

# 2018 Medica Prime Solution® (Cost)

## Medical + Part D Prescription Drug Plan Options

Take advantage of the convenience of combining your medical and Part D drug coverage in one plan for 2018. Prime Solution gives you a range of coverage levels to choose from so it's easy to find a plan that fits your unique needs. See medical-only plan options on other side.

	2017 Original Medicare	PRIME SOLUTION MEDICAL + PART D BUNDLED PLAN OPTIONS		
		Thrift with Rx	Focus with Rx	Total with Rx
Monthly Premium	\$134 for Part B	\$77.40	\$117.60	\$217.10
Medical Deductible	\$183 for Part B	\$50	\$0	\$0
<b>Medical Benefits</b>	<b>YOU PAY</b>	<b>YOU PAY</b>		
Primary Care / Convenience Care	20%	20%	\$10	\$0
Specialist Office Visit	20%	20%	\$20	\$10
Urgent Care	20%	\$25	\$10 - \$20	\$0 - \$10
Chiropractic*	20%	20%	\$20	\$10
Eye & Hearing Exams - Routine Annual	100%	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	20%	\$10	\$0
Diagnostic / Therapeutic Radiology	20%	20%	\$30	\$10
Diabetes Supplies / Durable Medical Equipment	20%	20%	20%	\$0
Part B Drugs	20%	20%	20%	20%
Outpatient Surgery	20%	20%	\$100	\$20
Ambulance	20%	20%	\$50	\$0
Emergency Care	20%	\$50	\$50**	\$50**
Inpatient Hospital	Days 1-60: \$1,316 total Days 61-90: \$329/day Days 91-150: \$658/day	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-8: \$150/day Days 9-90: \$0/day	Days 1-8: \$100/day Days 9-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$164.50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$164.50/day†	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day
Annual Maximum Out-of-Pocket (medical)	n/a	\$6,700	\$4,000	\$3,000
SilverSneakers® Fitness Membership	n/a	Not Included	Included	Included
<b>Part D Prescription Drug Coverage</b>		<b>YOU PAY (30-Day Retail)</b>		
Part D Deductible	n/a	\$260	\$250	\$215
<b>Level One - Initial Coverage (Shared drug costs \$0 to \$3,750)</b>				
Tier 1 - Commonly Prescribed Generic & Brand	100%	Up to \$2	Up to \$2	Up to \$2
Tier 2 - Low-Cost Generic & Brand	100%	Up to \$6	Up to \$8	Up to \$8
Tier 3 - More Expensive Generic & Brand	100%	Up to \$28	Up to \$26	Up to \$27
Tier 4 - Higher-Priced Generic & Brand	100%	50%	50%	50%
Tier 5 - Generic or Brand for Complex Conditions	100%	27%	28%	28%
<b>Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$5,000)</b>		<b>Generic at 44% and Covered Brand at 35% for all plan options</b>		
<b>Level Three - Catastrophic Coverage (Shared drug costs \$5,000 and up)</b>		<b>Generic at \$3.35 or 5%*** and Other Drugs at \$8.35 or 5%*** for all plan options</b>		

\*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 2017 and is subject to change in 2018.

**CALL MEDICA FOR MORE INFORMATION: 1-800-918-2143 (TTY: 711), 8 a.m. - 8 p.m. Central, seven days a week. Access to representatives may be limited at times.**

# 2018 Medica Prime Solution® (Cost) Medical-only Plan Options

If you want to supplement your Original Medicare with a Prime Solution medical-only plan, you're on the right track. It's a great way to keep your doctor and health care costs affordable.

## PRIME SOLUTION MEDICAL-ONLY PLAN OPTIONS

	Thrft	Focus	Total
Monthly Medical-only Premium	\$49	\$86	\$172
Medical Deductible	\$50	\$0	\$0
<b>Medical Benefits</b>	<b>YOU PAY</b>		
Primary Care / Convenience Care	20%	\$10	\$0
Specialist Office Visit	20%	\$20	\$10
Urgent Care	\$25	\$10 - \$20	\$0 - \$10
Chiropractic*	20%	\$20	\$10
Eye & Hearing Exams - Routine Annual	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	\$10	\$0
Diagnostic / Therapeutic Radiology	20%	\$30	\$10
Diabetes Supplies	20%	20%	\$0
Durable Medical Equipment	20%	20%	\$0
Ambulance	20%	\$50	\$0
Part B Drugs	20%	20%	20%
Outpatient Surgery	20%	\$100	\$20
Emergency Care	\$50	\$50**	\$50**
Inpatient Hospital	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-8: \$150/day Days 9-90: \$0/day	Days 1-8: \$100/day Days 9-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$164.50/day†	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day
Annual Maximum Out-of-Pocket	\$6,700	\$4,000	\$3,000
SilverSneakers® Fitness Membership	Not Included	Included	Included

\*Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part)

\*\*Worldwide

† This amount is for 2017 and is subject to change in 2018.

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 copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. **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.

### Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.**

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພາສາໃຫ້ໃຫ້ໄທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမ့်အညီ: တၢ်ကျိးထံစၢၤကလိနီၤန့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤလၢအကလိနီၤ, တိးလိတဲစိနီၤဂံၢ်လၢအပၣ်ဃုာ်လၢလံာ်တီၢ်တိးအပူၤအံၤမ့ၢ်တဖၣ်န့ၢ်န့ၢ်ခၢလၢအံၤသးခးက့ၢ်အလီၢ်ခံတကပၤအဖီခိၣ်န့ၢ်တက့ၢ်.

Kung nais mo ng libreng tulong sa pagsasalín ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá jíík'e shá ata' hodoonih nínízíngó éí ninaaltsoos Medica bee néiho' dílzínígí bine'dée' námboo bikí' ágíjíí' béesh bee hodíílnih.

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