



Medicare Advantage Plan Design Changes Summary 2009

UCare for Seniors and UCare Secure

MEMBER PREMIUM

	2008	2009
Value		
• Metro	\$33	\$34
• Greater MN	\$41	\$41
• Wisconsin	\$45	\$48
Value Plus		
• Metro	\$56	\$64
• Greater MN	\$74	\$74
• Wisconsin	\$70	\$74
Classic		
• Metro	\$98	\$102
• Greater MN	\$115	\$120
• Wisconsin	\$112	\$119
UCare Secure	\$149	\$154

SERVICE AREA

2009 UCare for Seniors in Wisconsin expansion includes Iowa, Juneau, and Sauk counties.

COMPREHENSIVE DENTAL (Classic and UCare Secure members only)

	2008	2009
Premium	\$16	\$19
Pre-crown work	Not covered	Covered (Coverage includes core build-up including pins and cast or prefab post with crown)
2-visit-limit on limited oral evaluation (for emergent situations like crown falling out)	2-visit-limit	No limit (but plan max of \$1,000)
Full-mouth debridement (cleaning of extensive build-up to enable evaluation and diagnosis)	Not covered	Covered (One treatment every 36 months)
Retreatment of root canal	Not covered	Covered (one retreatment per tooth per lifetime)

CHANGES TO PART D PRESCRIPTION BENEFITS

Value Plus/Classic

UCare Secure

	2008	2009	2008	2009
Rx co-pays	\$10/\$25/\$50/20%	\$8/\$30/\$60/25%	\$10/\$25/\$50/20%	\$5/\$30/\$60/25%
Step Therapy	N/A	Applies to brand proton pump inhibitors (PPIs). New starts in 2009 only.	N/A	Applies to brand proton pump inhibitors (PPIs). New starts in 2009 only.

BENEFIT CHANGES

	Value/Value Plus		Classic		UCare Secure	
	2008	2009	2008	2009	2008	2009
Member out-of-pocket maximum	\$3,250	\$3,350	\$3,250	\$3,350	\$3,250	\$3,350
Skilled nursing facility care co-pay for days 21 to 100	\$50	\$75	\$0	\$50	\$0	\$0
Diagnostic hearing exam co-pay	\$15	\$0	\$10	\$0	\$10	\$0
Diagnostic eye exams co-pay	\$15	\$0	\$10	\$0	\$10	\$0
Point-of-Service (coinsurance/maximum coverage)	20% / \$5,000	20% / no max.	20% / \$10,000	20% / no max.	N/A	N/A
Point-of-Service – transplants services	Available out-of-network through the POS benefit.	Not available out-of-network through the POS benefit.	Available out-of-network through the POS benefit.	Not available out-of-network through the POS benefit.	N/A	N/A
UCan! Do-It-Yourself fitness kit (member cost)	\$15	\$10	\$15	\$10	\$15	\$10
Third annual dental visit – periodontal cleaning only	N/A	N/A	Not covered	Covered	Not covered	Covered

Community Education

Minnesota members only (*UCare for Seniors* and *UCare Secure*)

2008: Unlimited number of community education classes offered as value-added item or service (VAIS), not a benefit.

2009: Post-enrollment gift of \$15 fee reduction off a community education class. Limited to one per member per year. The \$15 fee reduction is applied by the school district at the time of enrollment into the class.

Driver Safety Course

Wisconsin members only (*UCare for Seniors*)

2008: One driver safety course offered per member per year as value-added item or service (VAIS), not a benefit.

2009: Post-enrollment gift of \$15 fee reduction off a drivers safety course. Limited to one per member per year. The \$15 fee reduction is applied at the time of enrollment into the course.

New for 2009: EPIC Hearing Services (Classic and *UCare Secure* members only)

Members can utilize their \$500 hearing aid benefit allowance (every 36 months) with the EPIC Hearing Health Care Network to obtain further savings. Discounts range from 30-50% below manufacturers and other discount networks. Call 1-866-956-5400 to access network.

UCare Connect

BENEFIT CHANGES

	2008	2009
YMCA monthly membership	Not covered	Covered
Fitness kit	Not covered	Covered

UCare Complete

BENEFIT CHANGES

	2008	2009
YMCA or Courage Center Fitness Center monthly membership	Not covered	Covered

MSHO

BENEFIT CHANGES

	2008	2009
Lifeline electronic monitoring device for community-based members who do not have coverage under a Medicaid elderly waiver	Covered for community members with EW benefits	Covered for all community members
Skilled nursing visits not normally covered under Medicare and/or Medicaid. Limited to 12 visits per calendar year	Not covered	Covered
Caregiver Resource Services for community-based members	Not covered	Covered
Independent Living Skills services	Covered	Not covered
YMCA monthly membership	Not covered	Covered
Strong and Stable Kit	Covered	Covered (now includes night light and pill box)
Part B Premium buy-down	\$47	\$0

MSHO, UCare Connect, and UCare Complete

CHANGES TO PART D PRESCRIPTION BENEFITS

	2008	2009
Step Therapy	N/A	Applies to brand proton pump inhibitors (PPIs). New starts in 2009 only.

Formulary Changes

Formulary changes do not reflect additions/deletions to the formulary during 2008 but only changes that are effective 1/1/2009.

FOUR-TIER (UCare for Seniors and UCare Secure)

TWO-TIER (MSHO, UCare Complete, and UCare Connect)

CHANGE TIER FROM 2 TO 3					
BRAND NAME	Dosage Form	Route	2008 Tier	2009 Tier	Quantity Limit
AMBIEN	Tablet	Oral	2	3	
COREG	Tablet	Oral	2	3	
LAMISIL	Tablet	Oral	2	3	
OMNICEF	Capsule	Oral	2	3	
OMNICEF	Suspension	Oral	2	3	
TOPROL XL	Tablet	Oral	2	3	
ADD STEP THERAPY					
BRAND NAME	Dosage Form	Route	2008 Tier	2009 Tier	Quantity Limit
ACIPHEX	Tablet	Oral	3	3	30/30 Days
NEXIUM	Capsule	Oral	3	3	30/30 Days
NEXIUM	Packet	Oral	3	3	30/30 Days
PREVACID	Capsule	Oral	2	2	30/30 Days
PREVACID	Tablet	Oral	2	2	30/30 Days
PRILOSEC	Capsule	Oral	3	3	30/30 Days
PROTONIX	Packet	Oral	3	3	30/30 Days
PROTONIX	Tablet	Oral	3	3	30/30 Days
ZEGERID	Capsule	Oral	3	3	30/30 Days
ZEGERID	Packet	Oral	3	3	30/30 Days

ADDITIONS					
BRAND NAME	Dosage Form	Route	2008 Tier	2009 Tier	Quantity Limit
FLUMADINE	Tablet	Oral	NF	2	
EPIPEN 2-PAK	Device	IM	NF	2	6 / year
EPIPEN-JR 2-PAK	Device	IM	NF	2	6 / year
GRIS-PEG	Tablet	Oral	NF	2	
LOVAZA	Capsule	Oral	NF	2	
MOVIPREP	Solution	Oral	NF	2	
PEG-INTRON	Kit	SC	NF	2	
PEG-INTRON REDIPEN	Kit	SC	NF	2	
PILOPINE HS	Gel	Opth	NF	2	
STIMATE	Solution	Nasl	NF	2	
DELETIONS					
BRAND NAME	Dosage Form	Route	2008 Tier	2009 Tier	Quantity Limit
AMBIEN	Tablet	Oral	2	NF	
CLOZARIL	Tablet	Oral	2	NF	
COREG	Tablet	Oral	2	NF	
OMNICEF	Suspension	Oral	2	NF	
OMNICEF	Capsule	Oral	2	NF	
PENLAC NAIL LACQUER	Solution	Oral	2	NF	
TOPROL XL	Tablet	Oral	2	NF	
VERELAN PM	Capsule	Oral	2	NF	
VESANOID	Capsule	Oral	2	NF	
ADD STEP THERAPY					
BRAND NAME	Dosage Form	Route	2008 Tier	2009 Tier	Quantity Limit
PREVACID	Capsule	Oral	2	2	30/30 Days
PREVACID	Tablet	Oral	2	2	30/30 Days