

*Your guide to*  
Medica Prime Solution®  
Basic and Enhanced (Cost) ▶



Summary of Benefits for  
H2450-001/H2450-002  
H2450-016/H2450-017

**January 1 - December 31, 2011**

**Minnesota**



# Section I

## Introduction To Summary Of Benefits

Thank you for your interest in Medica Prime Solution (Cost). Our plan is offered by MEDICA INSURANCE COMPANY, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Medica Prime Solution (Cost) and ask for the "Evidence of Coverage".

### You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Medica Prime Solution (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Medica Prime Solution (Cost) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### How can I compare my options?

You can compare Medica Prime Solution (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## Where is Medica Prime Solution (Cost) available?

The service area for this plan includes:

### Minnesota:

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Aitkin	Isanti	Pipestone
Anoka	Itasca	Polk
Becker	Jackson	Pope
Beltrami	Kanabec	Ramsey
Benton	Kandiyohi	Red Lake
Big Stone	Kittson	Redwood
Blue Earth	Koochiching	Renville
Brown	Lac qui Parle	Rice
Carlton	Lake	Rock
Carver	Lake of the Woods	Roseau
Cass	Le Sueur	Scott
Chippewa	Lincoln	Sherburne
Chisago	Lyon	Sibley
Clay	Mahnomen	St. Louis
Clearwater	Marshall	Stearns
Cook	Martin	Steele
Cottonwood	McLeod	Stevens
Crow Wing	Meeker	Swift
Dakota	Mille Lacs	Todd
Dodge	Morrison	Traverse
Douglas	Mower	Wabasha
Faribault	Murray	Wadena
Fillmore	Nicollet	Waseca
Freeborn	Nobles	Washington
Goodhue	Norman	Watonwan
Grant	Olmsted	Wilkin
Hennepin	Otter Tail	Winona
Houston	Pennington	Wright
Hubbard	Pine	Yellow Medicine

**You must live in one of these areas to join the plan.**

## Who is eligible to join Medica Prime Solution (Cost)?

You can join Medica Prime Solution (Cost) if you are entitled to Medicare Part A and enrolled in Part B, or enrolled in Medicare Part B only, and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Medica Prime Solution (Cost) unless they are members of our organization and have been since their dialysis began.

## Can I choose my doctors?

Medica Prime Solution (Cost) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at our website.

Our customer service number is listed at the end of this introduction.

## What happens if I go to a doctor who's not in your network?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and co-insurance.

## Where can I get my prescriptions if I join this plan?

Medica Prime Solution (Cost) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.medica.com/C12/DrugFormularyPartD/default.aspx>. Our customer service number is listed at the end of this introduction.

## Does my plan cover Medicare Part B or Part D drugs?

Medica Prime Solution (Cost) does cover Medicare Part B prescription drugs and, if you purchase the Medica Part D Rider, Medicare Part D prescription drugs.

## What is a prescription drug formulary?

Medica Prime Solution (Cost) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.medica.com/C12/DrugFormularyPartD/default.aspx>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

\* Your State Medicaid Office.

## What are my protections in this plan?

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Medica Prime Solution (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite

our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Medica Prime Solution (Cost), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **What is a Medication Therapy Management (MTM) program?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Medica Prime Solution (Cost) for more details.

## **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Medica Prime Solution (Cost) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

– Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.

– Injectable Drugs: Most injectable drugs administered incident to a physician's service.

– Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

– Some Oral Cancer Drugs: If the same drug is available in injectable form.

– Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.

– Inhalation and Infusion Drugs provided through DME.

## **Where can I find information on Plan Ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.



**Please call Medica Insurance Company for more information about Medica Prime Solution (Cost).**

Visit us at [www.medica.com](http://www.medica.com) or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

<p><b>Current members</b> should call toll-free (800)-234-8755 for questions related to the Medicare Cost Plan. (TTY/TDD (800)-855-2880)</p> <p><b>Prospective members</b> should call toll-free (800)-906-5432 for questions related to the Medicare Cost Plan. (TTY/TDD (800)-855-2880)</p> <p><b>Current members</b> should call <b>locally</b> (952)-992-2300 for questions related to the Medicare Cost Plan. (TTY/TDD (800)-855-2880)</p> <p><b>Prospective members</b> should call <b>locally</b> (952)-992-2345 for questions related to the Medicare Cost Plan. (TTY/TDD (800)-855-2880)</p>	<p><b>Current members</b> should call toll-free (800)-234-8755 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-855-2880)</p> <p><b>Prospective members</b> should call toll-free (800)-906-5432 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-855-2880)</p> <p><b>Current members</b> should call <b>locally</b> (952)-992-2300 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-855-2880)</p> <p><b>Prospective members</b> should call <b>locally</b> (952)-992-2345 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-855-2880)</p>
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For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call customer service at the number listed above.

If you have special needs, this document may be available in other formats or languages.

# Section II

## Summary of Benefits

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>IMPORTANT INFORMATION</b>	
<b>1. Premium and Other Important Information</b>	<ul style="list-style-type: none"><li>• In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</li><li>• If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li><li>• Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li></ul>
<b>2. Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	<ul style="list-style-type: none"><li>• You may go to any doctor, specialist or hospital that accepts Medicare.</li></ul>



## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### General

- \$74.00 monthly plan premium in addition to your monthly Medicare Part B premium.
- Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- This plan covers all Medicare-covered preventive services with zero cost sharing.

### In-Network

- \$3,000 out-of-pocket limit.
- All plan services included.

### In-Network

- No referral required for network doctors, specialists, and hospitals.

### In and Out-of-Network

- You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.

### Out of Service Area

- Plan covers you when you travel in the U.S.

### General

- \$122.00 monthly plan premium in addition to your monthly Medicare Part B premium.
- Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- This plan covers all Medicare-covered preventive services with zero cost sharing.

### In-Network

- \$3,000 out-of-pocket limit.
- All plan services included.

### In-Network

- No referral required for network doctors, specialists, and hospitals.

### In and Out-of-Network

- You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.

### Out of Service Area

- Plan covers you when you travel in the U.S.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>INPATIENT CARE</b>	
<p><b>3. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: \$1100 deductible</li> <li>• Days 61 - 90: \$275 per day</li> <li>• Days 91 - 150: \$550 per lifetime reserve day</li> </ul> <p>These amounts will change for 2011.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>
<p><b>4. Inpatient Mental Health Care</b></p>	<ul style="list-style-type: none"> <li>• Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</li> <li>• 190 day lifetime limit in a Psychiatric Hospital.</li> </ul>

**Medica Prime Solution Basic**

**Medica Prime Solution Enhanced**

**In-Network**

- No limit to the number of days covered by the plan each benefit period.
- \$100 copay for each Medicare-covered hospital stay
- \$0 copay for additional hospital days

**In-Network**

- No limit to the number of days covered by the plan each benefit period.
- \$0 copay

**In-Network**

- Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.
- \$100 copay for each Medicare-covered hospital stay.
- \$0 copay for additional hospital days

**In-Network**

- Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.
- \$0 copay

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>INPATIENT CARE (CONTINUED)</b>	
<p><b>5. Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 20: \$0 per day</li> <li>• Days 21 - 100: \$137.50 per day</li> </ul> <p>These amounts will change for 2011.</p> <ul style="list-style-type: none"> <li>• 100 days for each benefit period.</li> </ul> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>
<p><b>6. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<ul style="list-style-type: none"> <li>• \$0 copay.</li> </ul>
<p><b>7. Hospice</b></p>	<ul style="list-style-type: none"> <li>• You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>• You must get care from a Medicare-certified hospice.</li> </ul>

**Medica Prime Solution Basic**

**Medica Prime Solution Enhanced**

**In-Network**

- Plan covers up to 100 days each benefit period
- \$0 copay for SNF services

**In-Network**

- Plan covers up to 100 days each benefit period
- \$0 copay for SNF services

**In-Network**

- \$0 copay for Medicare-covered home health visits.

**In-Network**

- \$0 copay for Medicare-covered home health visits.

**General**

- You must get care from a Medicare-certified hospice.

**General**

- You must get care from a Medicare-certified hospice.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>OUTPATIENT CARE</b>	
<b>8. Doctor Office Visits</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>
<b>9. Chiropractic Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered</li> <li>• 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>
<b>10. Podiatry Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>
<b>11. Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• 45% coinsurance for most outpatient mental health services.</li> </ul>
<b>12. Outpatient Substance Abuse Care</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>



## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### General

- See "Welcome to Medicare; and Annual Wellness Visit", for more information.

### In-Network

- \$10 copay for each primary care doctor visit for Medicare-covered benefits.
- \$10 copay for each in-area, network urgent care Medicare-covered visit.
- \$10 copay for each specialist visit for Medicare-covered benefits.

### In-Network

- \$10 copay for each Medicare-covered visit.
- Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

### In-Network

- \$10 copay for each Medicare-covered visit.
- Medicare-covered podiatry benefits are for medically-necessary foot care.

### In-Network

- \$10 copay for each Medicare-covered individual or group therapy visit.

### In-Network

- \$10 copay for Medicare-covered individual or group visits.

### General

- See "Welcome to Medicare; and Annual Wellness Visit", for more information.

### In-Network

- \$0 copay for each primary care doctor visit for Medicare-covered benefits.
- \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.
- \$0 copay for each specialist doctor visit for Medicare-covered benefits.

### In-Network

- \$0 copay for Medicare-covered chiropractic visits.
- Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

### In-Network

- \$0 copay for Medicare-covered podiatry benefits.
- Medicare-covered podiatry benefits are for medically-necessary foot care.

### In-Network

- \$0 copay for Medicare-covered Mental Health visits.

### In-Network

- \$0 copay for Medicare-covered visits.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>OUTPATIENT CARE (CONTINUED)</b>	
<b>13. Outpatient Services/Surgery</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor</li> <li>• Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.</li> <li>• 20% coinsurance for ambulatory surgical center facility charges.</li> </ul>
<b>14. Ambulance Services</b> (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>
<b>15. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor</li> <li>• Specified copayment for outpatient hospital emergency room (ER) facility charge.</li> <li>• ER Copay cannot exceed Part A inpatient hospital deductible.</li> <li>• You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>
<b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>• 20% coinsurance, or a set copay</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>

## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### In-Network

- \$50 copay for each Medicare-covered ambulatory surgical center visit.
- \$50 copay for each Medicare-covered outpatient hospital facility visit.

### In-Network

- \$0 copay for each Medicare-covered ambulatory surgical center visit.
- \$0 copay for each Medicare-covered outpatient hospital facility visit.

### In-Network

- \$25 copay for Medicare-covered ambulance benefits.

### In-Network

- \$0 copay for Medicare-covered ambulance benefits.

### General

- \$50 copay for Medicare-covered emergency room visits.
- Worldwide coverage.
- If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit

### General

- \$0 copay for Medicare-covered emergency room visits.
- Worldwide coverage.

### General

- \$10 copay for Medicare-covered urgently needed care visits.

### General

- \$0 copay for Medicare-covered urgent-care visits.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>OUTPATIENT CARE (CONTINUED)</b>	
<p><b>17. Outpatient Rehabilitation Services</b>            (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>	
<p><b>18. Durable Medical Equipment</b>            (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>
<p><b>19. Prosthetic Devices</b>            (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>
<p><b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>            (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>

## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### In-Network

- There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.
- \$10 copay for Medicare-covered Occupational Therapy visits.
- \$10 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.
- \$10 copay for Medicare-covered Cardiac Rehab services.

### In-Network

- There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.
- \$0 copay for Medicare-covered Occupational Therapy visits.
- \$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.
- \$0 copay for Medicare-covered Cardiac Rehab services.

### In-Network

- 20% of the cost for Medicare-covered items.

### In-Network

- \$0 copay for Medicare-covered items.

### In-Network

- 20% of the cost for Medicare-covered items.

### In-Network

- 0% of the cost for Medicare-covered items.

### In-Network

- \$0 copay for Diabetes self-monitoring training.
- \$0 copay for Nutrition Therapy for Diabetes.
- 20% of the cost for Diabetes supplies.
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for Diabetes self-monitoring training.
- \$0 copay for Nutrition Therapy for Diabetes.
- \$0 copay for Diabetes supplies.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (CONTINUED)</b>	
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnostic tests and x-rays</li> <li>• \$0 copay for Medicare-covered lab services</li> <li>• Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</li> </ul>
<b>PREVENTIVE SERVICES</b>	
<p><b>22. Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible</li> <li>• Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> </ul>
<p><b>23. Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</li> <li>• Covered when you are high risk or when you are age 50 and older.</li> </ul>
<p><b>24. Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<ul style="list-style-type: none"> <li>• \$0 copay for Flu, Pneumonia and Hepatitis B vaccines.</li> <li>• You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> </ul>



## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### In-Network

- \$0 copay for Medicare-covered lab services.
- \$0 to \$10 copay for Medicare-covered diagnostic procedures and tests.
- \$10 copay for Medicare-covered X-rays.
- \$10 copay for Medicare-covered diagnostic radiology services (not including x-rays).
- \$10 copay for Medicare-covered therapeutic radiology services.

### In-Network

\$0 copay for Medicare-covered:

- lab services
- diagnostic procedures and tests
- X-rays
- diagnostic radiology services (not including X-rays)
- therapeutic radiology services

### In-Network

- \$0 copay for Medicare-covered bone mass measurement
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for Medicare-covered bone mass measurement

### In-Network

- \$0 copay for Medicare-covered colorectal screenings.
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for Medicare-covered colorectal screenings.

### In-Network

- \$0 copay for Flu and Pneumonia vaccines.
- \$0 copay for Hepatitis B vaccine.
- No referral needed for Flu and pneumonia vaccines.
- Separate Office Visit cost sharing of \$10 may apply.
- No referral needed for other immunizations.

### In-Network

- \$0 copay for Flu and Pneumonia vaccines.
- \$0 copay for Hepatitis B vaccine.
- No referral needed for Flu and pneumonia vaccines.
- No referral needed for other immunizations.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>PREVENTIVE SERVICES (CONTINUED)</b>	
<p><b>25. Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)</p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible</li> <li>• No referral needed.</li> <li>• Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</li> </ul>
<p><b>26. Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible for Pap smears.</li> <li>• No coinsurance, copayment or deductible for Pelvic and clinical breast exams.</li> <li>• Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> </ul>
<p><b>27. Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for the digital rectal exam.</li> <li>• \$0 for the PSA test; 20% coinsurance for other related services.</li> <li>• Covered once a year for all men with Medicare over age 50.</li> </ul>
<p><b>28. End-Stage Renal Disease</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for renal dialysis</li> <li>• 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>

## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### In-Network

- \$0 copay for Medicare-covered screening mammograms.

### In-Network

- \$0 copay for Medicare-covered screening mammograms.

### In-Network

- \$0 copay for Medicare-covered pap smears and pelvic exams
- up to 1 additional pap smear(s) and pelvic exam(s) every year
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for Medicare-covered pap smears and pelvic exams
- up to 1 additional pap smear(s) and pelvic exam(s) every year

### In-Network

- \$0 copay for Medicare-covered prostate cancer screening
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for Medicare-covered prostate cancer screening

### General

- Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.

### General

- Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.

### In-Network

- \$0 copay for renal dialysis
- \$0 copay for Nutrition Therapy for End-Stage Renal Disease

### In-Network

- \$0 copay for renal dialysis
- \$0 copay for Nutrition Therapy for End-Stage Renal Disease

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>PREVENTIVE SERVICES (CONTINUED)</b>	
<b>29. Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</li> </ul>
<b>30. Dental Services</b>	<ul style="list-style-type: none"> <li>• Preventive dental services (such as cleaning) not covered.</li> </ul>
<b>31. Hearing Services</b>	<ul style="list-style-type: none"> <li>• Routine hearing exams and hearing aids not covered.</li> <li>• 20% coinsurance for diagnostic hearing exams.</li> </ul>

## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### Drugs covered under Medicare Part B

#### General

- 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.

### Drugs covered under Medicare Part D

#### General

- This plan does offer prescription drug coverage as an optional benefit. See Optional Supplemental Packages 1 and 2 for more information.

### In-Network

- In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers dental benefits for an extra cost (see "Optional Benefits", Package 3).
- 0% of the cost for Medicare-covered dental benefits.

### In-Network

- \$0 copay for hearing aids\*
- \$10 copay for Medicare-covered diagnostic hearing exams
- \$0 copay for up to 1 routine hearing test(s) every year
- \$0 copay for up to 1 hearing aid fitting evaluation(s) every year\*

\* \$450 plan coverage limit for services related to hearing aid fitting/evaluation and hearing aids every year. You pay any costs in excess of the \$450 maximum.

### Drugs covered under Medicare Part B

#### General

- 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.

### Drugs covered under Medicare Part D

#### General

- This plan does offer prescription drug coverage as an optional benefit. See Optional Supplemental Packages 1 and 2 for more information.

### In-Network

- In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers dental benefits for an extra cost (see "Optional Benefits", Package 3).
- 0% of the cost for Medicare-covered dental benefits.

### In-Network

- \$0 copay for hearing aids\*
- \$0 copay for Medicare-covered diagnostic hearing exams
- \$0 copay for
  - up to 1 routine hearing test(s) every year
  - up to 1 fitting-evaluation(s) for a hearing aid every year\*

\* \$450 plan coverage limit for services related to hearing aid fitting/evaluation and hearing aids every year. You pay any costs in excess of the \$450 maximum.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>PREVENTIVE SERVICES (CONTINUED)</b>	
<b>32. Vision Services</b>	<ul style="list-style-type: none"><li>• 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li><li>• Routine eye exams and glasses not covered.</li><li>• Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</li><li>• Annual glaucoma screenings covered for people at risk.</li></ul>
<b>33. Welcome to Medicare; and Annual Wellness Visit</b>	<p>When you join Medicare Part B, then you are eligible as follows:</p> <ul style="list-style-type: none"><li>• During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</li><li>• After your first 12 months, you can get one Annual Wellness visit every 12 months.</li><li>• There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</li><li>• The Welcome to Medicare exam does not include lab tests.</li></ul>



## Medica Prime Solution Basic

## Medica Prime Solution Enhanced

### In-Network

- \$30 copay for one pair of eyeglasses or contact lenses after cataract surgery.
- \$0 to \$10 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$0 copay for up to 1 routine eye exam(s) every year
- \$0 copay for glasses\*
- \$0 copay for contacts\*

\*There is \$0 copay up to \$125 plan coverage limit for eye wear every two years. Once the \$125 maximum is reached, you pay all of the remaining costs.

### In-Network

- \$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.
- Separate Office Visit cost sharing of \$10 may apply.

### In-Network

- \$0 copay for diagnosis and treatment for diseases and conditions of the eye - and up to 1 routine eye exam(s) every year
- \$30 copay for one pair of eyeglasses or contact lenses after cataract surgery.
- \$0 copay for glasses\*
- \$0 copay for contacts\*

\*There is \$0 copay up to \$125 plan coverage limit for eye wear every two years. Once the \$125 maximum is reached, you pay all of the remaining costs.

### In-Network

- \$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

Benefit	Original Medicare
<b>PREVENTIVE SERVICES (CONTINUED)</b>	
<b>34. Health/Wellness Education</b>	<ul style="list-style-type: none"> <li>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</li> <li>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> </ul>
<b>Transportation (Routine)</b>	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>

**Medica Prime Solution Basic**

**Medica Prime Solution Enhanced**

**In-Network**

- The plan covers the following health/wellness education benefits:
  - Written health education materials, including Newsletters
  - Additional Smoking Cessation
  - Health Club Membership/Fitness Classes
  - Nursing Hotline
- \$0 copay for each Medicare-covered smoking cessation counseling session.
- \$0 copay for each Medicare-covered HIV screening.
- HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.

**In-Network**

- This plan does not cover routine transportation.

**In-Network**

- This plan does not cover Acupuncture.

**In-Network**

- The plan covers the following health/wellness education benefits:
  - Written health education materials, including Newsletters
  - Additional Smoking Cessation
  - Health Club Membership/Fitness Classes
  - Nursing Hotline
- \$0 copay for each Medicare-covered smoking cessation counseling session.
- \$0 copay for each Medicare-covered HIV screening.
- HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.

**In-Network**

- This plan does not cover routine transportation.

**In-Network**

- This plan does not cover Acupuncture.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

## Benefit

### OPTIONAL BENEFITS

#### Prescription Drugs

## OPTIONAL SUPPLEMENTAL PACKAGE #1

## OPTIONAL SUPPLEMENTAL PACKAGE #2

### Medica Part D Rider - Thrift Rx

#### General

- You pay \$39.50 each month, in addition to your monthly plan premium and your Medicare Part B premium for these optional benefits.

#### Drugs covered under Medicare Part D

- This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <http://www.medica.com/C12/DrugFormularyPartD/default.aspx> on the web.
- Different out-of-pocket costs may apply for people who
  - have limited incomes,
  - live in long term care facilities, or
  - have access to Indian/Tribal/Urban (Indian Health Service).
- The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Some drugs have quantity limits.
- Your provider must get prior authorization from Medica Prime Solution (Cost) for certain drugs.

### Medica Part D Rider - Standard Rx

#### General

- You pay \$48.30 each month, in addition to your monthly plan premium and your Medicare Part B premium for these optional benefits.

#### Drugs covered under Medicare Part D

- This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <http://www.medica.com/C12/DrugFormularyPartD/default.aspx> on the web.
- Different out-of-pocket costs may apply for people who
  - have limited incomes,
  - live in long term care facilities, or
  - have access to Indian/Tribal/Urban (Indian Health Service).
- The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Some drugs have quantity limits.
- Your provider must get prior authorization from Medica Prime Solution (Cost) for certain drugs.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

## Benefit

### OPTIONAL BENEFITS



**Medica Part D Rider - Thrift Rx**

- You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request a formulary exception for a drug and Medica Prime Solution (Cost) approves the exception, you will pay Tier 2: Non-Preferred Generic and Preferred Brand Drugs cost sharing for that drug.

**In-Network**

\$180 yearly deductible.

**Initial Coverage**

After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:

**Retail Pharmacy**

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier
- \$30 copay for a three-month (90-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic and Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier
- \$102 copay for a three-month (90-day)

**Medica Part D Rider - Standard Rx**

- You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request a formulary exception for a drug and Medica Prime Solution (Cost) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.

**In-Network**

\$0 deductible.

**Initial Coverage**

You pay the following until total yearly drug costs reach \$2,840:

**Retail Pharmacy**

Tier 1: Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier
- \$30 copay for a three-month (90-day) supply of drugs in this tier

Tier 2: Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier
- \$102 copay for a three-month (90-day) supply of drugs in this tier

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

## Benefit

### OPTIONAL BENEFITS

**OPTIONAL SUPPLEMENTAL PACKAGE #1**

**OPTIONAL SUPPLEMENTAL PACKAGE #2**

**Medica Part D Rider - Thrift Rx**

**Medica Part D Rider - Standard Rx**

supply of drugs in this tier

Tier 3: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier
- 25% coinsurance for a three-month (90-day) supply of drugs in this tier

**Long Term Care Pharmacy**

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic and Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier

**Mail Order**

Tier 1: Preferred Generic Drugs

- \$20 copay for a three-month (90-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic and Preferred Brand Drugs

- \$68 copay for a three-month (90-day) supply of drugs in this tier

Tier 3: Specialty Tier Drugs

- 25% coinsurance for a three-month (90-day) supply of drugs in this tier

**Coverage Gap**

After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs,

Tier 3: Non-Preferred Brand Drugs

- \$74 copay for a one-month (31-day) supply of drugs in this tier
- \$222 copay for a three-month (90-day) supply of drugs in this tier

Tier 4: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier
- 25% coinsurance for a three-month (90-day) supply of drugs in this tier

**Long Term Care Pharmacy**

Tier 1: Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Non-Preferred Brand Drugs

- \$74 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier

**Mail Order**

Tier 1: Generic Drugs

- \$20 copay for a three-month (90-day) supply of drugs in this tier

Tier 2: Preferred Brand Drugs

- \$68 copay for a three-month (90-day) supply of drugs in this tier

Tier 3: Non-Preferred Brand Drugs

- \$148 copay for a three-month (90-day) supply of drugs in this tier

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

**Benefit**

**OPTIONAL BENEFITS**

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## OPTIONAL SUPPLEMENTAL PACKAGE #1

### Medica Part D Rider - Thrift Rx

until your yearly out-of-pocket drug costs reach \$4,550.

#### **Catastrophic Coverage**

After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:

- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or
- 5% coinsurance.

#### **Out-of-Network**

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medica Prime Solution (Cost).

#### **Out-of-Network Initial Coverage**

After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:

##### Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier

##### Tier 2: Non-Preferred Generic and Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier

##### Tier 3: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day)

## OPTIONAL SUPPLEMENTAL PACKAGE #2

### Medica Part D Rider - Standard Rx

#### Tier 4: Specialty Tier Drugs

- 25% coinsurance for a three-month (90-day) supply of drugs in this tier

#### **Coverage Gap**

After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.

#### **Catastrophic Coverage**

After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:

- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or
- 5% coinsurance.

#### **Out-of-Network**

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medica Prime Solution (Cost).

#### **Out-of-Network Initial Coverage**

You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:

##### Tier 1: Generic Drugs

- \$10 copay for a one-month (31-day) supply of drugs in this tier

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

**Benefit**

**OPTIONAL BENEFITS**

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## OPTIONAL SUPPLEMENTAL PACKAGE #1

## OPTIONAL SUPPLEMENTAL PACKAGE #2

### Medica Part D Rider - Thrift Rx

supply of drugs in this tier

#### **Out-of-Network Coverage Gap**

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.

#### **Out-of-Network Catastrophic Coverage**

After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:

- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or
- 5% coinsurance.

### Medica Part D Rider - Standard Rx

Tier 2: Preferred Brand Drugs

- \$34 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Non-Preferred Brand Drugs

- \$74 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Specialty Tier Drugs

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier

#### **Out-of-Network Coverage Gap**

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.

#### **Out-of-Network Catastrophic Coverage**

After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:

- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or
- 5% coinsurance.

If you have any questions about this plan's benefits or cost, please contact Medica Insurance Company for details.

## Benefit

### OPTIONAL BENEFITS

#### **Premium and Other Important Information**

#### **Dental Services**



## OPTIONAL SUPPLEMENTAL PACKAGE #3

### Dental

#### General

Package: 3 - Medica Senior Dental:

\$38.00 monthly premium, in addition to your monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:

- Preventive Dental
- Comprehensive Dental

#### General

Plan offers additional comprehensive dental benefits.

#### In-Network

- \$0 copay for the following preventive dental benefits:
  - up to 2 oral exam(s) every year
  - up to 2 cleaning(s) every year
  - up to 1 dental x-ray(s) every year
- \$1000 plan coverage limit for comprehensive dental benefits every year.





# MEDICA®

**PO Box 9310, Minneapolis, MN 55440-9310**

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