

Benefit Highlights

Medica HealthCare Plans MedicareMax Plus (HMO D-SNP)

This is a short description of your 2020 plan benefits. The values shown represent a range based upon the amount of the 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

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. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0 with full “Extra Help”	Up to \$28.50, depending on your level of “Extra Help”
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Medical Benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$0	\$500
Doctor’s office visit	Primary Care Provider: \$0 copay Specialist: \$0 copay (referral needed)	Primary Care Provider: \$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: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay	\$0 copay Cost sharing for additional plan covered services will apply.
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

Medical Benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
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
Emergency care	\$0 copay (worldwide)	\$90 copay (\$0 copay for worldwide coverage)
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

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 exams, cleanings, x-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
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 Renew Active™	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.UHCRenewActive.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
Foot care - routine	\$0 copay; 6 visits per year
Over-the-Counter Benefit	\$106 credit per month to use from a plan approved listing of products.
Home Delivered Meals	\$0 copay; Coverage for at home meal benefit. Restrictions apply.

	Your Cost
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com

Prescription Drugs

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

	Your Cost
Annual prescription deductible	\$0, or \$0 for Tier 1 and Tier 2; \$89 for Tier 3, Tier 4 and Tier 5 drugs, depending on the level of “Extra Help” you receive
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% coinsurance Drugs that are in Tier 1 and Tier 2* are always \$0 copay.
All other drugs	\$0, \$3.90, \$8.95 copay, or 15% coinsurance Drugs that are in Tier 1 and Tier 2* are always \$0 copay.

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

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$435 for Tier 3, Tier 4, Tier 5	
Cost-Sharing for Covered Drugs	Standard Retail (30-day)	Mail Order (100-day)
Initial coverage stage	25% coinsurance Drugs that are in Tier 1 and Tier 2* are always \$0 copay	25% coinsurance Drugs that are in Tier 1 and Tier 2* are always \$0 copay
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 \$4,020, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 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 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 individuals who have Medicare and receive Medical Assistance from the State. Contact the plan for more details on eligibility. 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.

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