

Medica Group Advantage SolutionSM (PPO) Plan 6

Summary of Benefits
January 1, 2019 - December 31, 2019

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare Advantage plan (such as **Medica Group Advantage Solution (PPO)**). You may have other options. You may be able to join or leave a plan only at certain times. Please call your Group Administrator or Medica to discuss your options.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Group Advantage Solution (PPO)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Medica Group Advantage Solution (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Benefits and Services

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us toll-free at (800) 906-5432; (TTY 711).

Things to Know About Medica Group Advantage Solution (PPO)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Medica Group Advantage Solution (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free (800) 575-2330; (TTY 711).
- If you are not a member of this plan, call toll-free (800) 906-5432; (TTY 711).
- Our website: medica.com/Medicare

Who can join?

To join **Medica Group Advantage Solution (PPO)**, you must meet eligibility requirements established by the group plan administrator, be enrolled in Medicare Part A and Part B and live in our Medicare Advantage service area.

Our service area includes the following counties in **Minnesota**: Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnommen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobels, Norman, Olmsted, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, and Wright.

Which doctors, hospitals, and pharmacies can I use?

Medica Group Advantage Solution (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you want to, you can also use providers that are not in our network as long as they are eligible to participate in Medicare.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You may search for network providers and pharmacies on our website at medica.com/Members.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, medica.com/Members.

Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan’s benefits or costs, please contact your Group Administrator or Medica Health Plans for details.

SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

Medica Group Advantage Solution (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

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|---|--|
| Monthly Plan Premium | Your monthly premium is dependent on the Medica Group Advantage Solution benefits and plan options that your employer group chose to offer to you. You may be responsible for a portion of the monthly premium. Your employer group sponsor will determine how much of the monthly premium is your responsibility. In addition, you must keep paying your Medicare Part B premium. |
| Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>) | You pay no more than \$3,000 annually for services you receive from in-network providers and out-of-network providers, who are eligible to participate in Medicare, combined. |

COVERED MEDICAL AND HOSPITAL BENEFITS

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| Inpatient Hospital Care | Our plan covers an unlimited number of days for an inpatient hospital stay. \$100 copay per stay |
| Outpatient Hospital Coverage | \$50 copay |
| Doctor's Office Visits (Primary Care Providers and Specialists) | Primary care physician visit: You pay nothing Specialist visit: \$10 copay |
| Preventive Care (e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings) | You pay nothing Other preventive services are available. There are some covered services that have a cost. |
| Emergency Care | \$50 copay Copay is waived if you are admitted to the hospital within 24 hours (U.S. only). |

Medica Group Advantage Solution (PPO)

Coverage is available world-wide.

Urgently Needed Services

\$0 for convenience care or retail clinic.
\$10 copay for traditional urgent care clinic.

Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may vary based on place of service)*

Diagnostic radiology services (such as MRIs, CT scans): \$10 copay

Diagnostic tests and procedures: \$10 copay

Lab services: You pay nothing

Outpatient x-rays: \$10 copay

Therapeutic radiology services (such as radiation treatment for cancer): \$10 copay

Hearing Services

Exam to diagnose and treat hearing and balance issues: \$0 copay primary care. \$10 copay specialist.

Routine hearing exam (for up to 1 every year): You pay nothing

Hearing aid fitting/evaluation and hearing aids: Our plan will reimburse up to \$400 every year.

Dental Services

Limited to Medicare eligible dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing

Vision Services

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay primary care \$10 copay specialist.

Routine eye exam (for up to 1 every year): You pay nothing

Eyeglasses or contact lenses after cataract surgery: \$30 copay

Contact lenses, Eyeglasses (frames and lenses): Our plan will reimburse up to \$75 every year for non-Medicare covered eyewear.

Medica Group Advantage Solution (PPO)

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|--------------------------------|---|
| Mental Health Services | Outpatient group therapy visit: \$10 copay Outpatient individual therapy visit: \$10 copay |
| Skilled Nursing Facility (SNF) | Our plan covers up to 100 days in a SNF. You pay nothing |
| Physical Therapy | \$10 copay |
| Ambulance | \$25 copay |
| Transportation | Not covered |
| Medicare Part B Drugs | For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost |

Medica Group Advantage Solution (PPO)

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.

ADDITIONAL BENEFITS AND SERVICES

Chiropractic Care

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay

Diabetes Self-Management Training

You pay nothing

Foot Care (*podiatry services*)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay

Home Health Care

You pay nothing

Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)

20% of the cost

Outpatient Substance Abuse

Group therapy visit: \$10 copay

Individual therapy visit: \$10 copay

Renal Dialysis

You pay nothing

Wellness Programs (*fitness, nurseline*)

SilverSneakers® Fitness Program: \$0 annual fee

HealthAdvocateSM 24 hour NurseLine Services: \$0 copayment

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This information is not a complete description of benefits. Call 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.

Medica is a PPO plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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