capity	100%	100% after \$100 capacy	
Ldy/X-Ray CT stan, MRI, other outpellant diagnostic leds	Lab Services 100% All other services \$25 capay	Lab Services 100% All other services \$30 copay	Primary or Specially office - 100% OF Hospital Surg. CX \$25 capity	Primary or Specially office 10074 OF Hospital / Surg. Cir. 825 capes	
Emergency Services	100% after \$50 capay	10% afor \$15 capay	100% after \$50 capasy	100% after \$75 capay	
Ambalance	100% after \$50 capay	100% after \$15 cayay	100% 100% after \$100 or		



Vendor Contact Information (pg 7)

 Contact the insurance company for more detailed questions about the plans

Medicare-Eligible Health Plans Directory

Blue Cross Blue Shield of Minnesota

U of M Detires Dian

U of M Dlan I

Toll Free 1-800-262-0819

TTY. Call the National Relay Center at 711 and ask for 1-888-818-0137

Group Medicare Supplement Plan with High Deductible Coverage with Group MedicareBlue Dr.

U of M Plan 2

Tall Free 1-800-531-6686 for Current Members.

1-888-810-6207 for Prospective Members.

TTY: Call the National Relay Center at 711 and ask for 1-868-878-0137

socializacionamo.com/umoratiraes

Prescription Drug Coverage for U of M Plan 1 and Plan 2

Group MedicareBlue Bx

Telephone: 1-877-858-3827 TTV: 1-866-215-9262

www.yourmedicaresolutions.com

HealthPartners Journey and HealthPartners Retires Hational Choice

U of M Plans 1& 2

Telephone: 952-885-3628 Toll Free: 1866-995-7428

TTY: Call the National Relay Center at 7th and ask for 866-905-7438.

www.healthpartners.com/uofm

Medica Group Plan

U of M Dians 1& 2

Telephone: 952-993-2545 Toll Free: 1-800-906-5452

TTV: Call the National Bulay Center at 1-800-855-2880 and ask for 1-800-906-5452

yookmedica.com

UCare Medicare Group

U of M Plans 1& 2

Telephone: 612-676-6900 Toll Free: 1-877-998-6574 TTV: 612-676-6610

Groupsdes@scare.org

TTY, 1-800-588-2534



Coverage Change Form (pgs 25-26)

- Only complete if you
 wish to make a change;
 otherwise, no action is
 required and your current
 coverage will continue
- Deadline is November 30
- If changing companies, be sure to contact current vendor to cancel coverage





Date of Birth (MMCDD/YX

Request for Continuation of Coverage

Current Home Address	City	Diane 2	De Code	Phone Number
Name of Spouse (Last, First, NI) Reason for Electing Coverage Date of event Pastrement Turning Age 65 End of Continuation of Medical Coverage 'Check the boxes below for coverage you would in	Agreement (Ph		Last Day	Date of Birth (MMEDD/YY) of Work:
Non-Medicare-Eligible Plans Retires under 6		ACO-Ridge	view Comm	Dependents runity Network (fun Coes Croy)
Primary clinic code is required: Medica Choice National Medica HSA ACO-VantagePlus with Medica (fuin Cites Only) ACO-Park Nicollet First (fuin Cites Only)		Medica Choice Regional (dreate Momenta Ong) ACO-Attra S'You Chestate Ong) ACO-Storiffs Choice Cattle (dust) and Northern Minnesda (ACO-Medica Complete) Health-Malgo (Rushware Ong) Note: You must live in the area served by the ACO you choose		
Medicare-Eligible Plans		en Medicare		
Continuation of Dontal Coverage I wish to continue my current group dental coverag wish to change my dental plan to: Delta Dental P		ita Dentai Premier	Reti	nee Only nee and Children nee and Spouse with or out Children
Enrollees for Medical & Dental Plans Memor (Last, First, Mb)		Date of t	lieth	Social Security Number





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