

2018 Plan Comparison

Medica Prime Solution® (Cost) & Medica Advantage Solution® (HMO-POS)

Medica has many plan options available. This comparison chart can help you determine which plan is the right one for you.
Medica Advantage Solution® combines medical and Part D prescription drug coverage in one plan with one low monthly premium.
Medica Prime Solution® gives you a broad range of coverage options so you can personalize your coverage to fit your needs and budget.
Select medical coverage alone or add Part D prescription drug coverage to your medical plan.



	2017 Original Medicare	Medica Prime Solution® (Cost)							Medica Advantage Solution® (HMO-POS)
	YOU PAY	YOU PAY	YOU PAY		YOU PAY		YOU PAY		YOU PAY
Plan Option		Thrift	Value		Basic		Enhanced		Edge
		With Rx	With Rx	With Rx2	With Rx	With Rx2	With Rx	With Rx2	
Monthly Premium	\$134 for Part B	Medical + Rx: \$77.40	Medical + Rx: \$94.40	Medical + Rx: \$118.60	Medical + Rx: \$108.30	Medical + Rx: \$131.70	Medical + Rx: \$192.70	Medical + Rx: \$210.70	Medical + Rx: \$65.40
		Medical only: \$49	Medical only: \$67		Medical only: \$79		Medical only: \$157		
Annual Medical Deductible	\$183 for Part B	\$50	\$0		\$0		\$0		\$0 In Network
Provider Network	n/a	Prime Solution Network	Prime Solution Network		Prime Solution Network		Prime Solution Network		Advantage Solution Network
Medical Benefits	In-NetworkIn-NetworkIn-NetworkIn-NetworkIn-Network								
Primary Care / Convenience Care	20%	20%	\$10		\$0		\$0		\$25
Specialist Office Visits	20%	20%	\$30		\$20		\$10		\$50
virtuwell® eVisits	n/a	n/a	n/a		n/a		n/a		\$0
Urgent Care	20%	\$25	\$10 – \$30		\$0 – \$20		\$0 – \$10		\$40
Chiropractic*	20%	20%	\$20		\$20		\$10		\$20
Eye & Hearing Exams – Routine Annual	100%	100%	\$30		\$0		\$0		\$25
Outpatient Surgery	20%	20%	\$125		\$50		\$0		\$250
Ambulance	20%	20%	\$50		\$25		\$0		\$250
Emergency Care	20%	\$50	\$50 Worldwide		\$50 Worldwide		\$50 Worldwide		\$80 in U.S. 20% Worldwide
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		\$0 per stay		Days 1-5: \$320/day Days 6-90: \$0/day
Annual Maximum Out-of-Pocket (Medical)	n/a	\$6,700	\$4,000		\$3,400		\$3,000		\$5,900
SilverSneakers® Fitness Membership	n/a	Not Included	Included		Included		Included		Included
Part D Prescription Drug Coverage	YOU PAY (30-Day Retail)								
Part D Deductible	n/a	\$260	\$260	\$0	\$260	\$0	\$215	\$0	\$250
Level One – Initial Coverage (Shared drug costs \$0 to \$3,750)									
Tier 1 – Commonly Prescribed Generic	100%	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	\$0
Tier 2 – Low-Cost Generic	100%	Up to \$6	Up to \$6	Up to \$8	Up to \$6	Up to \$8	Up to \$6	Up to \$8	\$4
Tier 3 – More Expensive Generic & Brand	100%	Up to \$28	Up to \$31	Up to \$35	Up to \$27	Up to \$35	Up to \$25	Up to \$35	\$40
Tier 4 – Higher-Priced Generic & Brand	100%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 – Generic & Brand for Complex Conditions	100%	27%	27%	33%	27%	33%	28%	33%	28%
Level Two – Coverage Gap “Donut Hole” (Member-only drug costs up to \$5,000)		Generic at 44% and Covered Brand at 35% for all plan options							
Level Three – Catastrophic Coverage (Shared drug costs \$5,000 and up)		Generic at \$3.35 or 5%** and Other Drugs at \$8.35 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) / **Whichever is greater.

MEDICA ADVANTAGE SOLUTION



Medica Advantage Solution is a Medicare Advantage plan. These are private plans that administer your Part A and Part B benefits on behalf of Medicare. Advantage Solution also includes Part D drug benefits, giving you the convenience of having one plan for your medical, hospital and prescription drug coverage.

Advantage Solution Provider Network

Advantage Solution includes a large network of providers to choose from in the Twin Cities metro and surrounding counties. You pay your lowest cost sharing when you visit an in-network provider. Search the Advantage Solution provider network at medica.com/AdvantageSolutionProviders.

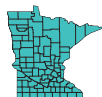
Out-of-Network Coverage (Point of Service)

Most medical services are covered out of network too, but you will have higher cost sharing when you use an out-of-network provider—typically 20% once your \$250 out-of-network deductible is met. Emergency services are covered the same in- and out-of-network with no deductible.

Advantage Solution Formulary

The Advantage Solution formulary is a list of drugs that are covered by your plan. It includes more than 2,800 prescription drugs. You can check online to see if your drugs are covered at medica.com/Medicare.

MEDICA PRIME SOLUTION



Medica Prime Solution is a Medicare Cost plan. Cost plans supplement Original Medicare by paying costs that Medicare doesn't cover. You can choose to purchase medical coverage alone or add Part D prescription drug coverage to your medical plan.

Prime Solution Provider Network

Prime Solution gives you a large network of providers to choose from in Minnesota, North Dakota, South Dakota and Wisconsin. Search the Prime Solution provider network at medica.com/PrimeSolutionProviders.

Nationwide travel and snowbird coverage is available to Prime Solution members for up to nine consecutive months a year.

Prime Solution Formulary

The Medica Prime Solution formulary is a list of drugs that are covered by your plan if you have selected the optional Part D rider. It includes more than 3,200 prescription drugs. You can check online to see if your drugs are covered at medica.com/Medicare.

CALL MEDICA FOR MORE INFORMATION 1-800-906-5432 (TTY: 711). 8 a.m. - 8 p.m. Central, seven days a week. Access to representatives may be limited at times.

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. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Medica is a Cost and HMO-POS plan with a Medicare contract. Enrollment in Medica depends on contract renewal. The SilverSneakers® fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved. © 2017 Medica. Medica®, Medica Prime Solution® and Medica Advantage Solution® are registered service marks of Medica Health Plans.

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- 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, civilrightscordinator@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.

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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.

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

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