

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

Summary of Benefits  
January 1, 2020 - December 31, 2020

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 an 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](https://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 Medicare 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, Nobles, 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.

Our service area also includes most counties throughout the United States and its territories. Please call toll-free (800) 906-5432; (TTY 711) to verify if you live in an eligible county not listed in this document.

**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 use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Out-of-network/non-contracted providers are under no obligation to treat Medica members, except in emergency situations. The out-of-network benefits of your Medica Group Advantage Solution (PPO) plan allow you to go outside the contracted network for services as long as the provider is a participating provider with Medicare and agrees to accept your plan.

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](https://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](https://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, 2020 - December 31, 2020

### 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	\$299
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 for services you receive from in-network providers.

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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 for outpatient surgery  You pay nothing for observation services
Services Provided at an Ambulatory Surgical Center	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

### Medica Group Advantage Solution (PPO)

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Emergency Care	<p>\$50 copay</p> <p>Copay is waived if you are admitted to the hospital within 24 hours (U.S. only).</p> <p>Coverage is available world-wide</p>
Urgently Needed Services	<p>\$15 copay</p>
Diagnostic Services/Labs/ Imaging	<p>Diagnostic radiology services (such as MRIs, CT scans): \$15 copay</p> <p>Diagnostic tests and procedures: \$15 copay</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$15 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$15 copay</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$15 copay</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p> <p>Hearing aid fitting/evaluation and hearing aids: Our plan will reimburse up to \$500 every year</p>
Dental Services	<p>Limited Medicare eligible dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing. Our Plan will reimburse up to \$500 for non-Medicare covered dental services every year</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$15 copay</p> <p>Routine eye exam (for up to 1 every year): You pay nothing</p> <p>Eyeglasses or contact lenses after cataract surgery: \$30 copay</p> <p>Contact lenses, Eyeglasses (frames and lenses): Our plan will reimburse you up to \$150 every year for non-Medicare covered eyewear</p>

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Mental Health Services (including inpatient)	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 for 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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### **PART D PRESCRIPTION DRUG BENEFITS**

Deductible	No deductible
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.

### Medica Group Advantage Solution (PPO)

	<b>Preferred Retail Cost-Sharing</b>	
<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
Tier 2 (Generic)	\$15 copay	\$45 copay
Tier 3 (Preferred Brand)	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$60 copay	\$180 copay
Tier 5 (Specialty Tier)	25% of the cost	A long-term supply is not available for drugs in tier 5

	<b>Standard Retail Cost-Sharing</b>	
<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay
Tier 2 (Generic)	\$25 copay	\$75 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	A long-term supply is not available for drugs in Tier 5

	<b>Standard Mail Order Cost-Sharing</b>	
<b>Tier</b>	<b>Three-month supply</b>	
Tier 1 (Preferred Generic)	\$10 copay	
Tier 2 (Generic)	\$30 copay	
Tier 3 (Preferred Brand)	\$60 copay	
Tier 4 (Non-Preferred Drug)	\$120 copay	
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5	

## Medica Group Advantage Solution (PPO)

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### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.

After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,350, 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.



### Medica Group Advantage Solution (PPO)

	<b>Preferred Retail Cost-Sharing</b>	
<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
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Tier 3 (Preferred Brand)	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$60 copay	\$180 copay
Tier 5 (Specialty Tier)	25% of the cost	A long-term supply is not available for drugs in tier 5

	<b>Standard Retail Cost-Sharing</b>	
<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
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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	A long-term supply is not available for drugs in Tier 5

	<b>Standard Mail Order Cost-Sharing</b>
<b>Tier</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$10 copay
Tier 2 (Generic)	\$30 copay
Tier 3 (Preferred Brand)	\$60 copay
Tier 4 (Non-Preferred Drug)	\$120 copay
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:

- 5% of the cost, or
- \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs.

Cost sharing may differ based on type of pharmacy (retail, mail-order, Long Term Care (LTC)), whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (one-month) or long-term (three-month) supply.

## Medica Group Advantage Solution (PPO)

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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% coinsurance
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 <sup>SM</sup> 24 hour NurseLine: \$0 copayment

## 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](mailto: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.

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.

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。

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 I Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqa Eenyummaa Medica irra jiruun bilbila'a.

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

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.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີໃຫ້  
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Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면,  
이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의  
전화번호로 전화하십시오.

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.

နမူအညှိုးတံကျိုးထံစားကလိနီနဟ်တံကျါအံလောအကလိနီ  
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Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poledini svoje ID kartice Medica.

Díi t'áá jík'e shá ata' hodoonih nínízingo éi ninaaltsoos  
Medica bee néfho'dilzinígi bine'dée' namboobíki' ágiiji'  
béesh bee hodíilnih.

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