

2019 Medica Prime Solution® (Cost)

Choose between two medical-only plans. Thrift gives you a very affordable premium and Premier helps you keep your doctor and health care costs affordable with \$0 copays for most covered services.

Prime Solution is available in select counties in Nebraska.
Visit medica.com/Medicare for the complete list of counties.

	2018 Original Medicare	PRIME SOLUTION PLAN OPTIONS	
		Thrift	Premier
Monthly Premium		\$49	\$140
Medical Deductible		\$50	\$0
Medical Benefits	YOU PAY	YOU PAY	
Primary Care	20%	20%	\$0
Specialist Office Visit	20%	20%	\$0
Urgent Care	20%	\$25	\$0
Chiropractic*	20%	20%	\$0
Eye & Hearing Exams - Routine Annual	100%	100%	\$0
Diagnostic Tests / X-Ray	20%	20%	\$0
Diagnostic / Therapeutic Radiology	20%	20%	\$0
Diabetes Supplies / Durable Medical Equipment	20%	20%	\$0
Part B Drugs	20%	20%	20%
Outpatient Surgery	20%	20%	\$0
Ambulance (Ground)	20%	20%	\$0
Emergency Care	20%	\$50	\$0 Worldwide
Inpatient Hospital	Days 1-60: \$1,340 total Days 61-90: \$335/day Days 91-150: \$670/day	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-6: \$200/day Days 7-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$167.50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$167.50/day [†]	Days 1-20: \$0/day Days 21-100: \$125/day
Annual Maximum Out-of-Pocket (medical)	n/a	\$6,700	\$3,400
SilverSneakers® Fitness Membership		n/a	Included

*Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) / [†]This amount is for 2018 and is subject to change in 2019.



CALL MEDICA FOR MORE INFORMATION: 1-800-918-2143 (TTY: 711), 8 a.m. to 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. Call Medica at 1-800-918-2143 (TTY: 711) for more information. Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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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: TTYcommunication
- 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.

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 ntauv no, hu rau tus xov tooj nyob hauv daim ntauv 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 Waraqaqa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فأتصل 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.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ 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.

နမ့်အဲဒီတိုက်ကျိုးထံစာကလီနီနီတိုက်ဂိုတိုကျီအံလောအကလီနီ, ကိုးလီထဲစီနီဂိုလောအပိုလှိုင်လိုင်တီလိုင်စီအပူအံမုတမ့်ဖနနနီခခလေင်အိုသးခးက အလီခိတကပအဖီခိနီတက့.

Kung nais mo ng libreng tulong sa pagsasalin 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 በዝህ ስነድ ውስጥ 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.

Díí t'áá jíík'e shá ata' hodoonih nínízingo éí ninaaltsos Medica bee néfho' díłzínígi bine'déé' námboo bikí' ág'íjji' 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.