Benefit Highlights

Medica HealthCare Plans MedicareMax (HMO)

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Monthly plan premium	$0

Medical Benefits

Doctor's office visit	Primary Care Provider: $0 co-pay Specialist: $0 co-pay (referral needed)
Preventive services	$0 co-pay
Inpatient hospital care	$0 co-pay per day for unlimited days
Skilled nursing facility (SNF)	$0 co-pay per day: days 1-20 $160 co-pay per day: days 21-62 $0 co-pay per day: days 63-100
Outpatient surgery	Type 1 facility: $50 co-pay; Type 2 facility: $150 co-pay
Diabetes monitoring supplies	$0 co-pay for covered brands
Home health care	$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	$0 co-pay
Diagnostic tests and procedures (non-radiological)	$0 co-pay
Lab services	$0 co-pay
Outpatient x-rays	$0 co-pay
Ambulance	$195 co-pay
Emergency care	$75 co-pay (worldwide)
Urgently needed services	$0 co-pay ($75 co-pay for worldwide coverage)
Annual out-of-pocket maximum*	$6,700

*The most you may pay in a year for medical care covered by the plan.

Benefits and Services Beyond Original Medicare

Routine physical	$0 co-pay; 1 per year
Vision - routine eye exams	$0 co-pay; 1 every year
Vision - eyewear	$0 co-pay every year; up to $200 for lenses/frames and contacts
Dental - preventive	$0 co-pay for covered services (exam, cleaning, fluoride, x-rays)
Foot care - routine	$0 co-pay; 6 visits per year
Hearing - routine exam	$0 co-pay; 1 per year
Hearing aids	$1,200 allowance every 2 years, up to 2 hearing aids
Transportation	$0 co-pay; unlimited round trips per year to or from approved locations

Fitness program through SilverSneakers® Fitness program	Basic membership in a fitness program at a network location
Over-the-Counter Benefit	$30 credit per month to use from a plan approved listing of products
Home Delivered Meals	$0 co-pay; Coverage for at home meal benefit. Restrictions apply.
NurseLine℠	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
Annual prescription deductible	$0	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	$0 co-pay	$0 co-pay
Tier 2: Generic Drugs*	$0 co-pay	$0 co-pay
Tier 3: Preferred Brand Drugs	$30 co-pay	$80 co-pay
Tier 4: Non-Preferred Drugs	$55 co-pay	$155 co-pay
Tier 5: Specialty Tier Drugs	33% of the cost	33% of the cost
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,000, you pay 51% of the total cost for generic drugs and 40% of the cost for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $4,950, you will pay the greater of $3.30 co-pay for generic (including brand drugs treated as generic), $8.25 co-pay for all other drugs, or 5% of the cost	

*Tier includes enhanced drug coverage

Medica HealthCare is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.