

Medica Prime Solution® (Cost) bundled medical and Part D options



Take advantage of our reduced premiums for 2017 for all-in-one medical and Part D prescription drug plans.

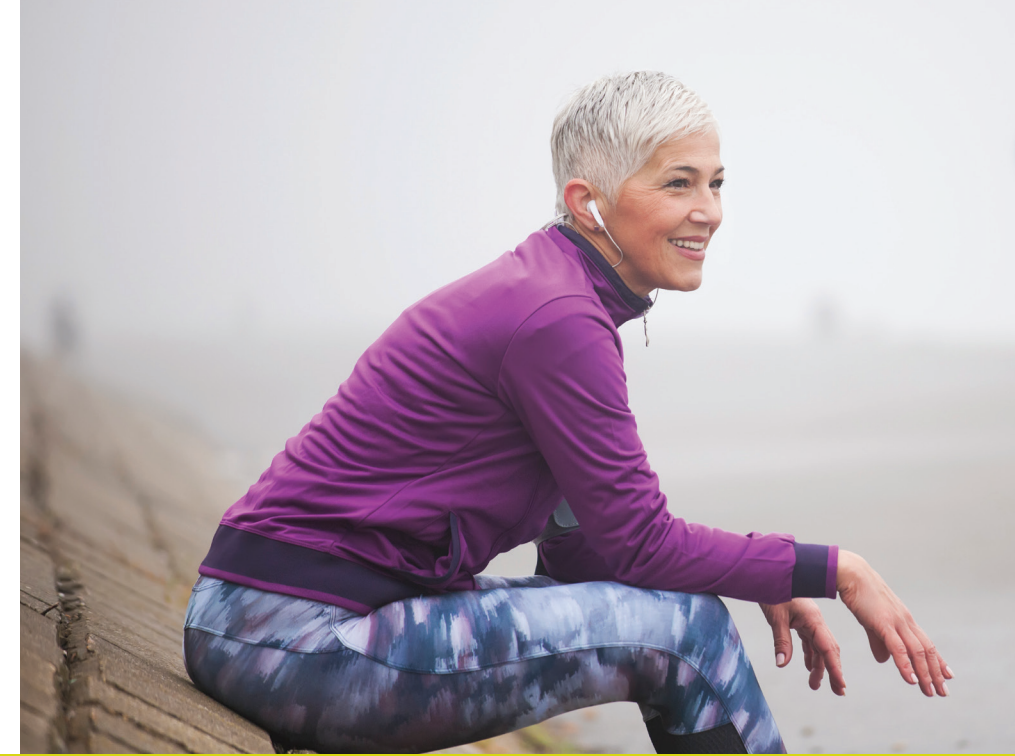
		Prime Solution Medical + Part D Bundled Plan Options							
	2016 Original Medicare	Thrifty	Value		Basic		Thrive (MN Only)	Enhanced	
		with Rx	with Rx	with Rx2	with Rx	with Rx2	with Rx	with Rx	with Rx2
Monthly Premium	\$121.80 for Part B	\$73.20	\$85	\$113.20	\$101.40	\$128.60	\$133	\$185.40	\$208.60
Medical Deductible	\$166 for Part B	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Part D Deductible	n/a	\$200	\$315	\$0	\$250	\$0	\$225	\$200	\$0
Annual Maximum Out-of-Pocket (medical)	n/a	\$6,700	\$4,000	\$4,000	\$3,400	\$3,400	\$3,000	\$3,000	\$3,000
Medical Benefits		YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Inpatient Hospital	Days 1-60: \$1,288 total Days 61-90: \$322/day Days 91-150: \$644/day	\$600 per stay	Days 1-27: \$150/day Days 28-90: \$0/day	Days 1-34: \$100/day Days 35-90: \$0/day	Days 1-30: \$100/day Days 31-90: \$0/day	Days 1-30: \$100/day Days 31-90: \$0/day	Days 1-30: \$100/day Days 31-90: \$0/day	Days 1-30: \$100/day Days 31-90: \$0/day	Days 1-30: \$100/day Days 31-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$161/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$161/day† Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$80/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$0/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$50/day Days 101+: 100%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care / Convenience Care / Telehealth	20%	20%	\$10	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	20%	20%	\$30	\$10	\$20	\$20	\$20	\$20	\$20
Urgent Care	20%	\$25	\$10-\$30	\$0-\$10	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20
Chiropractic*	20%	20%	\$20	\$10	\$20	\$20	\$20	\$20	\$20
Diagnostic Tests / X-Ray / Radiology	20%	20%	10%	\$10	\$0	\$0	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diabetes Supplies / Durable Medical Equipment	20%	20%	20%	20%	\$0	\$0	\$0	\$0	\$0
Outpatient Care	20%	20%	\$125	\$50	\$0	\$0	\$0	\$0	\$0
Ambulance	20%	20%	\$50	\$25	\$0	\$0	\$0	\$0	\$0
Emergency Room	20%	\$50	\$50**	\$50**	\$75**	\$75**	\$75**	\$75**	\$75**
Eye & Hearing Exams - Routine Annual	100%	100%	\$30	\$0	100%	100%	100%	\$0	\$0
Eyewear Allowance / Hearing Aid Allowance	n/a	Not Included	Not Included	Included	Not Included	Not Included	Included	Included	Included
Part D Prescription Drug Coverage (31-day Retail)									
Level One - Initial Coverage (Shared drug costs \$0 to \$3,700)									
Tier 1 - Commonly Prescribed Generic & Brand	100%	Up to \$2	Up to \$4	Up to \$2	Up to \$3	Up to \$2	Up to \$4	Up to \$3	Up to \$2
Tier 2 - Low-Cost Generic & Brand	100%	Up to \$10	Up to \$10	Up to \$8	Up to \$10	Up to \$8	Up to \$12	Up to \$13	Up to \$8
Tier 3 - More Expensive Generic & Brand	100%	Up to \$34	Up to \$45	Up to \$35	Up to \$25	Up to \$35	Up to \$25	Up to \$27	Up to \$35
Tier 4 - Higher-Priced Generic & Brand	100%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 - Generic or Brand for Complex Conditions	100%	29%	26%	33%	28%	33%	28%	28%	33%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$4,950)			Generic at 51% and Covered Brand at 40% for all plan options						
Level Three - Catastrophic Coverage (Shared drug costs \$4,950 and up)			Generic at \$3.30 or 5%*** and Other Drugs at \$8.25 or 5%*** for all plan options						

* Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) / ** Worldwide / *** Whichever is greater / † This amount is for 2016 and is subject to change in 2017.

Prime Solution medical-only options

You can choose not to bundle your medical and Part D drug coverage and instead select a medical-only plan. (See the "Medical Benefits" section in chart above.)

	Prime Solution Medical-only Plan Options				
	Thrift	Value	Basic	Thrive (MN Only)	Enhanced
Monthly Medical-Only Premium	\$49	\$67	\$79	\$105	\$157
Medical Deductible	\$50	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (medical)	\$6,700	\$4,000	\$3,400	\$3,000	\$3,000



Learn more about Medica Prime Solution



Speak with a Medicare consultant.

Toll free **1-800-906-5432 (TTY: 711)**

8 a.m. to 8 p.m. Central, seven days a week

Access to representatives may be limited at times.



Explore our Medicare coverage options:

medica.com/Medicare



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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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Medicare. You've got this.