

**Medica Group Advantage Solution<sup>SM</sup> (PPO)  
Plan 2**

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 alternate 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](http://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](http://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](http://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)

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

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 \$1,500 annually for services you receive from in-network providers and out-of-network providers, who are eligible to participate in Medicare, combined.

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#### COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay.  \$100 copay per stay
Outpatient Hospital Coverage	You pay nothing
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician visit: \$15 copay  Specialist visit: \$15 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).  Coverage is available world-wide.

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Urgently Needed Services	\$15 copay
Diagnostic Services/Labs/ Imaging	Diagnostic radiology services (such as MRIs, CT scans): \$15 copay  Diagnostic tests and procedures: \$15 copay  Lab services: You pay nothing  Outpatient x-rays: \$15 copay  Therapeutic radiology services (such as radiation treatment for cancer): \$15 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$15 copay  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 \$500 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): \$15 copay  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 \$150 every year for non-Medicare covered eyewear.

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Mental Health Services	Outpatient group therapy visit: \$15 copay Outpatient individual therapy visit: \$15 copay
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. You pay nothing
Physical Therapy	\$15 copay
Ambulance	You pay nothing per ground trip You pay 20% of the cost per air trip
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



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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.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the charts that follow to find out how much it will cost you.

Tier	Standard Retail Cost-Sharing	
	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay
Tier 2 (Generic)	\$20 copay	\$60 copay
Tier 3 (Preferred Brand)	\$35 copay	\$105 copay
Tier 4 (Non-Preferred Drug)	\$65 copay	\$195 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost

Tier	Standard Mail Order Cost-Sharing
	Three-month supply
Tier 1 (Preferred Generic)	\$20 copay
Tier 2 (Generic)	\$40 copay
Tier 3 (Preferred Brand)	\$70 copay
Tier 4 (Non-Preferred Drug)	\$130 copay
Tier 5 (Specialty Tier)	25% of the cost

### 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.



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### 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): \$15 copay
Diabetes Self-Management Training	You pay nothing
Foot Care ( <i>podiatry services</i> )	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$15 copay
Home Health Care	You pay nothing
Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)	10% of the cost
Outpatient Substance Abuse	Group therapy visit: \$15 copay Individual therapy visit: \$15 copay
Renal Dialysis	You pay nothing
Wellness Programs ( <i>fitness, nurseline</i> )	SilverSneakers® Fitness Program: \$0 annual fee HealthAdvocate™ 24 hour NurseLine: \$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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