

MINNESOTA GREATER TWIN CITIES METRO
2019 Plan Comparison

See service area information on the other side.

Medica Advantage Solution® (HMO-POS) and Medica Advantage Solution® (PPO) offer two plan options with combined medical and Part D drug coverage and one affordable premium. **Medica Signature SolutionSM Medicare Supplement** offers four medical-only plan options, including options with \$0 copays for most covered services (deductibles may apply). Signature Solution does not have a network so you can see any provider that accepts Medicare. Part D drug coverage is also available - see other side.

| | MEDICA ADVANTAGE SOLUTION | | | | MEDICA SIGNATURE SOLUTION | | | | | | | |
|---|---------------------------------------|--------------------------|---------------------------------------|----------------------------|--|----------------------------|-------------------------|------------------------|-------------------------------------|------------------------|------------------------------|----------------------------|
| | H6154-002 (HMO-POS) | | H8889-002 (PPO) | | Basic (Base Rate with No Riders) | | Extended Basic | | High Deductible Coverage (Plan HDF) | | \$20/\$50 Copayment (Plan N) | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Tobacco-Free | Standard | Tobacco-Free | Standard | Tobacco-Free | Standard | Tobacco-Free | Standard |
| Monthly Premium | \$68.70 | | \$123.90 | | \$163.60 | \$190.50 | \$228.00 | \$262.20 | \$89.30 | \$102.70 | \$181.60 | \$208.80 |
| Annual Medical Deductible | \$0 | \$400 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,240 (for 2018) | \$2,240 (for 2018) | \$0 | \$0 |
| Annual Out-of-Pocket Maximum | \$6,700 | n/a | \$3,000 | \$4,500** | Minimal to no cost sharing | Minimal to no cost sharing | \$1,000 | \$1,000 | No annual limit | No annual limit | No annual limit | No annual limit |
| Medical Benefits | YOU PAY | | YOU PAY | | YOU PAY | | YOU PAY | | YOU PAY | | YOU PAY | |
| Preventive Services ^{††} | \$0 | 40% | \$0 | 30% | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care | \$20 | 40% | \$0 | 30% | \$0* | \$0* | \$0 | \$0 | \$0** | \$0** | \$20*** | \$20*** |
| Specialist Office Visit | \$45 | 40% | \$25 | 30% | \$0* | \$0* | \$0 | \$0 | \$0** | \$0** | \$20*** | \$20*** |
| Urgent Care | \$45 | \$45* | \$0 - \$25 | \$0 - \$25 | \$0* | \$0* | \$0 | \$0 | \$0** | \$0** | \$20*** | \$20*** |
| Emergency Care | \$90 U.S. 20% Worldwide | \$90* U.S. 20% Worldwide | \$100 U.S. & 20% Worldwide | \$100 U.S. & 20% Worldwide | \$0* U.S. 20% Worldwide | \$0* U.S. 20% Worldwide | \$0 U.S. 20% Worldwide | \$0 U.S. 20% Worldwide | \$0** U.S. & Worldwide | \$0** U.S. & Worldwide | \$50*** U.S. 20% Worldwide | \$50*** U.S. 20% Worldwide |
| Outpatient Surgery | \$250 | 40% | \$100 | 30% | \$0* | \$0* | \$0 | \$0 | \$0** | \$0** | \$0*** | \$0*** |
| Part B Drugs | 20% | 40% | 20% | 30% | \$0* | \$0* | \$0 | \$0 | \$0** | \$0** | \$0*** | \$0*** |
| Inpatient Hospital | Days 1-5: \$320/day Days 6-90: \$0 | 40% | Days 1-5: \$200/day Days 6-90: \$0 | 30% | \$0 [†] | \$0 [†] | \$0 | \$0 | \$0** | \$0** | \$0 | \$0 |
| Fitness Benefit | SilverSneakers Included | | SilverSneakers Included | | SilverSneakers Included | | SilverSneakers Included | | n/a | | SilverSneakers Included | |
| Part D Prescription Drug Coverage | | | | | Part D drug coverage is not included but Medica can help you get affordable Part D coverage that fits your needs and your budget. | | | | | | | |
| Annual Part D Deductible | \$275 [†] | | \$265 [†] | | | | | | | | | |
| Level One - Initial Coverage (Shared drug costs \$0 - \$3,820) | 30-Day Retail | | | | | | | | | | | |
| Tier 1 - Commonly Prescribed Generic | Up to \$2 | | Up to \$2 | | | | | | | | | |
| Tier 2 - Low-Cost Generic | Up to \$8 | | Up to \$8 | | | | | | | | | |
| Tier 3 - More Expensive Generic & Brand | Up to \$44 | | Up to \$46 | | | | | | | | | |
| Tier 4 - Higher Priced Generic & Brand | 50% | | 50% | | | | | | | | | |
| Tier 5 - Generic or Brand for Complex Conditions | 27% | | 28% | | | | | | | | | |
| Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$5,100): Generic at 37% and Covered Brand at 25% for all Advantage Solution plan options | | | | | | | | | | | | |
| Level Three - Catastrophic Coverage (Member-only drug costs \$5,100 and up): Generic at \$3.40 or 5%*** and Other Drugs at \$8.50 or 5%*** for all Advantage Solution plan options | | | | | | | | | | | | |

* Part B deductible must be met unless Rider 2 selected. / ** After plan deductible met. / *** Part B deductible must be met. / [†] Part A deductible must be met unless Rider 1 selected. / ^{††} Medicare-covered preventive services

The Signature Solution Basic plan allows you to add up to four riders, each of which provides a specific type of additional coverage. Each rider has a monthly premium that is added to the Basic plan base premium.

Rider 1: Part A deductible coverage

Tobacco-Free: + \$38.90 Standard: + \$44.70

Rider 2: Part B deductible coverage

Tobacco-Free: + \$15.10 Standard: + \$15.10

Rider 3: Coverage for Medical charges above Part B limits

Tobacco-Free: +\$.90 Standard: + \$1.00

Rider 4: Up to \$120 annually in non-Medicare covered preventive care

Tobacco-Free: + \$2.20 Standard: + \$2.50

* Out-of-Network medical deductible does not apply / ** Combined in- and out-of-network / *** Whichever is greater

[†] Deductible does not apply to Tier 1 and 2 drugs / ^{††} Medicare-covered preventive services



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.

