

MINNESOTA TWIN CITIES METRO
2019 Plan Comparison

Medica Advantage Solution® (HMO-POS) and Medica Advantage Solution® (PPO) offer three 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

See service area information on the other side.

	MEDICA ADVANTAGE SOLUTION						MEDICA SIGNATURE SOLUTION							
	H6154-001 (HMO-POS)		H8889-001 (PPO)		H8889-003 (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	In-Network	Out-of-Network	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard
Monthly Premium	\$26.40		\$98.50		\$194.50		\$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	\$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**	\$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		YOU PAY	
Preventive Services ^{††}	\$0	40%	\$0	30%	\$0	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$20	40%	\$0	30%	\$0	20%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Specialist Office Visit	\$45	40%	\$25	30%	\$10	20%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$20***	\$20***
Urgent Care	\$45	\$45*	\$0 - \$25	\$0 - \$25	\$0 - \$10	\$0 - \$10	\$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	\$50 U.S. 20% Worldwide	\$50 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%	\$50	20%	\$0*	\$0*	\$0	\$0	\$0**	\$0**	\$0***	\$0***
Part B Drugs	20%	40%	20%	30%	20%	20%	\$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%	Days 1-4: \$100/day Days 5-90: \$0	20%	\$0 [†]	\$0 [†]	\$0	\$0	\$0**	\$0**	\$0	\$0
Fitness Benefit	SilverSneakers Included		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	\$270 [†]		\$265 [†]		\$135 [†]									
Level One - Initial Coverage (Shared drug costs \$0 - \$3,820)	30-Day Retail													
Tier 1 - Commonly Prescribed Generic	Up to \$2		Up to \$2		Up to \$2									
Tier 2 - Low-Cost Generic	Up to \$8		Up to \$8		Up to \$8									
Tier 3 - More Expensive Generic & Brand	Up to \$41		Up to \$46		Up to \$44									
Tier 4 - Higher Priced Generic & Brand	50%		50%		50%									
Tier 5 - Generic or Brand for Complex Conditions	27%		28%		30%									
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.

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.

Y0080_12348_ACQ_2018 CMS Accepted

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 to residents of all counties in Minnesota.

The three Advantage Solution plans listed on the other side are available to residents of the following Minnesota counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington.

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.

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 Waraqa 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.

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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.

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