

# MEDICA SIGNATURE SOLUTION<sup>SM</sup>

Basic Benefits include: Medicare Part A coinsurance, Medicare Part B coinsurance (generally 20% of the Medicare-approved amount or in the case of hospital outpatient department services under a prospective payment system, applicable copays), the first 3 pints of blood annually, Part A hospice and respite cost sharing, and Part A and Part B home health services and supplies cost sharing.

The checkmarks ✓ below mean the benefit is included in the plan.

Coverage	Basic Plan	Extended Basic Plan (With Part B Deductible Coverage) Available to Non-Newly Eligibles only	Extended Basic Plan (No Part B Deductible Coverage)	\$20/\$50 Copay Plan
Basic Benefits	✓	✓	✓	✓ 100% Part B coinsurance except up to \$20 copay per office visit and up to \$50 copay per Emergency Room visit
Medicare Part A: Skilled Nursing Facility Coinsurance	✓	✓	✓	✓
Medicare Part A: Inpatient Hospital Deductible	Optional Rider Available	✓	✓	✓
Medicare Part B: Deductible Available to Non-Newly Eligibles Only	Optional Rider Available	✓		
Medicare Part B: Excess Charges (100%)	Optional Rider Available	✓*		
Preventive Care (not covered by Medicare)	Optional Rider Available	✓	✓	
Foreign Travel Emergency (not covered by Medicare)	✓ 80%	✓ 80%*	✓ 80%*	✓ 80%
Coverage in a Foreign Country		✓ 80%*	✓ 80%*	
State-Mandated Benefits (diabetic equipment and supplies, routine cancer screening, reconstructive surgery and immunizations)	✓	✓	✓	✓

\*100% coverage after you spend \$1,000 of out-of-pocket costs per calendar year.

 **CALL MEDICA FOR MORE INFORMATION: 1-800-918-2151 (TTY: 711), 8 a.m. to 8 p.m. Central, seven days a week. Access to representatives may be limited at times.**

# Signature Solution Premiums

Medica Signature Solution offers you a range of plan options so you can find coverage that really fits your needs.

Please note that some plan options are only available to Non-Newly Eligibles - those who turn age 65 before January 1, 2020, or first become eligible for Medicare due to age, disability or end-stage renal disease before January 1, 2020.

PREMIUMS										
	Basic Plan				Extended Basic Plan		Extended Basic Plan		\$20/\$50 Copayment (Plan N)	
	Base Rate		Total with all Riders		(with Part B deductible coverage*)		(without Part B deductible coverage)			
	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard	Tobacco-Free	Standard
Monthly Plan Premium	\$175.10	\$203.80	\$235.70	\$271	\$244	\$280.60	\$228.40	\$265	\$194.30	\$223.40
Part A Hospital Deductible	Add Rider : + \$41.60	Add Rider : + \$47.80	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Part B Medical Deductible	Add Rider : + \$15.60*	Add Rider :+ \$15.60*	100% Covered	100% Covered	100% Covered	100% Covered	Not Covered	Not Covered	Not Covered	Not Covered
Medicare Part B Excess Charges	Add Rider :+ \$1.00	Add Rider : + \$1.10	100% Covered	100% Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Care Not Covered by Medicare - up to \$120 per calendar year	Add Rider : + \$2.40	Add Rider : + \$2.70	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	Not Covered	Not Covered

\* Available to Non-Newly Eligibles only.