

# 2019 Plan Comparison

**Medica Prime Solution® (Cost)** offers five plan options. Choose a medical-only plan or one that combines medical and Part D drug coverage.

**Medica Signature Solution<sup>SM</sup> Medicare Supplement** offers four medical-only plan options, including options with \$0 copays for most covered services (deductibles may apply).

See service area information on the other side.

	MEDICA PRIME SOLUTION							MEDICA SIGNATURE SOLUTION							
	Standard	Thrift	Value	Basic		Enhanced		Basic (Base Rate – No Riders)		Extended Basic		High Deductible Coverage (Plan HDF)		\$20/\$50 Copayment (Plan N)	
		with Rx	with Rx	with Rx	with Rx2	with Rx	with Rx2	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard
Monthly Premium - Medical Only	\$25	\$49	\$67	\$79		\$157		\$163.60	\$190.50	\$228.00	\$262.20	\$89.30	\$102.70	\$181.60	\$208.80
Monthly Premium - Medical + Part D	n/a	\$80.90	\$97.30	\$111.70	\$125.90	\$193.50	\$203	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Annual Medical Deductible	\$0	\$50	\$0	\$0		\$0		\$0	\$0	\$0	\$0	\$2,240 (for 2018)	\$2,240 (for 2018)	\$0	\$0
Annual Out-of-Pocket Maximum	\$6,000	\$6,700	\$4,000	\$3,400		\$3,000		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
<b>Medical Benefits</b>	<b>YOU PAY</b>							<b>YOU PAY</b>		<b>YOU PAY</b>		<b>YOU PAY</b>		<b>YOU PAY</b>	
Preventive Services <sup>††</sup>	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$10	20%	\$10	\$0		\$0		\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Specialist Office Visit	20%	20%	\$30	\$20		\$10		\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Urgent Care	\$10 - 20%	\$25	\$10 - \$30	\$0 - \$20		\$0 - \$10		\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Emergency Care	\$100 Worldwide	\$50	\$50 Worldwide	\$50 Worldwide		\$50 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	20%	20%	\$125	\$50		\$0		\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Inpatient Hospital	\$600 per stay	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		\$0 <sup>†</sup>	\$0 <sup>†</sup>	\$0	\$0	\$0**	\$0**	\$0	\$0
Fitness Benefit	SilverSneakers®	n/a	SilverSneakers®	SilverSneakers®		SilverSneakers®		SilverSneakers®		SilverSneakers®		n/a		SilverSneakers®	
<b>Part D Prescription Drug Coverage</b>								<b>Part D drug coverage is not included but Medica can help you get affordable Part D coverage that fits your needs and your budget.</b>							
Annual Part D Deductible	n/a	\$305	\$315	\$350	\$0	\$265	\$0	* Part B deductible must be met unless Rider 2 selected. / ** After plan deductible met. / *** Part B deductible must be met. / <sup>†</sup> Part A deductible must be met unless Rider 1 selected. / <sup>††</sup> Medicare-covered preventive services							
<b>Level One – Initial Coverage (Shared drug costs \$0 –\$3,820)</b>	<b>30-Day Retail</b>														
Tier 1 - Commonly Prescribed Generic	n/a	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2	Up to \$2								
Tier 2 - Low-Cost Generic	n/a	Up to \$6	Up to \$6	Up to \$6	Up to \$8	Up to \$6	Up to \$8								
Tier 3 - More Expensive Generic & Brand	n/a	Up to \$28	Up to \$31	Up to \$28	Up to \$35	Up to \$28	Up to \$35								
Tier 4 - Higher Priced Generic & Brand	n/a	50%	50%	50%	50%	50%	50%								
Tier 5 - Generic or Brand for Complex Conditions	n/a	27%	26%	26%	33%	28%	33%								
<b>Level Two – Coverage Gap “Donut Hole” (Member-only drug costs up to \$5,100): Generic at 37% and Covered Brand at 25% for all plan options</b>															
<b>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 plan options</b>															

\*Whichever is greater / <sup>††</sup> 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



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

# Add Part D drug coverage to your Signature Solution Plan



Signature Solution is a medical-only plan, but Medica can help you enroll in a Medicare Prescription Drug plan that fits your needs and your budget.

To learn more or to enroll, call Medica and speak to a licensed agent.

## SERVICE AREAS

**Signature Solution** is available to residents of all counties in Minnesota.

**Prime Solution Thrift, Value, Basic and Enhanced** are available to residents of the following Minnesota counties: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse and Yellow Medicine.

**Prime Solution Standard** is available to residents of the following Minnesota counties: Aitkin, Carlton, Cook, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Pine and St. Louis.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

This information is not a complete description of benefits. Call Medica at 1-800-906-5432 (TTY: 711) for more information.

© 2018 Medica. Medica® and Medica Prime Solution® are registered service marks of Medica Health Plans. Medica Signature Solution<sup>SM</sup> is a service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

## 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.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພໍລິໃຫ້ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ 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.

နမူနာအား တစ်ကျိုးထံ စာတင်လီနီနီတင်ဂိုတင်ကျီအီလောအကလီနီနီ, တီးလီတီနီနီဂိုလောအပဉ်ဗျဉ်လောလ်တီလ်ဒီအပူအီမုတမုဖဲနနနီနီခေလ်ဒ်အုဉ်သးခးကုအလီဂ်ခဲတကပအဖီခိနီနီတကုာ်.

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.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ወሰጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

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

Díj t'áá jíík'e shá ata' hodoonih nínízingo éi ninaaltsoos Medica bee néiho' dílzínígí bine'dée' námbuu biki' ágíjijí' béésh bee hodíilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.