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MEDICA SIGNATURE SOLUTIONSM

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.

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

	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.**

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.

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。

နမူနာအဖြစ်: တော်ကျိုးထံစာကလိနာနီတော်ဂျ်တော်ကျိုးအိလါအကလိနာနီ, ကိုးလီတဲစီနီဂျ်လါအပုလုလါလံတီလံတီမီအပူအိမုတမုဖဲနနီနီခေလံအုဒ်သးခးကုအလီခံတကပါအဖီခိနီနီတက့ၢ်.

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 pagsalalin 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 ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

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 jáíík'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néího' dízínígí bine'déé' namboo bikí' ágííjí' béésh bee hodíilnih.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພາສາໃຫ້ໄທຂາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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.

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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