

2018 Medica Plan Comparison

	MEDICA PRIME SOLUTION® (COST)							MEDICA SIGNATURE SOLUTION SM (MEDICARE SUPPLEMENT)							
	Thrift	Value		Basic		Enhanced		Basic						Extended Basic	
		With Rx	With Rx2	With Rx	With Rx2	With Rx	With Rx2	With No Riders	With Rider 1: Part A Deductible	With Rider 2: Part B Deductible	With Rider 3: Part B Excess Charges ¹	With Rider 4: Preventive Care ²	With All Riders		
Monthly Premium	Medical + Rx: \$77.40 Medical only: \$49	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 only: Tobacco-Free: \$163.60 Standard: \$190.50	Medical only: Tobacco-Free: \$202.50 Standard: \$235.20	Medical only: Tobacco-Free: \$178.70 Standard: \$205.60	Medical only: Tobacco-Free: \$164.50 Standard: \$191.50	Medical only: Tobacco-Free: \$165.80 Standard: \$193.00	Medical only: Tobacco-Free: \$220.70 Standard: \$253.80	Medical only: Tobacco-Free: \$228.00 Standard: \$262.20	
Annual Deductible	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0*	\$0*	\$0*	\$0*	\$0*	\$0	\$0	
Primary Care / Convenience Care	20%	\$10	\$0	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0	
Specialist Office Visits	20%	\$30	\$20	\$20	\$10	\$10	\$10	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0	
Urgent Care	\$25	\$10 - \$30	\$0 - \$20	\$0 - \$20	\$0 - \$10	\$0 - \$10	\$0 - \$10	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0	
Vision and Hearing Coverage	Diagnostic exams	Routine and diagnostic exams		Routine and diagnostic exams plus eyewear and hearing aid allowances				Diagnostic exams	Diagnostic exams	Diagnostic exams	Diagnostic exams	Diagnostic exams and can use up to \$120 per year for routine vision/hearing exams	Diagnostic exams and can use up to \$120 per year for routine vision/hearing exams	Diagnostic exams and can use up to \$120 per year for routine vision/hearing exams	
Emergency Care	\$50 in U.S.	\$50 in U.S. & worldwide		\$50 in U.S. & worldwide		\$50 in U.S. & worldwide		\$0** in U.S.; 20% worldwide	\$0** in U.S.; 20% worldwide	\$0 in U.S.; 20% worldwide	\$0** in U.S.; 20% worldwide	\$0** in U.S.; 20% worldwide	\$0 in U.S.; 20% worldwide	\$0 in U.S.; 20% worldwide	
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		\$0 per stay		Days 1-60: Up to \$1,340*** Days 61-90: \$0	\$0	Days 1-60: Up to \$1,340*** Days 61-90: \$0	Days 1-60: Up to \$1,340*** Days 61-90: \$0	Days 1-60: Up to \$1,340*** Days 61-90: \$0	\$0	\$0	
Fitness Benefit	N/A	SilverSneakers® Included							SilverSneakers® Included						
Part D Drug Coverage								Part D prescription drug coverage is not included in the plan but Medica can help you get affordable Part D drug coverage that fits your needs. Call Medica today or talk to your broker.							
Annual Part D Deductible	\$260	\$260	\$0	\$260	\$0	\$215	\$0								
Level One – Initial Coverage (Shared drug costs \$0 to \$3,750)															
Tier 1 – Commonly Prescribed Generic	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2								
Tier 2 – Low-Cost Generic	Up to \$6	Up to \$6	Up to \$8	Up to \$6	Up to \$8	Up to \$6	Up to \$8								
Tier 3 – More Expensive Generic & Brand	Up to \$28	Up to \$31	Up to \$35	Up to \$27	Up to \$35	Up to \$25	Up to \$35								
Tier 4 – Higher-Priced Generic & Brand	50%	50%	50%	50%	50%	50%	50%								
Tier 5 – Generic or Brand for Complex Conditions	27%	27%	33%	27%	33%	28%	33%								
Level Two – Coverage Gap “Donut Hole” (Member-only drug costs up to \$5,000)								Generic at 44% and Covered Brand at 35%							
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% [†]							

You must continue to pay your Medicare Part B premium.

¹Provider charges above what Medicare allows

²Up to \$120 annually for non-Medicare covered preventive services like vision or hearing screenings

*No plan deductible but Medicare deductible(s) apply

**Once you pay your annual Part B deductible of \$183 for 2018

***Part A deductible for 2018

[†]Whichever is greater

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.