

2018 SUMMARY OF BENEFITS



Overview of your plan

Medica HealthCare Plans MedicareMax (HMO)

H5420-001

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



Our service area includes the following county in:

Florida: 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 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 (HMO) 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.

Use network providers and pharmacies.

Medica HealthCare Plans MedicareMax (HMO) 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 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 (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$6,700 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 share of the cost for your Part D prescription drugs.</p>

Medica HealthCare Plans MedicareMax (HMO)

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		Type 1 facility: \$50 copay; Type 2 facility: \$150 copay
Doctor Visits	Primary	\$0 copay
	Specialists ¹	\$0 copay
Preventive Care	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> 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>
	Routine physical	\$0 copay; 1 per year
Emergency Care		<p>\$80 copay (worldwide) 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>
Urgently Needed Services		\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$0 copay per service
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service
	Therapeutic Radiology	20% coinsurance
	Outpatient X-rays	\$0 copay per service
Hearing Services	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
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, fluoride, x-rays)

Benefits		In-Network
Vision Services	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
Mental Health	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
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-62 \$0 copay per day: for days 63-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit		\$0 copay
Ambulance		\$145 copay
Routine Transportation		\$0 copay; unlimited one-way trips per year to or from approved locations
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% coinsurance

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs*	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$90 copay	\$80 copay	\$90 copay
Tier 4: Non-Preferred Drugs	\$65 copay	\$195 copay	\$185 copay	\$195 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Stage 3: 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 44% coinsurance for generic drugs and 35% coinsurance for brand name drugs during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 			

*Tier includes enhanced drug coverage.

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay
Diabetes Management	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	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
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.
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year
Home Health Care		\$0 copay
Hospice		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.

Additional Benefits		In-Network
NurseLineSM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
Outpatient Surgery		Type 1 facility: \$50 copay; Type 2 facility: \$150 copay
Over-the-Counter Benefit		\$25 credit per quarter to use from a plan approved listing of products.
Renal Dialysis		20% coinsurance

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

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.

You must continue to pay your Medicare Part B premium.

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. Enrollment in the plan depends on the plan's 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 (HMO).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	HearUSA/HearX	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Hearing Aids	HearUSA/HearX	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Vision Care	Icare	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.Medicaplans.com
Dental Services	Solstice Dental	1-855-235-6343, TTY 711 8 a.m. - 6 p.m. ET, Monday - Friday
NurseLine	NurseLine SM	1-855-575-0293, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	On-site contractor or provider	1-888-774-7772, TTY 711 7 a.m. - 6 p.m. local time, Monday - Friday www.Medicaplans.com
Fitness Membership	Optum [®] Fitness Advantage	1-800-407-9069, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week fitnessadvantage.optum.com