

2019 Medica Signature SolutionSM Medicare Supplement Plan Options

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 is available to residents of all Minnesota counties. Part D drug coverage is also available - see other side.

SIGNATURE SOLUTION PREMIUMS										
	Basic Plan				Extended Basic Plan		High Deductible Coverage (Plan HDF)		\$20/\$50 Copayment (Plan N)	
	Base Rate		Total with all 4 Riders							
	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard
Monthly Plan Premium	\$163.60	\$190.50	\$220.70	\$253.80	\$228.00	\$262.20	\$89.30	\$102.70	\$181.60	\$208.80
Part A Hospital Deductible	Add Rider 1 : + \$38.90	Add Rider 1 : + \$44.70	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered **	100% Covered **	100% Covered	100% Covered
Part B Medical Deductible	Add Rider 2 : + \$15.10	Add Rider 2 : + \$15.10	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered **	100% Covered **	Not Covered	Not Covered
Medical Expenses that Exceed Medicare Part B Limits	Add Rider 3 : + \$.90	Add Rider 3 : + \$1.00	100% Covered	100% Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Benefits Not Covered by Medicare - up to \$120 per calendar year	Add Rider 4 : + \$2.20	Add Rider 4 : + \$2.50	100% Covered	100% Covered	100% Covered	100% Covered	Not Covered	Not Covered	Not Covered	Not Covered
BENEFITS	YOU PAY				YOU PAY		YOU PAY		YOU PAY	
Plan Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$2,240 (for 2018)	\$2,240 (for 2018)	\$0	\$0
Maximum Annual Out-of-Pocket Cost	Minimal to no cost sharing	Minimal to no cost sharing	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
Medicare-Covered Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Specialist Visit	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Urgent Care	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Diagnostic Tests	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Lab & Radiology/X-rays	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Diabetes Supplies (Non-Part D)	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Part B Prescription Drugs	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Outpatient Care	\$0*	\$0*	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Emergency	\$0* 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. 20% Worldwide	\$0** U.S. and Worldwide	\$0** U.S. and Worldwide	\$50*** U.S. 20% Worldwide	\$50*** U.S. 20% Worldwide
Inpatient Hospital	\$0 [†]	\$0 [†]	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0	\$0
Skilled Nursing Care ^{††}	\$0	\$0	\$0	\$0	\$0	\$0	\$0**	\$0**	\$0	\$0

* Part B deductible must be met unless Rider 2 selected. / ** After plan deductible met. / *** After Part B deductible met. / [†]Part A deductible must be met unless Rider 1 selected. / ^{††} Up to 100 days each benefit period. You must meet Medicare requirements.

Add Part D drug coverage

Medica is pleased to introduce you to SilverScript® Insurance Company

Medica customers can enroll in SilverScript (PDP), a Medicare Prescription Drug plan designed to fit your needs and your budget.

SilverScript gives you:

- » Affordable coverage options
- » A large formulary, including brand name, generic and specialty drugs
- » An extensive network of pharmacies nationwide

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



*You must continue to pay your Medicare Part B premium.

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal. 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 co-payments/co-insurance may change on January 1 of each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

SilverScript Insurance Company is an independent company whose products and services are not Medica products and services. SilverScript Insurance Company is solely responsible for this prescription drug coverage.

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- 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

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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>.

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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.

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ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພາສາໃຫ້ໄປສາມາດໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

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