

**SOUTHEAST MINNESOTA**  
**2019 Plan Comparison**

**Medica Advantage Solution® (PPO)** provides combined medical and Part D drug coverage with one affordable premium.  
**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). 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.

See service area information on the other side.

	Advantage Solution		MEDICA SIGNATURE SOLUTION							
	H8889-004 (PPO)		Basic (Base Rate with No Riders)		Extended Basic		High Deductible Coverage (Plan HDF)		\$20/\$50 Copayment (Plan N)	
	In-Network	Out-of-Network	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard
Monthly Premium	\$111.10		\$163.60	\$190.50	\$228.00	\$262.20	\$89.30	\$102.70	\$181.60	\$208.80
Annual Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$2,240 (for 2018)	\$2,240 (for 2018)	\$0	\$0
Annual Out-of-Pocket Maximum	\$4,000	\$6,700*	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	30%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$0	30%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Specialist Office Visit	\$30	30%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Urgent Care	\$0 - \$30	\$0 - \$30	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Outpatient Surgery	\$150	30%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Part B Drugs	20%	30%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Emergency Care	\$90 U.S. 20%Worldwide	\$90 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
Inpatient Hospital	Days 1-5: \$250/day Days 6-90: \$0	30%	\$0 <sup>†</sup>	\$0 <sup>†</sup>	\$0	\$0	\$0**	\$0**	\$0	\$0
Fitness Benefit	SilverSneakers Included		SilverSneakers Included		SilverSneakers Included		n/a		SilverSneakers Included	
<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	\$265 <sup>†</sup>		* 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	Up to \$2									
Tier 2 - Low-Cost Generic	Up to \$8									
Tier 3 - More Expensive Generic & Brand	Up to \$44									
Tier 4 - Higher Priced Generic & Brand	50%									
Tier 5 - Generic or Brand for Complex Conditions	28%									
<b>Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$5,100): Generic at 37% and Covered Brand at 25%</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%**</b>										

\* Combined in- and out-of-network / \*\* Whichever is greater /  
<sup>†</sup> Deductible does not apply to Tier 1 and 2 drugs / <sup>††</sup> Medicare-covered preventive services

**Part D drug coverage is not included but Medica can help you get affordable Part D coverage that fits your needs and your budget.**

\* 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

**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

## 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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**NOTE: SilverScript PDP coverage cannot be added to Medica Advantage Solution because Advantage Solution already includes prescription drug coverage.**

### SERVICE AREAS

Signature Solution is available in all counties in Minnesota.

The Advantage Solution plan on the other side is available to residents of the following Minnesota counties:

Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan and Winona.

Medica is an HMO-POS and PPO 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.

Out-of-network/non-contracted providers are under no obligation to treat Medica members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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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](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.

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

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.

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.

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。

နမ့်အညှိးတၢ်ကျိးထံစၢၤကလီန့ၢ်န့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိးအံၤလၢအကလီန့ၢ်, တိးလီၤတဲၤနီၣ်ဂံၢ်လၢအပၣ်ဃုာ်လၢလံာ်တိးလီၤအပူၤအံၤမ့ၢ်တဖၣ်ဖဲနန့ၢ်ခၢလဲၣ်အုၣ်သးခးက့ၢ်အလီၢ်ခံတကပၤအဖီခိၣ်န့ၢ်တက့ၢ်.

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.

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.

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.

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

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

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.

Díí t'áá jíík'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néího' dílzínígí bine'déé' námbuu bikí' ágíjijí' béésh bee hodíílnih.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພໍດີໃຫ້ ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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