2021 Plan Information for City of Minneapolis

MEDICA®

	Plan 2		Plan 6		Summary
Monthly Premium	**$294.00**		**$147.00**		
Medical Benefits ▼					**Summary**
Primary Care Office Visit	$0 copay		$0 copay		Visits to doctor's office
Specialist Office Visit	$20 copay		$25 copay		No referral required
Urgent Care	$0 - $20 copay		$0 - $25 copay		Non-emergencies; no appointment
Inpatient Hospital	$150 copay		$200 copay		Hospital stay more than 23 hours
Outpatient Hospital	$50 copay		$100 copay		Hospital stay less than 23 hours
Ambulance	$65 copay ground 20% coinsurance air		$100 copay		Coverage of medically necessary ambulance services
Worldwide Emergency Room	$50 copay		$65 copay		No copay required if admitted as inpatient within 48 hours in the United States
Preventive Care	$0 copay		$0 copay		Includes annual physical exam
Diagnostic Radiology	$20 copay		$25 copay		MRI's and CT scans
Labs	$0 copay		$0 copay		Blood services, etc
Dental	$500		$500		These are reimbursement benefits in a calendar year
Eyewear	$150		$75		
Hearing Aids	$500		$400		
Chiropractic	$20 copay		$20 copay		Covers manual manipulation of the spine to correct a displacement/misalignment
Durable Medical Equipment	20% coinsurance		20% coinsurance		Medical equipment such as walkers, wheelchairs, etc. ordered by your doctor
Part B Drugs	20% coinsurance		20% coinsurance		Drugs covered under Part B per CMS

Part D Prescription Drug Coverage ▼					**Summary**
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	
Tier 1	$5 copay	$10 copay	$2 copay	$6 copay	Preferred Generic
Tier 2	$15 copay	$25 copay	$5 copay	$12 copay	Generic
Tier 3	$30 copay	$35 copay	$30 copay	$35 copay	Generic and Preferred Brand
Tier 4	$60 copay	$65 copay	50% coinsurance		Generic and Non-Preferred Drug
Tier 5	28% coinsurance		33% coinsurance		Generic and Specialty Drug
Gap Coverage	Yes		No		

Deductibles and Max. Out-of-Pocket Limits ▼					**Summary**
Medical Deductible	$0		$0		The amount you pay prior to plan payment for eligible services
Pharmacy Deductible	$0		$0		
Medical Out-of-Pocket Maximum	$1,500		$3,350		Max. amount of paid out-of-pocket per calendar year for eligible charges
Rx Out-of-Pocket Maximum	Medicare limits		Medicare limits		

Additional Plan Features

■ **Large Provider Network** No referral access to all providers who are in the Medica network. Visit medica.com/Medicare for a list of network providers.

■ **SilverSneakers® Program** Free fitness program gives you access to over 16,000 locations nationwide – you can even enroll at multiple locations at the same time. Enjoy classes, exercise equipment and other amenities plus track your fitness progress and find useful health information online. Visit SilverSneakers.com for a complete list of facilities and options.

■ **Extended Travel Benefit** Whether you are going away for a vacation or spend part of the year in another area of the country, our plan allows you to receive in-network benefits when you are temporarily away.

■ **Health Advocate™ 24-Hour NurseLine and Personal Health Advocate** A 24/7 NurseLine and access to a Personal Health Advocate who can help you navigate the often complex healthcare system in unique ways such as arranging appointments with hard-to-reach specialists, finding doctors taking new patients, explaining your doctor's instructions and much more.

Eligibility
- Must be enrolled in Medicare Parts A & B
- Must continue to pay Medicare Part B premium

Resources

Medica Medicare Sales:
- Toll-free at 1 (800) 906-5432 (TTY: 711)
- Hours of Operation: Oct. 1 - March 31: 8 a.m. to 8 p.m. Central, seven days a week
                                April 1 - Sept. 30:   8 a.m. to 8 p.m. Central, Monday - Friday
- You will speak to a live representative if you call during our business hours unless we are closed for a holiday. If you call when we are not open for business, you can leave a voicemail message and we will return your call within one business day.
- medica.com/Medicare