

Medica Advantage Solution® (HMO-POS & PPO)
2020 Plan Comparison

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

	2019 Original Medicare	MEDICA ADVANTAGE SOLUTION PLAN OPTIONS			
		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 - \$4,020)		30-Day 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 costs up to \$6,350)		Generic and Covered Brand at 25% for all plan options			
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			

* 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.**

