

Benefit Highlights

Medica HealthCare Plans MedicareMax (HMO)

This is a short description of 2018 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

	Your Cost
Monthly plan premium	\$0

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$15 copay (referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per day: for days 1-5 \$100 copay per day: for days 6 - 20 \$0 copay per day after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100
Outpatient surgery	\$170 copay
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$170 copay
Emergency care	\$80 copay (worldwide)
Urgently needed services	\$50 copay (\$80 copay 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

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every year; up to \$200 for lenses/frames and contacts
Dental - preventive	\$0 copay for covered services (exam, cleaning, fluoride, x-rays)
Foot care - routine	\$15 copay; 6 visits per year

	Your Cost
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$600 allowance per ear, maximum benefit of \$1,200 every 2 years, up to 2 hearing aids
Fitness program through Optum® Fitness Advantage	Basic fitness center membership at participating network fitness center locations at no cost to you. For the complete details about the program, please visit fitnessadvantage.optum.com , and click the link in the footer entitled Terms and Conditions.
Over-the-Counter Benefit	\$25 credit per quarter to use from a plan approved listing of products.
NurseLine SM	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 copay	\$0 copay
Tier 2: Generic Drugs*	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance
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 \$3,750, you pay 44% coinsurance for generic drugs and 35% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (Including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance	

* 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 copayments/coinsurance 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, copayments, and restrictions may apply.

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.