

## 2015 COVERAGE AT A GLANCE

This is a brief overview of the Value, Basic and Enhanced Medica Prime Solution® (Cost) plans. Please refer to the plan booklet for detailed coverage information.

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	Medica Prime Solution Plans			
	2014 Original Medicare Coverage	Value	Basic	Enhanced
<b>Monthly Premium</b>	\$104.90	<b>\$65*</b>	<b>\$79*</b>	<b>\$129*</b>
<b>Benefits ▼</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Preventive Care	No cost	No cost	No cost	No cost
Primary Care/Convenience Care	20% coinsurance**	\$10 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	20% coinsurance**	\$30 copayment	\$20 copayment	\$0 copayment
Urgent Care	20% coinsurance**	\$10–\$30 copayment	\$0–\$20 copayment	\$0 copayment
Chiropractic±	20% coinsurance**	\$20 copayment	\$20 copayment	\$0 copayment
Eye Exam – Annual Routine	100%	\$30 copayment	\$0 copayment	\$0 copayment
Hearing Exam – Annual Routine	100%	\$30 copayment	\$0 copayment	\$0 copayment
Diagnostic Procedures and Tests	20% coinsurance**	10% coinsurance	\$10 copayment	\$0 copayment
Lab Services	\$0 copayment**	\$0 copayment	\$0 copayment	\$0 copayment
Durable Medical Equipment	20% coinsurance**	20% coinsurance	20% coinsurance	\$0 copayment
Diabetes Testing Supplies	20% coinsurance**	20% coinsurance	20% coinsurance	\$0 copayment
Ambulance	20% coinsurance**	\$50 copayment	\$25 copayment	\$0 copayment
Outpatient Hospital	20% coinsurance**	\$125 copayment	\$50 copayment	\$0 copayment
Hospital-Based Clinic Facility	20% coinsurance**	\$45 copayment	\$30 copayment	\$0 copayment
Emergency Room	20% coinsurance**	\$50 copayment worldwide***	\$50 copayment worldwide***	\$0 copayment worldwide***
Inpatient Hospital	\$1,216 total for days 1–60 \$304 per day for days 61–90 \$608 per day for days 91–150	\$300 total per stay for unlimited number of days	\$100 total per stay for unlimited number of days	\$0 total per stay for unlimited number of days
Skilled Nursing Facility†				
Days 1–20	\$0	\$0	\$0	\$0
Days 21–100	\$152/day	\$80/day	\$0	\$0
Days 101+	100%	100%	100%	100%
Maximum Out-of-Pocket	No limit	\$3,350	\$3,000	\$3,000
Prescription Drugs	All costs (no coverage)	Part D rider available (see other side)	Part D rider available (see other side)	Part D rider available (see other side)
<b>Additional Plan Features</b>				
Nationwide Travel and “Snowbird” Coverage	Not applicable	Included	Included	Included
Fitness Center Membership (Silver&Fit®)	Not applicable	\$25 annual fee	\$25 annual fee	\$25 annual fee

\* **You must continue to pay your Medicare Part B premium.**

\*\* After annual Part B deductible.

\*\*\* \$20,000 annual plan coverage limit outside the U.S. and its territories.

± Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).

† “In-patient” hospital stay of at least 3 consecutive days required prior to Skilled Nursing Facility stay in order for the latter to be covered.

The day you leave the hospital does not count toward the “in-patient” hospital stay requirement nor do any “observation” status days.



Contact Medica’s Center for Healthy Aging<sup>SM</sup> toll-free at **1-800-906-5432** or TTY users call the National Relay Center at **1-800-855-2880**, 8 a.m. to 8 p.m. Central Time, seven days a week. (Access to representatives may be limited at times.) Or visit **www.medica.com/Medicare**.

## PART D PRESCRIPTION DRUG COVERAGE

You can add Part D prescription coverage to your Medica Prime Solution medical plan by selecting one of the optional riders below. **The premium for the Part D rider is in addition to the Prime Solution Cost plan premium.**

Part D Rider Options ▶	Part D Option 1	Part D Option 2
Monthly Rx Premium	\$23.80	\$69.30
Annual Rx Deductible	\$320	\$0
Part D Coverage Level ▼	31-Day Supply (Retail) YOU PAY	31-Day Supply (Retail) YOU PAY
<b>LEVEL ONE:</b> Medica and Member Shared Drug Costs \$0 to \$2,960	Preferred Generic: 25% Non-Preferred Generic: 25% Preferred Brand: 25% Non-Preferred Brand: 25% Specialty: 25%	Preferred Generic: Up to \$10 Non-Preferred Generic: Up to \$29 Preferred Brand: Up to \$39 Non-Preferred Brand: Up to \$79 Specialty: 33%
<b>LEVEL TWO:</b> Member Only Drug Costs Up to \$4,700†	Generic: 65% Brand: 45%	Generic: 65% Brand: 45%*
<b>LEVEL THREE:</b> Medica and Member Shared Drug Costs \$4,700 and up	Generic: \$2.65 or 5%** Other Drug Costs: \$6.60 or 5%**	Generic: \$2.65 or 5%** Other Drug Costs: \$6.60 or 5%**

\* In Level Two, you receive a manufacturer-paid 50% discount on covered brand drugs. 95% of the drug cost—including both the portion covered by the manufacturer discount and your out-of-pocket cost—counts toward your Drug Costs and helps move you out of the Level Two Coverage Gap. (The plan pays 5% of the drug cost.)

\*\* Whichever is greater.

† Member total out-of-pocket Drug Costs must reach \$4,700 before member moves into Level Three. Costs that count toward member total out-of-pocket Drug Costs include: Part D plan deductible (if the plan has one), drug copays/coinsurance and member Drug Costs in Level Two (including the manufacturer portion of covered brand drugs).

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; or
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

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