

Benefit Highlights

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

This is a short description of 2017 plan benefits. Values shown are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Monthly plan premium	\$0
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Medical Benefits

Doctor's office visit	Primary Care Provider: \$0 co-pay Specialist: \$0 co-pay
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 1-100
Outpatient surgery	\$0 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	\$0 co-pay
Emergency care	\$0 co-pay
Urgently needed services	\$0 co-pay

Benefits and Services Beyond Original Medicare

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, x-rays)
Dental - comprehensive	Covered; for a complete list of services and co-pays, please contact the plan
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	\$75 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 SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

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

Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$400 for Tier 3, Tier 4, Tier 5
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.20, \$3.30 co-pay Drugs that are in Tier 1 and Tier 2* are always \$0 co-pay.
All other drugs	\$0, \$3.70, \$8.25 co-pay Drugs that are in Tier 1 and Tier 2* are always \$0 co-pay.

*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 and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare. 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. 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.