

**Medica Prime Solution® Value (Cost), Medica Prime Solution® Value w/Rx (Cost) and
Medica Prime Solution® Value w/Rx 2 (Cost)**
H2450-031, H2450-022, H2450-023

Summary of Benefits
January 1, 2018 - December 31, 2018

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 Prime Solution Value (Cost)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Prime Solution Value (Cost)** 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 <https://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 <https://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 Prime Solution Value (Cost)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D Prescription Drug Benefit
- 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/TDD 711).

Things to Know About Medica Prime Solution Value (Cost)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Medica Prime Solution Value (Cost) Phone Numbers and Website

- If you are a member of this plan, call toll-free (800) 234-8755; (TTY/TDD 711).
- If you are not a member of this plan, call toll-free (800) 918-2143; (TTY/TDD 711).
- Our website: medica.com/Medicare

Who can join?

To join **Medica Prime Solution Value (Cost)**, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

These are the counties where we are accepting new enrollments:

Minnesota: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse and Yellow Medicine.

Which doctors, hospitals, and pharmacies can I use?

Medica Prime Solution Value (Cost) 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.

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.

SUMMARY OF BENEFITS

January 1, 2018 - December 31, 2018

	Medica Prime Solution Value (Cost)	Medica Prime Solution Value w/Rx (Cost)	Medica Prime Solution Value w/Rx 2 (Cost)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
Monthly Plan Premium	\$67.00 per month.	\$94.40 per month.	\$118.60 per month.
Medical Deductible	No deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$4,000 annually for services you receive from in-network providers.	You pay no more than \$4,000 annually for services you receive from in-network providers.	You pay no more than \$4,000 annually for services you receive from in-network providers.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • You pay nothing per day for days 9 and beyond 	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • You pay nothing per day for days 9 and beyond 	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • You pay nothing per day for days 9 and beyond
Outpatient Hospital Coverage	\$125 copay	\$125 copay	\$125 copay
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician visit: \$10 copay Specialist visit: \$30 copay	Primary care physician visit: \$10 copay Specialist visit: \$30 copay	Primary care physician visit: \$10 copay Specialist visit: \$30 copay

	Medica Prime Solution Value (Cost)	Medica Prime Solution Value w/Rx (Cost)	Medica Prime Solution Value w/Rx 2 (Cost)
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.	You pay nothing Other preventive services are available. There are some covered services that have a cost.	You pay nothing Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$50 copay Copay is waived if you are admitted to the hospital within 24 hours (U.S. only). Coverage is available world-wide.	\$50 copay Copay is waived if you are admitted to the hospital within 24 hours (U.S. only). Coverage is available world-wide.	\$50 copay Copay is waived if you are admitted to the hospital within 24 hours (U.S. only). Coverage is available world-wide.
Urgently Needed Services	\$10 copay for convenience care/retail clinic \$30 copay for traditional urgent care clinic	\$10 copay for convenience care/retail clinic \$30 copay for traditional urgent care clinic	\$10 copay for convenience care/retail clinic \$30 copay for traditional urgent care clinic

	Medica Prime Solution Value (Cost)	Medica Prime Solution Value w/Rx (Cost)	Medica Prime Solution Value w/Rx 2 (Cost)
Diagnostic Services/ Labs/Imaging	Diagnostic radiology services (such as MRIs, CT scans): 10% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 10% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 10% of the cost
	Diagnostic tests and procedures: 10% of the cost	Diagnostic tests and procedures: 10% of the cost	Diagnostic tests and procedures: 10% of the cost
	Lab services: You pay nothing	Lab services: You pay nothing	Lab services: You pay nothing
	Outpatient x-rays: 10% of the cost	Outpatient x-rays: 10% of the cost	Outpatient x-rays: 10% of the cost
	Therapeutic radiology services (such as radiation treatment for cancer): 10% of the cost	Therapeutic radiology services (such as radiation treatment for cancer): 10% of the cost	Therapeutic radiology services (such as radiation treatment for cancer): 10% of the cost
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$10-30 copay, depending on the service	Exam to diagnose and treat hearing and balance issues: \$10-30 copay, depending on the service	Exam to diagnose and treat hearing and balance issues: \$10-30 copay, depending on the service
	Routine hearing exam (for up to 1 every year): \$30 copay	Routine hearing exam (for up to 1 every year): \$30 copay	Routine hearing exam (for up to 1 every year): \$30 copay
Dental Services	20% of the cost for Medicare covered dental services.	20% of the cost for Medicare covered dental services.	20% of the cost for Medicare covered dental services

	Medica Prime Solution Value (Cost)	Medica Prime Solution Value w/Rx (Cost)	Medica Prime Solution Value w/Rx 2 (Cost)
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10-30 copay, depending on the service.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10-30 copay, depending on the service.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10-30 copay, depending on the service.
	Routine eye exam (for up to 1 every year): \$30 copay	Routine eye exam (for up to 1 every year): \$30 copay	Routine eye exam (for up to 1 every year): \$30 copay
	Eyeglasses or contact lenses after cataract surgery: \$50 copay	Eyeglasses or contact lenses after cataract surgery: \$50 copay	Eyeglasses or contact lenses after cataract surgery: \$50 copay
Mental Health Services (including inpatient)	Inpatient visit: Our plan covers 90 days for an inpatient stay per benefit period, plus up to 60 Medicare covered lifetime reserve days. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • \$0 copay per day for days 9-90 • \$0 copay for Medicare covered lifetime reserve days 	Inpatient visit: Our plan covers 90 days for an inpatient stay per benefit period, plus up to 60 Medicare covered lifetime reserve days. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • \$0 copay per day for days 9-90 • \$0 copay for Medicare covered lifetime reserve days 	Inpatient visit: Our plan covers 90 days for an inpatient stay per benefit period, plus up to 60 Medicare covered lifetime reserve days. <ul style="list-style-type: none"> • \$150 copay per day for days 1-8 • \$0 copay per day for days 9-90 • \$0 copay for Medicare covered lifetime reserve days
	Outpatient group therapy/individual therapy visit: \$30 copay	Outpatient group therapy/individual therapy visit: \$30 copay	Outpatient group therapy/individual therapy visit: \$30 copay

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Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • You pay nothing for days 1-20 • \$75 copay per day for days 21-100 	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • You pay nothing for days 1-20 • \$75 copay per day for days 21-100 	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • You pay nothing for days 1-20 • \$75 copay per day for days 21-100
Physical Therapy	\$30 copay per visit	\$30 copay per visit	\$30 copay per visit
Ambulance	\$50 copay	\$50 copay	\$50 copay
Transportation	Not covered	Not covered	Not covered
Medicare Part B Drugs	For chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost	For chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost	For chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost

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PART D PRESCRIPTION DRUG BENEFITS

Deductible	NA	\$260	\$0
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Initial Coverage

Standard Retail Cost-Sharing			
Tier	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	NA	\$2 copay	\$2 copay
Tier 2 (Generic)		\$6 copay	\$8 copay
Tier 3 (Preferred Brand)		\$31 copay	\$35 copay
Tier 4 (Non-Preferred Drug)		50% of the cost	50% of the cost
Tier 5 (Specialty Tier)		27% of the cost	33% of the cost

Standard Mail Order Cost-Sharing			
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	NA	\$4 copay	\$4 copay
Tier 2 (Generic)		\$12 copay	\$16 copay
Tier 3 (Preferred Brand)		\$62 copay	\$70 copay
Tier 4 (Non-Preferred Drug)		50% of the cost	50% of the cost
Tier 5 (Specialty Tier)		27% of the cost	33% of the cost

You will pay these costs until you enter another of the four stages of the Part D benefit.

You will pay these costs until you enter another of the four stages of the Part D benefit.

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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): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Diabetes Self-Management Training	You pay nothing	You pay nothing	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: \$30 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay
Home Health Care	You pay nothing	You pay nothing	You pay nothing
Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)	20% of the cost	20% of the cost	20% of the cost
Outpatient Substance Abuse	Group therapy visit: \$30 copay	Group therapy visit: \$30 copay	Group therapy visit: \$30 copay
	Individual therapy visit: \$30 copay	Individual therapy visit: \$30 copay	Individual therapy visit: \$30 copay
Renal Dialysis	You pay nothing	You pay nothing	You pay nothing

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Wellness Programs <i>(fitness, nurseline)</i>	SilverSneakers® Fitness Program: \$0 annual fee	SilverSneakers® Fitness Program: \$0 annual fee	SilverSneakers® Fitness Program: \$0 annual fee
	HealthAdvocate™ 24 hour NurseLine: \$0 copay	HealthAdvocate™ 24 hour NurseLine: \$0 copay	HealthAdvocate™ 24 hour NurseLine: \$0 copay

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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

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