

Medica Group Advantage SolutionSM (PPO)
Plan 6

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 a Cost 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 <http://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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

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

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

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

Things to Know About Medica Group Advantage Solution (PPO)

Hours of Operation

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

Medica Group Advantage Solution (PPO) Phone Numbers and Website

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

Who can join?

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

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

What do we cover?

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

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

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

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

How will I determine my drug costs?

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

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

SUMMARY OF BENEFITS

January 1, 2020 - December 31, 2020

Medica Group Advantage Solution (PPO)

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

Monthly Plan Premium	\$148
Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	You pay no more than \$3,000 for services you receive from in-network providers.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Care	Our plan covers an unlimited number of days for an inpatient hospital stay \$100 copay per stay
Outpatient Hospital Coverage	\$50 copay for outpatient surgery \$50 copay for observation services
Services Provided at an Ambulatory Surgical Center	\$50 copay
Doctor's Office Visits (Primary Care Providers and Specialists)	Primary care physician visit: You pay nothing Specialist visit: \$10 copay
Preventive Care (e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost

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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>\$0 copay for convenience care/retail clinic</p> <p>\$10 copay for traditional urgent care clinic</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may vary based on place of service)</i>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$10 copay</p> <p>Diagnostic tests and procedures: \$10 copay</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$10 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$10 copay</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$0 copay for primary care doctor visits and \$10 copay for specialist visits</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 \$400 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): \$0 copay for primary care doctor visits and \$10 copay for specialist visits</p> <p>Routine eye exam (for up to 1 every year): You pay nothing</p>

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

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

Mental Health Care

Outpatient group therapy visit: \$10 copay

Outpatient individual therapy visit: \$10 copay

Skilled Nursing Facility (SNF)

Our plan covers up to 100 days in a SNF

You pay nothing

Physical Therapy

\$10 copay

Ambulance

\$25 copay

Transportation

Not covered

Medicare Part B Drugs

For Part B drugs such as chemotherapy drugs: 20% of the cost

Other Part B drugs: 20% of the cost

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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.

	Preferred Retail Cost-Sharing	
Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2 copay	\$6 copay
Tier 2 (Generic)	\$5 copay	\$15 copay
Tier 3 (Preferred Brand)	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	50% of the cost	50% of the cost
Tier 5 (Specialty Tier)	33% of the cost	A long-term supply is not available for drugs in Tier 5

	Standard Retail Cost-Sharing	
Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$18 copay
Tier 2 (Generic)	\$12 copay	\$36 copay
Tier 3 (Preferred Brand)	\$35 copay	\$105 copay
Tier 4 (Non-Preferred Drug)	50% of the cost	50% of the cost
Tier 5 (Specialty Tier)	33% of the cost	A long-term supply is not available for drugs in Tier 5

	Standard Mail Order Cost-Sharing	
Tier	Three-month supply	
Tier 1 (Preferred Generic)	\$4 copay	
Tier 2 (Generic)	\$10 copay	
Tier 3 (Preferred Brand)	\$60 copay	
Tier 4 (Non-Preferred Drug)	50% of the cost	
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5	

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Coverage Gap	<p>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.</p> <p>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.</p>
Catastrophic Coverage	<p>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:</p> <ul style="list-style-type: none">• 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.

ADDITIONAL BENEFITS AND SERVICES

Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay
Diabetes Self-Management Training	You pay nothing
Foot Care (<i>podiatry services</i>)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay
Home Health Care	You pay nothing

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Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)	20% of the cost
Outpatient Substance Abuse	Group therapy visit: \$10 copay Individual therapy visit: \$10 copay
Renal Dialysis	You pay nothing
Wellness Programs (<i>fitness, nurseline</i>)	SilverSneakers® Fitness Program: \$0 annual fee HealthAdvocate SM 24 hour NurseLine with Personal Health Advocacy services: \$0 copayment

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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, civilrightscordinator@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.

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

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 ID Medica của quý vị.

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

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

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.

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Medica ຂອງທ່ານ.

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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.

Medica ID. နမူနာအုပ်စုတိုက်ရိုက်အသုံးပြုရန်

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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 ID Medica của quý vị.

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.

Eenyummaa Medica irra jiruun bilbila'a.

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Díí t'áá jíik'e shá ata' hodooni nínizingo éi ninaaltsoos
Medica bee néihó' dílzingí bine'dée' náboo bikí' ágíjii'
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Medica ຂອງທ່ານ.

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