### Medica Prime Solution<sup>®</sup> (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.

# MEDICA.

		Prime Solution Medical + Part D Bundled Plan Options									
	2016 Original	Thrift	Va	lue	Basic		Thrive (MN Only)	Enhanced			
	Medicare	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			
Inpatient Hospital	Days 1-60: \$1,288 total Days 61-90: \$322/day Days 91-150: \$644/day	\$600 per stay		\$150/day† 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			
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 <sup>††</sup> Days 101+: 100%	Days 21-10	Days 1-20: \$0/dayDays 1-20: \$0/dayDays 21-100: \$80/dayDays 21-100: \$0/dayDays 101+: 100%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	\$	50	\$0		\$0	\$0			
Primary Care / Convenience Care	20%	20%	\$	10	\$0		\$0	\$0			
Specialist Office Visit	20%	20%	\$	30	\$10		\$20	\$20			
Urgent Care	20%	\$25	\$10	-\$30	\$0-\$10		\$0-\$20	\$0-\$20			
Chiropractic*	20%	20%	\$	20	\$10		\$20	\$20			
Diagnostic Tests / X-Ray / Radiology	20%	20%	10	)%	\$10		\$0	\$0			
Lab Services	\$0	\$0	\$	50	\$0		\$0	\$0			
Diabetes Supplies / Durable Medical Equipment	20%	20%	20	)%	20%		\$0	٩	60		
Outpatient Care	20%	20%	\$125		\$50		\$0	\$0			
Ambulance	20%	20%	\$50		\$25		\$0	\$0			
Emergency Room	20%	\$50	\$5	0**	\$50**		\$75**	\$75**			
Eye & Hearing Exams - Routine Annual	100%	100%	\$30 \$0		0	100%	\$	60			
Eyewear Allowance / Hearing Aid Allowance	n/a	Not Included	Not Included		Included		Not Included	Included			
Part D Prescription Drug Coverage (3	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 Ho	le" (Member-only drug c	osts up to \$4,950) Ge	eneric at 51% a	and Covered Br	and at 40% for	all plan option	15				
Level Three - Catastrophic Coverage	(Shared drug costs \$4,9	50 and up) Ge	eneric 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 / † Copayments apply once during a benefit period, per day, up to the Part A deductible. / †† 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.

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