

# Medica AccessAbility Solution® Coverage at a Glance


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As you can see in the health benefit chart below, with Medica AccessAbility Solution you keep all the benefits of the Medicaid Plan plus you receive additional benefits like patient-driven care coordination, \$0 copays for Medicaid-covered drugs and a free SilverSneakers® Fitness Program fitness center membership.

	Medicaid (Medical Assistance)	Medica AccessAbility Solution*
Monthly Premium	\$0	\$0
<b>Benefits ▼</b>	YOU PAY	YOU PAY
SilverSneakers® Fitness Membership	Not covered	\$0 – find a location near you at <a href="http://www.silversneakers.com">www.silversneakers.com</a>
Care Coordination	Not covered	\$0 for services
Prescriptions	\$3 copay for Medicaid-covered brand-name drugs; \$1 copay for Medicaid-covered generic drugs. The most a member pays in copays for Medicaid-covered drugs is \$7 per month. Copays will not be charged for some Medicaid-covered mental health drugs and most family planning drugs.	\$0 copay for Medicaid-covered drugs
Doctor Office Visits	\$0 copay for Medicaid-covered primary care, network urgent care and specialist visits	\$0 copay for Medicaid-covered primary care, network urgent care and specialist visits
Urgent Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicaid-covered services
Inpatient Hospital Stay	\$0 yearly deductible; \$0 copay for Medicaid-covered services	\$0 yearly deductible; \$0 copay for Medicaid-covered services
Outpatient Services/Surgery	\$0 copay for Medicaid-covered doctor services and facility charges	\$0 copay for Medicaid-covered doctor services and facility charges
Medical Tests	\$0 copay for Medicaid-covered: (1) lab services, (2) diagnostic tests, (3) X-rays and (4) diagnostic and therapeutic radiology services	\$0 copay for Medicaid-covered: (1) lab services, (2) diagnostic tests, (3) X-rays and (4) diagnostic and therapeutic radiology services
Skilled Nursing Facility (SNF)	\$0 yearly deductible; \$0 copay for Medicaid-covered services	\$0 yearly deductible; \$0 copay for Medicaid-covered services
Emergency Care	\$0 copay for Medicaid-covered doctor services or facility charge. Not covered outside the U.S. and Canada except under limited circumstances	\$0 copay for Medicaid-covered doctor services or facility charge. Not covered outside the U.S. and Canada except under limited circumstances
Preventive Services	\$0 copay for Medicaid-covered vaccines for Flu, Pneumonia and Hepatitis B	\$0 copay for Medicaid-covered vaccines for Flu, Pneumonia and Hepatitis B
Mammograms (annual screening)	\$0 copay for Medicaid-covered services – no age limit	\$0 copay for Medicaid-covered services – no age limit
Pap Smears and Pelvic Exams	\$0 copay for Medicaid-covered services	\$0 copay for Medicaid-covered services

\* In most cases, you must go to network doctors, specialists, other healthcare providers and hospitals. No referral required for network healthcare providers, specialists, and hospitals. Please review the plan Certificate of Coverage for benefit details.

**For more information, see other side.**



Contact Medica's Center for Healthy Aging<sup>SM</sup> toll-free at **1-800-266-2157** or TTY users call the National Relay Center at **1-800-855-2880**, 8 a.m. to 8 p.m. CST, seven days a week.

Medica AccessAbility Solution Coverage at a Glance (continued)

	Medicaid (Medical Assistance)	Medica AccessAbility Solution*
Monthly Premium	\$0	\$0
<b>Benefits ▼</b>	YOU PAY	YOU PAY
Vision	\$0 copay for Medicaid-covered eye exams. Eyeglasses limited to one pair every 24 months under Medicaid unless medically necessary. Annual glaucoma screenings covered for people at risk	\$0 copay for Medicaid-covered eye exams and eyeglasses. Annual glaucoma screenings covered for people at risk
Hearing Services	\$0 copay for Medicaid-covered services	\$0 copay for Medicaid-covered services
Occupational Therapy (OT), Physical Therapy (PT), and/or Speech/Language Therapy (ST)	\$0 copay for Medicaid-covered OT, PT, ST visits	\$0 copay for Medicaid-covered OT, PT, ST visits
Outpatient Mental Health or Chemical Dependency	\$0 copay for Medicaid-covered services	\$0 copay for Medicaid-covered services
Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	\$0 copay for Medicaid-covered items	\$0 copay for Medicaid-covered items
Prosthetic Devices	\$0 copay for Medicaid-covered items	\$0 copay for Medicaid-covered items
Diabetes Testing Supplies	\$0 copay for Medicaid-covered diabetes supplies	\$0 copay for Medicaid-covered diabetes supplies
Dental	\$0 copay for Medicaid-covered services	\$0 copay for Medicaid-covered services
Transportation	\$0 copay for Medicaid-covered service	\$0 copay for Medicaid-covered services
Chiropractic	\$0 copay for Medicaid-covered services. Chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of joint or body part, and Medicaid-covered X-rays when needed to get a diagnosis of subluxation of the spine	\$0 copay for Medicaid-covered services. Chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of joint or body part, and Medicaid-covered X-rays when needed to get a diagnosis of subluxation of the spine
Footcare Services	\$0 copay for Medicaid-covered items	\$0 copay for Medicaid-covered items

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