



# 2017 Summary of **BENEFITS**

**Medica HealthCare Plans MedicareMax Plus (HMO SNP)**

H5420-006

Our service area includes the following counties in:

**Florida:** Broward, Miami-Dade.

This is a summary of drug coverages and health services provided by Medica HealthCare Plans MedicareMax Plus (HMO SNP) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:

 Toll-Free **1-800-507-0544**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

 **[www.Medicaplans.com](http://www.Medicaplans.com)**



# Summary of Benefits

**January 1st, 2017 - December 31st, 2017**

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at [www.Medicaplans.com](http://www.Medicaplans.com) to see the "Evidence of Coverage" or call customer service with any questions.

## **About this plan.**

Medica HealthCare Plans MedicareMax Plus (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join Medica HealthCare Plans MedicareMax Plus (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, and be a United States citizen or lawfully present in the United States.

Medica HealthCare Plans MedicareMax Plus (HMO SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.) For an explanation of the categories of people who can enroll please see the Medicaid section after the benefits chart.

## **What's inside?**

### **Plan Premiums, Annual Deductibles, and Benefits**

See plan costs including the monthly plan premium, deductible and maximum out-of-pocket limit.

Medica HealthCare Plans MedicareMax Plus (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at [www.Medicaplans.com](http://www.Medicaplans.com).

## **Drug Coverage**

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at [www.Medicaplans.com](http://www.Medicaplans.com).

## **Medicaid Benefits**

If you qualify for Medicaid and Medicare there are programs that can help pay premiums, deductibles, co-pays and co-insurance.

# Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	\$29.10
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount</b> (does not include prescription drugs)	<p>\$500 annually for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

# Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Benefits		In-Network
<b>Inpatient Hospital Coverage</b>		\$0 co-pay per day
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Doctor Visits</b>	Primary	\$0 co-pay
	Specialists <sup>1</sup>	\$0 co-pay
<b>Preventive Care</b>	Medicare-covered	\$0 co-pay
<b>Emergency Care</b>		<p>\$75 co-pay (\$0 co-pay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		\$0 co-pay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 co-pay per service
	Lab services	\$0 co-pay
	Diagnostic tests and procedures	\$0 co-pay per service
	Therapeutic Radiology	\$0 co-pay per service
	Outpatient X-rays	\$0 co-pay per service

<b>Benefits</b>		<b>In-Network</b>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 co-pay
	Routine hearing exam	\$0 co-pay; 1 per year
	Hearing aid	\$1,200 allowance every 2 years, up to 2 hearing aids
<b>Dental Services</b>	Preventive	\$0 co-pay for covered services (exam, cleaning, fluoride, x-rays)
	Comprehensive	Covered; for a complete list of services and co-pays, please contact the plan
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 co-pay
	Eyewear after cataract surgery	\$0 co-pay
	Routine eye exam	\$0 co-pay Up to 1 every year
	Eyewear	\$0 co-pay every year; up to \$200 for lenses/frames and contacts
<b>Mental Health Care</b>	Inpatient visit	\$0 co-pay per day: for days 1-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 co-pay
	Outpatient individual therapy visit	\$0 co-pay
<b>Skilled Nursing Facility (SNF)</b>		\$0 co-pay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.

<b>Benefits</b>		<b>In-Network</b>
<b>Rehabilitation Services</b>	Occupational therapy visit	\$0 co-pay
	Physical therapy and speech and language therapy visit	\$0 co-pay
<b>Ambulance</b>		\$0 co-pay
<b>Routine Transportation</b>		\$0 co-pay; unlimited round trips per year to or from approved locations
<b>Foot Care</b> (podiatry services)	Foot exams and treatment	\$0 co-pay
	Routine foot care	\$0 co-pay; for each visit up to 6 visits every year
<b>Medical Equipment / Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 co-pay
	Prosthetics (e.g., braces, artificial limbs)	\$0 co-pay
<b>Wellness Programs</b>	Fitness program through SilverSneakers® Fitness program	Basic membership in a fitness program at a network location.
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	\$0 co-pay
	Other Part B drugs	\$0 co-pay

## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<b>Annual Prescription Deductible</b>	\$0, or  \$0 per year for Tier 1 and Tier 2; \$82 for Tier 3, Tier 4 and Tier 5 drugs, depending on the level of "Extra Help" you receive.
<b>30-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.20, \$3.30 co-pay, or 15% of the total cost  Drugs that are in Tier 1 and Tier 2* are always \$0 co-pay.
<b>All Other Drugs</b>	\$0, \$3.70, \$8.25 co-pay, or 15% of the total cost  Drugs that are in Tier 1 and Tier 2* are always \$0 co-pay.

\*Tier includes enhanced drug coverage.



Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 co-pay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 co-pay  We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2 System, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.
	Diabetes Self-management training	\$0 co-pay
	Therapeutic shoes or inserts	\$0 co-pay
<b>Home Delivered Meals</b>		\$0 co-pay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care</b>		\$0 co-pay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>NurseLine<sup>SM</sup></b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<b>Outpatient Surgery</b>		\$0 co-pay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 co-pay
	Outpatient individual therapy visit	\$0 co-pay

Additional Benefits	In-Network
<b>Over-the-Counter Benefit</b>	\$75 credit per month to use from a plan approved listing of products
<b>Renal Dialysis</b>	\$0 co-pay

**Services with a 1 may require a referral from your doctor.**

# Medicaid Benefits

## Information for People with Medicare and Medicaid

Medica HealthCare Plans MedicareMax Plus (HMO SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some persons get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.)

Below are the categories of people who can enroll in Medica HealthCare Plans MedicareMax Plus (HMO SNP).

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payments amounts only.
- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payment amounts.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only
- **Qualifying Individual (QI):** Medicaid pays your part B premium only.

### **If you are a QMB or QMB+ Beneficiary:**

You have 0% cost-share, except for Part D prescription drug co-pays.

### **If you are a SLMB+ or FBDE:**

You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the Florida Medicaid Agency for Health Care Administration (AHCA) in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

### **If you are a SLMB, QI or QDWI:**

Florida Medicaid Agency for Health Care Administration (AHCA) does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart above. There may be some services that do not have a member cost share amount.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

**How to Read the Medicaid Benefit Chart:**

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Benefits marked with an asterisk (\*) may not be available to all enrollees. Payment of Medicare cost share amounts may be available to enrollees in Medicaid QMB, QMB+, SLMB+ and FBDE categories. Additional Medicaid benefits may be available to enrollees in Medicaid QMB+, SLMB+ and FBDE categories.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Medica HealthCare Plans MedicareMax Plus (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Florida Medicaid Agency for Health Care Administration (AHCA), 1-866-762-2237.

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Medicaid only services</b> - The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.		
<b>Family Planning Services</b>	\$0 co-pay	Not Covered
<b>Targeted Case Management</b>	\$0 co-pay	Not Covered
<b>Inpatient/SNF/ICF for Mental Diseases</b>	\$0 co-pay	Not covered beyond Original Medicare
<b>Inpatient Psychiatric Services (under 21)</b>	\$0 co-pay	Not covered beyond Original Medicare
<b>Intermediate Care Facilities for the Mentally Retarded (ICF/MR)</b>	\$0 co-pay	Not covered beyond Original Medicare
<b>Medicare-covered Services</b>		

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Ambulance</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Chiropractic Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<p><b>Dental Services</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*, which may include full dentures and removable partial dentures as well as medically necessary extractions and surgery to alleviate pain or infections.</p> <p>Evaluations for adults are limited to determining the need for dentures or for acute emergency services. Emergency services are limited to an emergency problem-focused evaluation, necessary x-rays to make a diagnosis, extraction, and incision and drainage of an abscess.</p> <p>Prior authorization may be required.</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p> <p><b>Additional Dental Services Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<p><b>Diabetes Supplies and Services</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<p><b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> (Costs for these services may be different if received in an outpatient surgery setting)</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Doctor Office Visits</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p> <p>Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.



<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Emergency Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Foot Care</b> (podiatry services)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p> <p><b>Additional Foot Care</b></p> <p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Hearing Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services including hearing exams and one hearing aid every three years.*</p> <p>Prior authorization may be required</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p> <p><b>Additional Hearing Services</b></p> <p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<b>Home Health Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p> <p>Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<p><b>Mental Health Care</b></p> <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Targeted Case Management</li> <li>• Community Mental Health</li> <li>• Mental Health Case Management</li> </ul>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<p><b>Outpatient Rehabilitation</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p> <p>Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Outpatient Substance Abuse</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Outpatient Surgery</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<p><b>Prosthetic Devices</b> (braces, artificial limbs, etc.)</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<p><b>Renal Dialysis</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Urgently Needed Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<b>Vision Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services including up to one routine vision exam and up to two pairs of eyeglasses (includes Medicaid covered eyeglass lenses and frames) per year, or contact lenses (if medically necessary).*</p> <p>Prior authorization may be required.</p>	<p><b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p> <p><b>Additional Vision Services Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Preventive Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Hospice</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.

<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Inpatient Hospital Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services* (Including assistive care services)</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Inpatient Mental Health Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services* (Including assistive care services)</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.



<b>Benefit</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Skilled Nursing Facility (SNF)</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services*</p> <p>Medicaid covers additional days beyond Medicare 100 day limit</p> <p>Including assistive care services</p>	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Prescription Drug Benefits</b>	Medicaid does not cover Part D covered drugs	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Over-the-Counter Items</b>	\$0 co-pay for Medicaid services*	<b>Covered.</b> See the benefits charts for applicable cost sharing amount earlier in this booklet.
<b>Transportation (routine)</b>	<p>\$0 co-pay for Medicaid services*</p> <p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p><b>Additional Transportation (Covered)</b></p> <p>See the benefits charts for applicable cost sharing earlier in this booklet.</p>

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-889-6358, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company. \$0 co-pay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

Medica HealthCare is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Enrollment in the plan depends on contract renewal with Medicare.

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 <http://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.

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 at 1-800-507-0544.

This information is available for free in other languages. Please call our customer service number at 1-800-507-0544, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-800-507-0544, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

## Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-507-0544. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-507-0544. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-507-0544。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-507-0544。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-507-0544. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-507-0544. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-507-0544 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-507-0544. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-507-0544번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-507-0544. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-507-0544. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-507-0544 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-507-0544. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-507-0544. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-507-0544. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-507-0544. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-507-0544 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## Vendor Information

Before contacting any of the providers below you must be fully enrolled in Medica HealthCare Plans MedicareMax Plus (HMO SNP).

Benefit Type	Vendor Name	Contact Information
<b>Hearing Exams</b>	HearUSA/HearX	1-866-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
<b>Hearing Aids</b>	HearUSA/HearX	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
<b>Vision Care</b>	Icare	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.Medicaplans.com">www.Medicaplans.com</a>
<b>Dental Services</b>	Solstice Dental	1-855-235-6343, TTY 711 8 a.m. - 6 p.m. local time, Monday - Friday <a href="http://www.Medicaplans.com">www.Medicaplans.com</a>
<b>NurseLine</b>	NurseLine <sup>SM</sup>	1-855-575-0293, TTY 711 24 hours a day, 7 days a week
<b>Routine Transportation (Limited to ground transportation only)</b>	On-site contractor provider	1-888-774-7772, TTY 711 7 a.m. - 6 p.m. local time, Monday - Friday <a href="http://www.Medicaplans.com">www.Medicaplans.com</a>
<b>Fitness Membership</b>	SilverSneakers <sup>®</sup> Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. Eastern Standard Time, Monday - Friday <a href="http://silversneakers.com">silversneakers.com</a>