Medica Advantage Solution® PartnerCare Premier H6154-003 (HMO I-SNP) and Medica Advantage Solution® PartnerCare Focus H6154-004 (HMO I-SNP)

Summary of Benefits

January 1, 2022 – December 31, 2022

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 Medicare Advantage plan (such as **Medica Advantage Solution PartnerCare Premier (HMO I-SNP)** or **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Advantage Solution PartnerCare Premier (HMO I-SNP)** and **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)** cover and what you pay. If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on 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 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 Advantage Solution PartnerCare Premier (HMO I-SNP)** and **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)**
- Monthly Premium, Deductible, and Maximums on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D 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 1 (800) 266-2157 (TTY users should call 711).

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Things to Know About Medica Advantage Solution PartnerCare Premier (HMO I-SNP) and Medica Advantage Solution PartnerCare Focus (HMO I-SNP)

Hours of Operation

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

Medica Advantage Solution PartnerCare Premier (HMO I-SNP) and Medica Advantage Solution PartnerCare Focus (HMO I-SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1 (877) 335-9181 (TTY: 711).
- If you are not a member of this plan, call toll-free 1 (800) 266-2157 (TTY: 711).
- Our website: Medica.com/Medicare

Who Can Join?

To join **Medica Advantage Solution PartnerCare Premier (HMO I-SNP)** or **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in **Minnesota:** Anoka, Benton, Chisago, Dakota, Hennepin, Isanti, Morrison, Ramsey, Scott, Sherburne, Stearns, Washington, and Wright.

Which doctors, hospitals, and pharmacies can I use?

Medica Advantage Solution PartnerCare Premier (HMO I-SNP) and **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)** have a network of doctors, hospitals, and other providers. You must receive your care from a network provider. In most cases, care you receive from an out-of-network provider (a provider who is not part of our plan's network) will not be covered. Coverage for emergency care is the same in network as it is out of network (within the U.S. and its territories). Covered services that need approval in advance are marked by an asterisk (*).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs. You may search for network providers and pharmacies on our website at Medica.com/MyPlanDocs. Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Medica Advantage Solution PartnerCare Premier (HMO I-SNP) and **Medica Advantage Solution PartnerCare Focus (HMO I-SNP)** cover everything that Original Medicare covers – plus more. Our plan covers medical and hospital services, Part D outpatient prescription drugs, and protects you from unlimited out-of-pocket costs

SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	**Medica Advantage Solution PartnerCare Focus (HMO I-SNP)**
MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
Monthly Plan Premium	$67	$0
Medical Deductible	$0	$0
Maximum Out-Of-Pocket Responsibility *(does not include prescription drugs)*	$3,500	$5,500

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	**Medica Advantage Solution PartnerCare Focus (HMO I-SNP)**
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital Coverage	$300 copay each day for days 1 through 6 and $0 each day for days 7 through 90 $0 for up to an additional 60 lifetime reserve days. *	$325 copay each day for days 1 through 6 and $0 each day for days 7 through 90 $0 for up to an additional 60 lifetime reserve days. *
Outpatient Hospital Coverage		
Outpatient Hospital Services	20% of the total cost *	20% of the total cost *
Outpatient Hospital Observation Services	20% of the total cost	20% of the total cost
Ambulatory Surgery Center	20% of the total cost *	20% of the total cost *
Doctor Visits		
Primary Care Providers	$0 copay in your living setting. $35 copay in an office visit setting.	$0 copay in your living setting. $35 copay in an office visit setting.
Specialists	$25 copay	$50 copay
Preventive Care (e.g., Flu Vaccine, Diabetic Screenings)	$0 copay	$0 copay

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	Medica Advantage Solution PartnerCare Focus (HMO I-SNP)
Emergency Care	$90 copay Copay is waived if you are admitted to a hospital within 1 day. If you receive emergency care at an out-of-network hospital (within the U.S. and its territories only) and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the cost-sharing you would pay at a network hospital.	$90 copay Copay is waived if you are admitted to a hospital within 1 day. If you receive emergency care at an out-of-network hospital (within the U.S. and its territories only) and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the cost-sharing you would pay at a network hospital.
Urgently Needed Services	$45 copay	$45 copay
Diagnostic Services/ Labs/Imaging		
Diagnostic Tests and Procedures	20% of the total cost	20% of the total cost
Lab Services	$0 copay	$0 copay
Diagnostic and Therapeutic Radiology Services (e.g., MRI, CAT Scan)	20% of the total cost	20% of the total cost
X-Rays	$0 copay	$0 copay
Hearing Services		
Exam to Diagnose and Treat Hearing and Balance Issues	20% of the total cost	20% of the total cost
Routine Hearing Exam	$0 copay Limited to 1 visit every two years	$0 copay Limited to 1 visit every two years
Hearing Aid Fitting/Evaluation	$0 copay Limited to 1 visit every two years	$0 copay Limited to 1 visit every two years
Hearing Aids – All Types	Our plan will reimburse up to $250 every two years for hearing aids.	Our plan will reimburse up to $250 every two years for hearing aids.

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Dental Services	20% of the total cost for each Medicare-covered service Up to $500 reimbursement every calendar year for non-Medicare-covered preventive and comprehensive dental services from any licensed dentist within the U.S. and its territories.	20% of the total cost for each Medicare-covered service
Vision Services		
Exam to Diagnose and Treat Diseases and Conditions of the Eye	20% of the total cost	$35 copay
Routine Eye Exam	$0 copay Limited to 1 visit every calendar year.	$0 copay Limited to 1 visit every calendar year.
Eyewear After Cataract Surgery	20% of the total cost One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	20% of the total cost One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.
Contact Lenses, Eyeglasses (Lenses and/or Frames), and Upgrades	Up to $150 reimbursement every calendar year for non-Medicare-covered eyewear.	Up to $100 reimbursement every calendar year for non-Medicare-covered eyewear.

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	Medica Advantage Solution PartnerCare Focus (HMO I-SNP)
Mental Health Services		
Outpatient Individual and Group Therapy Visit	$0 in your living setting 20% of the total cost in an office visit setting	$0 in your living setting $40 copay in an office visit setting
Inpatient Hospital	$300 copay each day for days 1 through 6 and $0 for days 7 through 90 $0 copay for up to an additional 60 lifetime reserve days. *	$300 copay each day for days 1 through 6 and $0 for days 7 through 90 $0 copay for up to an additional 60 lifetime reserve days. *
Skilled Nursing Facility (SNF) Care	$0 for days 1 through 20 and $188 copay each day for days 21 through 100 *	$0 for days 1 through 20 and $188 copay each day for days 21 through 100 *
Physical Therapy	$20 copay	$40 copay
Ambulance Services		
Ground Ambulance	20% of the total cost	20% of the total cost
Air Ambulance	20% of the total cost	20% of the total cost
Transportation	$0 copay You may receive up to 8 trips per calendar year for medical care within the plan service area. A trip is considered one-way, non-emergency transportation by taxi or wheelchair-equipped van to a plan approved health-related location.	$0 copay You may receive up to 8 trips per calendar year for medical care within the plan service area. A trip is considered one-way, non-emergency transportation by taxi to a plan approved health-related location.
Medicare Part B Prescription Drugs		
Chemotherapy/Radiation Drugs	20% of the total cost *	20% of the total cost *
Other Part B Drugs	20% of the total cost *	20% of the total cost *

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	Medica Advantage Solution PartnerCare Focus (HMO I-SNP)
PART D PRESCRIPTION DRUG BENEFITS		
Deductible	$140	$140

$140 for Tier 3, Tier 4, and Tier 5 Part D prescription drugs.
For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately.

Initial Coverage
You will stay in this stage until your total drug costs (including what our plan has paid and what you have paid) reach $4,430.

Standard Retail Cost Sharing	
Tier	**One-Month Supply**
Tier 1 (Preferred Generic)	$5 copay
Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$42 copay
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	30% coinsurance
Part D Senior Savings Program	$35 copay for Select Insulins

Standard Mail-Order Cost Sharing	
Tier	**Three-Month Supply**
Tier 1 (Preferred Generic)	$15 copay
Tier 2 (Generic)	$36 copay
Tier 3 (Preferred Brand)	$126 copay
Tier 4 (Non-Preferred Drug)	50% coinsurance
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5
Part D Senior Savings Program	$105 copay for Select Insulins

Coverage Gap
After your total drug costs (including what our plan has paid and what you have paid) reach $4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.

During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a $35 copay for a one-month (30-day) supply or $105 copay for a three-month (90-day) supply.

Catastrophic Coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach $7,050, you pay the greater of:

- 5% coinsurance, or
- $3.95 copay for generic (including brand drugs treated as generic) and a $9.85 copay for all other drugs.

Cost sharing may differ based on type of pharmacy (retail, mail-order, long-term care (LTC)), whether the prescription is a short-term (one-month) or long-term (three-month) supply.

	Medica Advantage Solution PartnerCare Premier (HMO I-SNP)	Medica Advantage Solution PartnerCare Focus (HMO I-SNP)
ADDITIONAL BENEFITS AND SERVICES		
Annual Physical Exam	$0 copay	$0 copay
Cardiac Rehabilitation Services	$25 copay	$50 copay
Chiropractic Services	$20 copay	$20 copay
Durable Medical Equipment (DME) and Related Supplies	20% of the total cost *	20% of the total cost *
eVisits Services from virtuwell®	$0 copay	$0 copay
Home Health Agency Care	$0 copay	$0 copay
Outpatient Rehabilitation Services	$20 copay	$40 copay
Podiatry Services	$0 for services received from an eligible provider in your living setting. 20% coinsurance for services received from an eligible provider in an office visit setting. $0 for unlimited routine foot care performed by an eligible provider.	$0 for services received from an eligible provider in your living setting. 20% coinsurance for services received from an eligible provider in an office visit setting.
Pulmonary Rehabilitation Services	$10 copay	$30 copay
"Welcome to Medicare" Preventive Visit	$0 copay	$0 copay

Medica.

Medica is an HMO I-SNP plan with a Medicare contract. Enrollment in Medica depends on contract renewal.