

2018 Medica Plan Comparison

	MEDICA ADVANTAGE SOLUTION® (HMO-POS)	MEDICA PRIME SOLUTION® (COST)							MEDICA SIGNATURE SOLUTION™ (MEDICARE SUPPLEMENT)						
	Edge ¹	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 ²	With Rider 4: Preventive Care ³	With All Riders	
Monthly Premium	Medical + Rx: \$65.40	Medical + Rx: \$77.40 Medical only: \$49	Medical + Rx: \$94.40 Medical only: \$67	Medical + Rx: \$118.60 Medical only: \$79	Medical + Rx: \$108.30 Medical only: \$79	Medical + Rx: \$131.70 Medical only: \$157	Medical + Rx: \$192.70 Medical only: \$157	Medical + Rx: \$210.70 Medical only: \$157	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	\$0	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0*	\$0*	\$0*	\$0*	\$0*	\$0	\$0
Primary Care / Convenience Care	\$25	20%	\$10	\$0	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0
Specialist Office Visits	\$50	20%	\$30	\$20	\$20	\$10	\$10	\$10	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0
Urgent Care	\$40	\$25	\$10 - \$30	\$0 - \$20	\$0 - \$20	\$0 - \$10	\$0 - \$10	\$0 - \$10	\$0**	\$0**	\$0	\$0**	\$0**	\$0	\$0
Vision and Hearing Coverage	Routine and diagnostic exams	Diagnostic exams	Routine and diagnostic exams	Routine and diagnostic exams plus eyewear and hearing aid allowances	Routine and diagnostic exams plus eyewear and hearing aid allowances	Routine and diagnostic exams plus eyewear and hearing aid allowances	Routine and diagnostic exams plus eyewear and hearing aid allowances	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	\$80 in U.S.; 20% worldwide	\$50 in U.S.	\$50 in U.S. & worldwide	\$50 in U.S. & worldwide	\$50 in U.S. & worldwide	\$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 1-5: \$320/day Days 6-90: \$0/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	Days 1-8: \$100/day Days 9-90: \$0/day	Days 1-8: \$100/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	SilverSneakers® Included	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	\$250	\$260	\$260	\$0	\$260	\$0	\$215	\$0							
Level One – Initial Coverage (Shared drug costs \$0 to \$3,750)															
Tier 1 – Commonly Prescribed Generic	\$0	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 \$4	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 \$40	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%	50%							
Tier 5 – Generic or Brand for Complex Conditions	28%	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.

¹Medical copays listed are in network; Emergency and Urgent Care costs are the same in- and out-of-network. For out-of-network non-emergency care, you can use any provider that accepts Medicare and you typically pay 20% for most covered services once your \$250 out-of-network deductible is paid.

²Provider charges above what Medicare allows

³Up 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 and HMO-POS plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

