Benefit Highlights

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

This is a short description of your 2019 plan benefits. For complete information please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

	With Medicaid cost-share protection	Without Medicaid cost-share protection
Monthly plan premium	$0	$30.30

Medical Benefits

	With Medicaid cost-share protection	Without Medicaid cost-share protection
Doctor's office visit	Primary Care Physician: $0 copay Specialist: $0 copay (referral needed)	Primary Care Physician: $0 copay Specialist: $0 copay (referral needed)
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: for days 1–100	$0 copay per day: for days 1-100
Outpatient surgery	$0 copay	$0 copay
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay for covered brands
Home health care	$0 copay	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient X-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground $0 copay for air	$0 copay for ground $0 copay for air

Medical Benefits

	With Medicaid cost-share protection	Without Medicaid cost-share protection
Emergency care	$0 copay (worldwide)	$90 copay ($0 copay for worldwide coverage)
Urgently needed services	$0 copay (worldwide)	$0 copay ($0 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	$0	$500

Explore your Additional Benefits

	With Medicaid cost-share protection	Without Medicaid cost-share protection
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, x-rays, fluoride)	
Dental – comprehensive	Covered; for a complete list of services and copays, please contact the plan	
Hearing – routine exam	$0 copay; 1 visit per year	
Hearing aids	$600 allowance per ear, maximum benefit of $1200 every 2 years; up to 2 hearing aids	
Fitness program through Renew Active™ Fitness	$0 copay; Standard membership to participating fitness locations with access to group fitness classes — depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com, and click the link in the footer entitled Terms and Conditions.	
Transportation	$0 copay; unlimited one-way trips per year to or from approved locations	
Solutions for caregivers	$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.	
Foot care – routine	$0 copay; 6 visits per year	
Health Products Benefit	$102 credit per month to use on approved health products	
Home delivered meals	$0 copay; Coverage for at home meal benefit. Restrictions apply.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

Prescription Drugs

If you qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost
Annual prescription deductible	$0 or $85, depending on the level of “Extra Help” you receive
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	$0, $1.25, $3.40 copay, or 15% coinsurance
All other drugs	$0, $3.80, $8.50 copay, or 15% coinsurance

If you don’t qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost	
Annual prescription deductible	$415	
Cost-Sharing for Covered Drugs	**Standard Retail (30-day)**	**Mail Order (90-day)**
Initial coverage stage	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach $3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total drug costs reach $5,100, you will pay the greater of $3.40 copay for generic (including brand drugs treated as generic), $8.50 copay for all other drugs, or 5% coinsurance	

Plans are 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 contract renewal with Medicare.
This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, 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.