

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

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

H5420-006

Look inside to learn more about the health services and drug coverages the plan provides.  
Call Customer Service or go online for more information about the plan.



**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)**



Our service area includes these counties in:

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

# Summary of Benefits

January 1st, 2018 - December 31st, 2018

The benefit information provided is 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. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.Medicaplans.com](http://www.Medicaplans.com) or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

## About this plan.

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

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.)

You can enroll in this plan if you are in one of these Medicaid categories:

- **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, coinsurance and copayment amounts.
- **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, coinsurance and copayments amounts only.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

**If you are a QMB or QMB+ Beneficiary:** You pay nothing, except for Part D prescription drug copays.

**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 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.

**What benefits does each eligibility level cover?**

<b>Eligibility Level</b>	<b>Part A Premium</b>	<b>Part B Premium</b>	<b>Part D Premium<sup>1</sup></b>	<b>Medicare deductibles, copays, coinsurance</b>	<b>Full Medicaid Benefits</b>
<b>QMB Only</b>	Yes	Yes	No <sup>2</sup>	Yes	No
<b>QMB Plus</b>	Yes	Yes	No <sup>2</sup>	Yes	Yes
<b>SLMB Plus</b>	No	Yes	No <sup>2</sup>	Varies by state	Yes
<b>SLMB Only</b>	No	Yes	No <sup>2</sup>	No	No
<b>QI</b>	No	Yes	No <sup>2</sup>	No	No
<b>QDWI</b>	Yes	No	No <sup>2</sup>	No	No
<b>FBDE</b>	No	Varies by state	No	Varies by state	Yes

<sup>1</sup>Low Income Subsidy may be available to help with Part D premium cost.

<sup>2</sup>QMBsSLMBs and QIs are automatically enrolled in the low income subsidy program to cover Part D premium costs and will not have Part D premium expenses.

**Use network providers and pharmacies.**

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

You can go to [www.Medicaplans.com](http://www.Medicaplans.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

# Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	\$25.20
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>\$0 or \$500 annually for Medicare-covered 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 share of the cost for your Part D prescription drugs.</p>

# Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Benefits		In-Network
Inpatient Hospital		\$0 copay per day
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital, Including Observation		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists <sup>1</sup>	\$0 copay
Preventive Care	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots

## Benefits

## In-Network

		<p>“Welcome to Medicare” preventive visit (one-time)</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
<b>Emergency Care</b>		<p>\$0 copay or \$80 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 copay per service
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service
	Therapeutic Radiology	\$0 copay per service
	Outpatient X-rays	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid	\$600 allowance per ear, maximum benefit of \$1,200 every 2 years, up to 2 hearing aids
<b>Routine Dental Services</b>	Preventive	\$0 copay for covered services (exam, cleaning, fluoride, x-rays)
	Comprehensive	Covered; for a complete list of services and copays, please contact the plan

**Benefits****In-Network**

<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every year; up to \$200 for lenses/frames and contacts
<b>Mental Health</b>	Inpatient visit	\$0 copay per day: for days 1-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit</b>		\$0 copay
<b>Ambulance</b>		\$0 copay
<b>Routine Transportation</b>		\$0 copay; unlimited one-way trips per year to or from approved locations
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	\$0 copay
	Other Part B drugs	\$0 copay

## 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; \$83 for Tier 3, Tier 4 and Tier 5 drugs, depending on the level of "Extra Help" you receive.
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.25, \$3.35 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2* are always \$0 copay.
<b>All Other Drugs</b>	\$0, \$3.70, \$8.35 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2* are always \$0 copay.

\*Tier includes enhanced drug coverage.

Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Guide, and ACCU-CHEK® Aviva Connect
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay
<b>Fitness program through Optum® Fitness Advantage</b>		Basic fitness center membership at participating network fitness center locations at no cost to you.  For the complete details about the program, please visit <a href="https://fitnessadvantage.optum.com">fitnessadvantage.optum.com</a> , and click the link in the footer entitled Terms and Conditions.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year
<b>Meal Benefit</b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care</b>		\$0 copay

<b>Additional Benefits</b>		<b>In-Network</b>
<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>Occupational Therapy Visit</b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
<b>Outpatient Surgery</b>		\$0 copay
<b>Over-the-Counter Benefit</b>		\$82 credit per month to use from a plan approved listing of products.
<b>Renal Dialysis</b>		\$0 copay

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

# Medicaid Benefits

Information for People with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. 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+, and FBDE categories.

Coverage of the Medicaid services described below depends upon your level of Medicaid eligibility and must be provided by a Medicaid provider. 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, call Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Medicaid may pay your Medicare cost sharing amount, but it will depend on you Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, in accordance with the cost sharing below.

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

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<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: \$0 co-pay for Medicaid services*</p>	Covered
<b>Dental 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: \$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.</p> <p>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>	Covered Additional Dental Services (Covered)

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<b>Diabetes Supplies and 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: \$0 co-pay for Medicaid services *</p>	Covered
<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>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: \$0 co-pay for Medicaid services *</p>	Covered
<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: \$0 co-pay for Medicaid services * Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p>	Covered

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<p><b>Durable Medical Equipment</b> (wheelchairs, oxygen, 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: \$0 co-pay for Medicaid services *</p>	<p>Covered</p>
<p><b>Emergency Care</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: \$0 co-pay for Medicaid services *</p>	<p>Covered</p>
<p><b>Foot Care</b> (podiatry services)</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: \$0 co-pay for Medicaid services</p>	<p>Covered Additional Foot Care (Covered)</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<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:            \$0 co-pay for Medicaid services including hearing exams and one hearing aid every three years.*            Prior authorization may be required</p>	<p>Covered            Additional Hearing Services            (Covered)</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:            \$0 co-pay for Medicaid services*            Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p>Covered</p>
<b>Mental Health Care</b> <ul style="list-style-type: none"> <li>• Behavioral Health 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 when rendered by a participating behavioral health provider:            \$0 co-pay for Medicaid services*</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<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:            \$0 co-pay for Medicaid services*            Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p>	<p>Covered</p>
<p><b>Outpatient Surgery</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:            \$0 co-pay for Medicaid services*</p>	<p>Covered</p>
<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:            \$0 co-pay for Medicaid services*</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<b>Renal Dialysis</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: \$0 co-pay for Medicaid services *</p>	Covered
<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: \$0 co-pay for Medicaid services *</p>	Covered
<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: \$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 and must be received by a participating vision provider.</p>	Covered

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
<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: \$0 co-pay for Medicaid services *</p>	Covered
<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: \$0 co-pay for Medicaid services *</p>	Covered
<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: \$0 co-pay for Medicaid services * (Including assistive care services)</p>	Covered
<b>Prescription Drug Benefits</b>	Medicaid does not cover Part D covered drugs	Covered above in the Medical and Hospital Benefits section of the Summary of Benefits.
<b>Over-the-Counter Items</b> (with prescription)	\$0 co-pay for Medicaid services *	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>Medica HealthCare Plans MedicareMax Plus (HMO SNP)</b>
<b>Transportation</b> (routine)	<p>\$0 co-pay for Medicaid services *</p> <p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.</p>	Covered

## Required Information

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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

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 <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.

## 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	1-800-407-9069, 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. ET, 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 or 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>Meal Benefit</b>	Independent Living Systems	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>Fitness Membership</b>	Optum <sup>®</sup> Fitness Advantage	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://fitnessadvantage.optum.com">fitnessadvantage.optum.com</a>