

Minnesota
TWIN CITIES METRO



MEDICARE

2025 Enrollment Guide

Medica Advantage Solution® (PPO)

AT A GLANCE

The coverage you **need**. At a price you can **afford**.



- \$0 premium** plans available
- Combined medical and prescription** drug plans
- \$0 primary care** doctor visits
- Part B premium reduction** plan option



- Large provider network** with no referrals required
- Travel and snowbird** coverage
- Worldwide emergency** care



- \$0 copay** for Tier 1 drugs
- No Part D deductible** on Tier 1 and Tier 2 drugs
- 3,300+ prescriptions** included on drug list
- 60,000+ pharmacies** nationwide

**EXTRA BENEFITS,
NO EXTRA COST**



Dental



Vision



Over-the-counter savings



FREE fitness membership



Telehealth benefit



Hearing

Details starting on page 10.



MEDICA PLANS

What you need to know

Eligibility

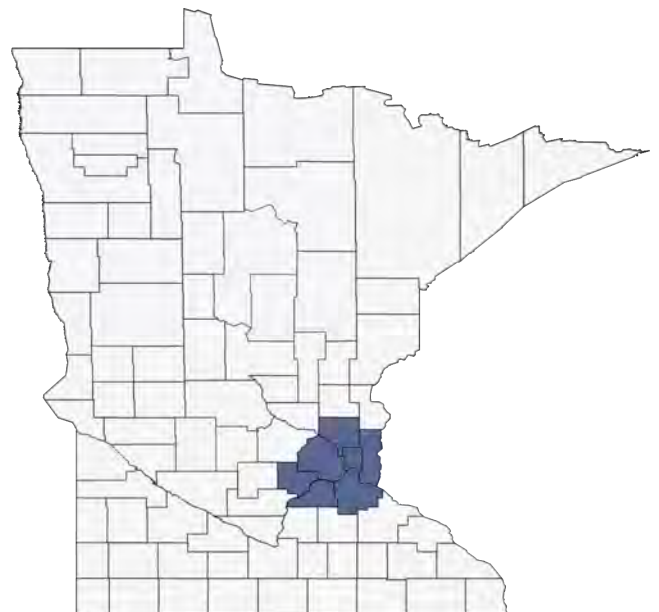
You're eligible to enroll in a Medica Medicare Advantage plan if:

- You have Medicare Part A and Part B
- Your permanent residence is in the enrollment area

Enrollment area

If you live in one of the counties below, you can enroll in the plans in this brochure.

- Anoka
- Carver
- Dakota
- Hennepin
- Ramsey
- Scott
- Washington



We have Medicare plans available in all Minnesota counties.
Please call to learn more about all our options.

Provider network

The large statewide network includes the following health systems and many other providers:

- Allina Health
- Entira Family Clinics
- HealthPartners
- Hennepin Healthcare
- Mayo Clinic
- Mayo Clinic Health System
- M Health Fairview
- North Memorial Health
- Park Nicollet
- Ridgeview Medical Center
- University of Minnesota Physicians

You get access to any provider in the network with no referrals required. To see if your doctor is in our network, visit:

[Medica.com/AdvantageProviders](https://medica.com/AdvantageProviders).

Out-of-network coverage



Emergency Services

You pay the in-network copay for emergency and urgent care services received out of network in the U.S. and its territories.



Non-Emergency Services

You pay higher cost-sharing for covered non-emergency care when you visit an out-of-network provider (unless using the Travel Benefit — see below). You can use any provider that accepts Medicare.

TRAVEL BENEFIT

Medica TravelerSM

Planning a trip? We'll cover you — in the U.S., its territories, and around the world.

Nationwide travel

You're always covered for emergency and urgent care with in-network copays.

Planning to be outside Minnesota? Your coverage starts on the first day you travel and lasts up to six consecutive months. You pay in-network copays for covered services as long as you call Medica before your trip to let us know the dates you will be gone.

Worldwide emergency care

You pay 20% coinsurance for emergency care and emergency transportation outside the U.S.



Plan comparison

Most plans combine medical and drug coverage for one affordable premium. See drug coverage information on pages 8 - 9.

Copay and maximum out-of-pocket amounts below are for services at network providers. See the plan Summary of Benefits for out-of-network cost information.

		H8889-005 (PPO)	H8889-001 (PPO)	H8889-003 (PPO)	H8889-009 (PPO)
Coverage		Medical + Drug	Medical + Drug	Medical + Drug	Medical Only
Monthly premium		\$0	\$89	\$203	\$0
Annual out-of-pocket maximum (100% coverage once met)		\$3,700	\$2,800	\$2,800	\$4,900
Part B premium reduction		n/a	n/a	n/a	\$85 per month savings
Medical benefits					
Office visits	Primary care	\$0	\$0	\$0	\$0
	Specialist	\$40	\$35	\$10	\$35
	Urgent care	\$25 - \$55	\$0 - \$45	\$0 - \$10	\$0 - \$45
	Mental health	\$40	\$35	\$10	\$35
Preventive care	Immunizations, screenings, and annual exam	\$0	\$0	\$0	\$0
Hospital care	Inpatient stay	Days 1 - 5: \$355/day then 100% covered	\$150 per stay	\$100 per stay	Days 1 - 6: \$350/day then 100% covered
	Outpatient surgery	\$395 - \$495	\$195 - \$275	\$75 - \$150	\$295 - \$395
Emergency care	Emergency room	U.S.: \$125 Worldwide: 20%	U.S.: \$125 Worldwide: 20%	U.S.: \$90 Worldwide: 20%	U.S.: \$125 Worldwide: 20%
	Ambulance (ground/air)	\$325/\$375	\$295/\$375	\$150/\$250	\$325/\$375
Radiology + tests	Diagnostic tests	\$0 - \$125	\$0 - \$85	\$0 - \$50	\$0 - \$85
	X-rays	\$20	\$20	\$0	\$20
	Diagnostic radiology	\$0 - \$125	\$0 - \$85	\$0 - \$50	\$0 - \$85
	Therapeutic radiology	\$80	\$80	\$0	\$80
Diabetes supplies	Glucose monitors, test strips, and lancets	\$0**	\$0**	\$0**	\$0**
Skilled nursing care	No prior 3-day hospital stay required	Days 1 - 20: \$0/day Days 21 - 37: \$214/day Days 38 - 100: \$0/day	Days 1 - 20: \$0/day Days 21 - 34: \$214/day Days 35 - 100: \$0/day	Days 1 - 20: \$0/day Days 21 - 40: \$150/day Days 41 - 100: \$0/day	Days 1 - 20: \$0/day Days 21 - 43: \$214/day Days 44 - 100: \$0/day
Part B drugs	Administered by a health professional	0 - 20%	0 - 20%	0 - 20%	0 - 20%
Dental	Annual allowance	\$750 allowance	\$1,000 allowance	\$1,000 allowance	\$1,000 allowance
	Vision exam — routine annual	\$0	\$0	\$0	\$0
Vision	Eyewear allowance — annual	\$200 allowance	\$300 allowance	\$300 allowance	\$200 allowance
	Hearing exam* — routine annual	\$0	\$0	\$0	\$0
Hearing	Hearing aid*	\$549, \$799, or \$1,299	\$549, \$799, or \$1,299	\$549, \$799, or \$1,299	\$549, \$799, or \$1,299

*Through an EPIC® provider

**Limited to LifeScan (OneTouch) and Roche (Accu-Check) from a retail pharmacy

Continued on next page

Plan comparison

Most plans combine medical and drug coverage for one affordable premium. See medical services on pages 6 - 7.

Copay amounts below are for prescriptions at preferred retail and mail order pharmacies. See the plan Summary of Benefits for standard pharmacy cost information.

		H8889-005 (PPO)	H8889-001 (PPO)	H8889-003 (PPO)	H8889-009 (PPO)
Monthly premium		\$0	\$89	\$203	Medical-only plan. No coverage for Part D prescription drugs. You CANNOT be a member of this plan and enroll in a stand-alone Medicare Part D plan. If you need medical and Part D drug coverage, enroll in one of our other Medicare plans.
Part D drug coverage					
Annual Part D deductible		Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$495	Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$295	\$0	
Insulin coverage (any network pharmacy)		30-Day: \$35 90-Day: \$105 No deductible	30-Day: \$35 90-Day: \$105 No deductible	30-Day: \$35 90-Day: \$105	
Initial Coverage (member drug costs up to \$2,000)					
30-Day Preferred Retail	Tier 1: Preferred Generic	\$0	\$0	\$0	
	Tier 2: Generic	\$15	\$11	\$10	
	Tier 3: Preferred Brand	17%	22%	25%	
	Tier 4: Non-Preferred Drug	50%	50%	50%	
	Tier 5: Specialty Drug	27%	29%	33%	
90-Day Preferred Mail Order	Tier 1: Preferred Generic	\$0	\$0	\$0	
	Tier 2: Generic	\$45	\$33	\$30	
	Tier 3: Preferred Brand	17%	22%	25%	
	Tier 4: Non-Preferred Drug	50%	50%	50%	
Catastrophic Coverage (plan pays costs exceeding \$2,000)		The plan pays the full cost for your covered Part D drugs.			

Extras that make your plan **better**

These extra benefits can help you stay healthy.



Free Fitness Membership

Our innovative fitness program through One Pass™ makes staying fit — physically and mentally — convenient and fun. For locations, visit [Medica.com/Fitness](https://www.Medica.com/Fitness).

- Large network of 25,000+ gyms and fitness centers
- Enroll in as many facilities as you want
- Live and on-demand fitness classes
- Unlimited access to online cognitive training activities that support brain speed and memory



Savings on Hearing Aids + Exams

You get the special benefits below when you receive hearing services from an EPIC Hearing provider. For locations, visit [EpicHearing.com/Medica](https://www.EpicHearing.com/Medica).

- \$0 copay for routine hearing exam
- Low copay for hearing aids — pay just \$549 for the Silver model, \$799 for the Gold model, or \$1,299 for the Platinum model



Personal Health Advocate

HealthAdvocateSM has your back if you have questions about your plan or need help with the medical system. Our trained Personal Health Advocates can help you find the right doctor, resolve claims questions, and much more.



Telehealth Coverage

Telehealth visits with your primary care, specialist, urgent care, and behavioral health providers from our network have the same low copays as in-person visits.



Health+ by Medica Card

Pay for dental and eyewear benefits at a licensed dentist or eyewear provider that accepts this card. The card can also be used to purchase OTC health and wellness products at over 70,000 participating retailers, online, or over the phone.



Dental

You can see any licensed dentist for dental care up to an annual amount based on your plan.

- No deductible
- Covers preventive services like cleanings, exams, x-rays, and fluoride treatments
- Covers fillings, crowns, and other restorative services



Eyewear

Your eyewear allowance can be accessed at any eyewear location or freestanding vision center.

- Covers contact lenses and eyeglasses (lenses and frames)

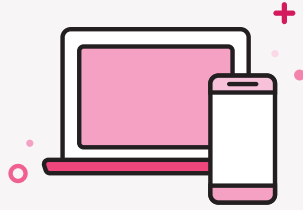


Over-the-Counter (OTC) Savings

These plans have a semi-annual benefit allowance you can use for eligible OTC health and wellness products. Allowance amount varies by plan.

See the table below for benefit amounts by plan.

	Dental Annually	Eyewear Annually	OTC Semi-annually
H8889-005 (\$0 premium)	\$750	\$200	\$75
H8889-001 (\$89 premium)	\$1,000	\$300	\$75
H8889-003 (\$203 premium)	\$1,000	\$300	\$75
H8889-009 (\$0 premium)	\$1,000	\$200	\$75



Ready to enroll?

There are three ways to enroll in a Medica Medicare plan. Choose the one that works best for you:



Over the phone

Call **1 (800) 918-2416** (TTY: **711**) for fast and easy phone enrollment.



Online with Medica

Go to **Medica.com/Medicare** to complete your enrollment online.



Through the mail

Complete and sign a paper application form and submit as indicated on the form. (You can call Medica to get a paper application or contact your local Medica agent.)

Note: When you enroll, you'll be asked to choose a Primary Health System (PHS) provider from which you receive care or expect to receive care. If you don't want to choose a PHS or if your provider isn't part of the PHS options listed, you can choose "Unassigned." **Your selection of a Primary Health System doesn't limit you from getting care from other network providers, and you never need referrals for covered services.** To find out if your provider is part of a PHS, please reference the directory at **Medica.com/AdvantageProviders**.

What happens after you enroll?

Here's what you'll get from us so you can start using your plan.

Member packet

One to three weeks before your effective date, you'll get your member packet. It has your member guide and other important materials you'll want to read and keep for future reference.

ID card

You'll get an ID card one to three weeks before your effective date.

Note: Your ID card isn't included in your member packet — we send it separately.

Confirmation letter

You'll get a letter that confirms Medicare's approval of your enrollment in a Medica plan.

There are three enrollment periods when you can buy a plan:

Initial Enrollment Period (IEP)

This is when you first become eligible for Medicare at around age 65. You have a seven-month window to sign up for Medicare.

Annual Election Period (AEP)

Medicare open enrollment is Oct. 15 – Dec. 7 each year for Jan. 1 coverage. All enrollment options are available at this time.

Special Enrollment Period (SEP)

An SEP lets you make changes to your coverage that you normally can only make during your IEP or AEP. There are many types of events that can trigger an SEP (for example, if you move or your current plan is no longer available).

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: TTY communication and written information in other formats such as large print, audio, and braille.
- 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, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



You're not just covered, you're cared for.®

Connect with us

Call us toll-free at **1 (800) 918-2416 (TTY: 711)**.

Oct. 1 - March 31

8 a.m. - 8 p.m. CT, seven days a week

April 1 - Sept. 30

8 a.m. - 8 p.m. CT, Monday - Friday

Visit us online or find a broker in your community at **Medica.com/Medicare**.

Follow us on Facebook with the handle **@Medica**.



Out-of-network/non-contracted providers are under no obligation to treat Plan 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.