Medica Advantage Solution® offers two plan options with combined medical and Part D drug coverage and one affordable premium.

MEDICA ADVANTAGE SOLUTION DI AN OPTIONS



Medica Advantage Solution® (HMO-POS & PPO)

2020 Dlan Campariaan		MEDICA ADVANTAGE SOLUTION PLAN OPTIONS			
2020 Plan Comparison	2019 Original Medicare	H6154-002 (HMO-POS)		H8889-002 (PPO)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Premium		\$68.70		\$125	
Annual Medical Deductible		\$0	\$400	\$0	\$0
Annual Out-of-Pocket Maximum		\$6,700	n/a	\$3,000	\$4,500**
MEDICAL BENEFITS	YOU PAY	YOU PAY		YOU PAY	
Preventive Services	\$0	\$0	40%	\$0	30%
Annual Physical Exam	n/a	\$0	n/a	\$0	30%
Primary Care	20%	\$20	40%	\$0	30%
virtuwell® eVisits	n/a	\$0	n/a	\$0	n/a
Specialist Office Visit	20%	\$45	40%	\$25	30%
Urgent Care	20%	\$45	\$45*	\$0 - \$25	\$0 - \$25
Chiropractic	20%	\$15	n/a	\$15	30%
Eye Exam - Routine Annual	100%	\$25	n/a	\$0	30%
Hearing Exam - Routine Annual [†]	100%	\$0	n/a	\$0	n/a
X-Ray / Radiology	20%	20%	40%	15%	30%
Diagnostic Tests	20%	20%	40%	15%	30%
Lab Services	\$0	\$0	40%	\$0	30%
Diabetes Supplies	20%	20%	40%	20%	30%
Durable Medical Equipment	20%	20%	n/a	20%	30%
Part B Drugs	20%	20%	40%	20%	30%
Outpatient Surgery	20%	\$250	40%	\$100	30%
Ambulance (Ground)	20%	\$275	\$275*	\$265	\$265
Emergency Care - U.S.	20%	\$90	\$90*	\$100	\$100
Emergency Care - Worldwide	20%	20%	20%	20%	20%
Inpatient Hospital	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-5: \$320/day Days 6-90: \$0	40%*	Days 1-5: \$200/day Days 6-90: \$0	30%
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0 Days 21-100: \$178/day	40%*	Days 1-20: \$0 Days 21-100: \$150/day	30%
PART D DRUG COVERAGE					
Annual Part D Deductible	n/a	\$330 [‡]		\$325 ^{‡‡}	
Level One - Initial Coverage (Shared drug costs \$0 -\$4,02	(0)			ny Retail	
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$8	\$15	\$0	\$10
Tier 2 - Generic	100%	\$10	\$20	\$10	\$20
Tier 3 - Preferred Brand	100%	\$40	\$47	\$47	\$47
Tier 4 - Non-Preferred Drug	100%	45%	50%	50%	50%
Tier 5 - Specialty Drug	100%	26%	26%	27%	27%
Level Two - Coverage Gap "Donut Hole" (Member drug co		Generic and Covered Brand at 25% for		27.73	
Level Three - Catastrophic Coverage (Member drug costs \$6,350 and up)		Generic at \$3.60 or 5%*** and Other Drugs at \$8.95 or 5%*** for all plan options			
Level timee - Galastrophic Coverage (Member uruy Costs \$0,300 and up)		Deficit at \$5.00 of \$76 and other drugs at \$6.75 of \$76 for all plan options			

^{*} Out-of-Network medical deductible does not apply / ** Combined in- and out-of-network / *** Whichever is greater † When using an EPIC provider. / ‡ Deductible does not apply to Tier 1 drugs / ‡‡ Deductible does not apply to Tier 1 and 2 drugs



CALL MEDICA FOR MORE INFORMATION: 1-800-918-2416 (TTY: 711), 8 a.m. to 8 p.m. Central, seven days a week. Access to representatives may be limited at times.

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ENROLLMENT AREA

The Medica Advantage Solution plan options listed on the other side are available to residents of the following Minnesota counties: Chisago, Isanti, Stearns, Kandiyohi, Wright and Sherburne.

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.

Medica is an HMO-POS and PPO 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: TTY communication
- 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 Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات. فاتصل 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 индентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ ໃຫ້ ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ 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.

နမ့်၊အဲဉ်ိဳးတ်ကြိုးထံစၤၤကလီနှုံနၤတါဂ့်၊တာ်ကြိုးအံၤလၢအကလီနှဉ် ,ကိုးလီတဲစိနိဉ်ဂ်ာလၢအပဉ်ယုဉ်လၢလံဉ်တီလံဉ်မီအပူးအံုးမဲ့တမ့်၊ဖဲန နုနိင်ခလေံဉ်အုဉ်သးခႏက္နအလိုခြံတကပၤအဖီခိဉ်နှဉ်တက္နာ်

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 ለመተርንም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ዉስጥ ያለውን ቁጥር ወይም Medica መታወቅያ 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 éi ninaaltsoos Medica bee néího'dílzinígí bine'déé' námboo bikí ágíiji' 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.

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