

**Minnesota**  
NORTH



**MEDICARE**

---

# 2022 Medica Advantage Solution<sup>®</sup>

(HMO-POS & PPO)

Y0088\_1001212\_M



AT A GLANCE

# The coverage you need. At a price you can afford.

---



**\$0 premium** plan available in some counties  
**Combined medical and prescription** drug plans  
**\$0 primary care** doctor visits



**Large provider network** with no referrals required  
**Snowbird and travel** coverage  
**Worldwide emergency** care



**No Part D deductible** on Tier 1 and Tier 2 drugs  
**\$0 or low copays** for Tier 1 and Tier 2 drugs  
**3,400+ prescriptions** included on drug list  
**60,000+ pharmacies** nationwide

**EXTRA BENEFITS,  
NO EXTRA COST**



**Dental coverage**



**Eyewear allowance**



**Over-the-counter (OTC) savings**



**Free gym membership**



**Expanded telehealth benefits**



**Discounts on fresh produce**

**Details starting on page 10.**



## MEDICA ADVANTAGE SOLUTION

# What you need to know

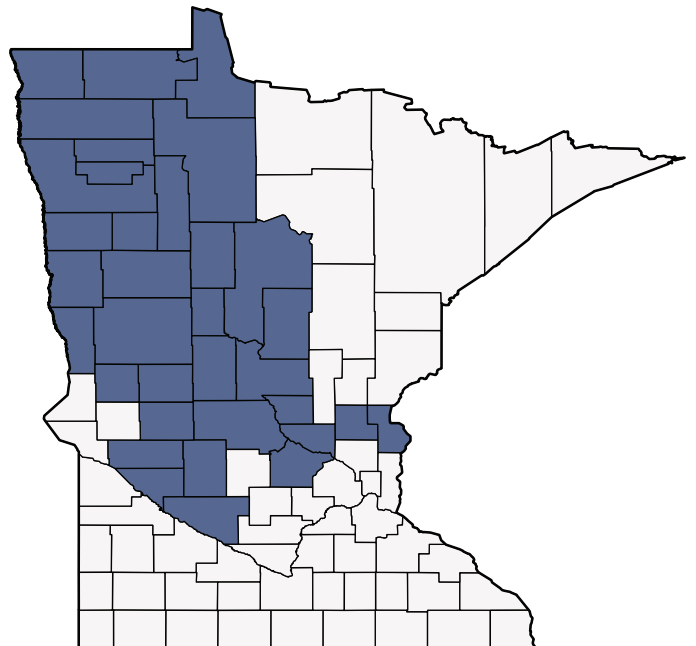
### Eligibility

You're eligible to enroll in Medica Advantage Solution if:

- You have Medicare Part A and Part B
- Your permanent residence is in the Advantage Solution enrollment area

### Enrollment area

If you live in one of the Minnesota counties below, you can enroll in Advantage Solution though not all plans are available in all counties. See page 7 for more information.



- |              |                     |              |             |
|--------------|---------------------|--------------|-------------|
| • Becker     | • Douglas           | • Marshall   | • Roseau    |
| • Beltrami   | • Grant             | • Morrison   | • Sherburne |
| • Benton     | • Hubbard           | • Norman     | • Stearns   |
| • Cass       | • Isanti            | • Otter Tail | • Swift     |
| • Chippewa   | • Kandiyohi         | • Pennington | • Todd      |
| • Chisago    | • Kittson           | • Polk       | • Wadena    |
| • Clay       | • Lake of the Woods | • Pope       | • Wilkin    |
| • Clearwater | • Mahnomon          | • Red Lake   | • Wright    |
| • Crow Wing  |                     | • Renville   |             |

We have Medicare plans available in all Minnesota counties. Please call to learn more about all our options.

## Provider network

The large Advantage Solution network includes the following health systems and many other providers:

- Allina Health
- Altru Health System
- Carris Health
- CentraCare
- Essentia Health
- HealthPartners
- M Health Fairview
- North Memorial Health
- Ridgeview Medical Center
- Sanford

Access to any provider in the network — no referrals required. To see if your doctor is in our network, visit:

**[Medica.com/AdvantageSolutionProviders](https://www.Medica.com/AdvantageSolutionProviders).**

## Out-of-network coverage



### Emergency Services

You pay the in-network copay for emergency and urgent care services received out of network in the U.S. and its territories.



### Non-Emergency Services

You pay co-insurance for any covered non-emergency care when you visit an out-of-network provider. You can use any provider that accepts Medicare.

## TRAVEL BENEFIT

# Medica Traveler<sup>SM</sup>

Advantage Solution coverage travels with you in the U.S. and its territories and worldwide.

### Nationwide travel

For emergency and urgent care, you pay your in-network copay. For non-emergency care, you pay co-insurance for covered services.

### Extended travel (snowbird)

For times when you will be outside the state for at least one month. Coverage starts day one and lasts up to six consecutive months. You pay in-network copays for covered services.

### Worldwide emergency care

You pay 20% co-insurance for emergency care and emergency transportation received outside the U.S.





# Plan Comparison

Most Advantage Solution plans combine medical and drug coverage for one affordable premium. See drug coverage information on pages 8-9.

Copay and maximum out-of-pocket amounts below are for services at network providers. See the plan Summary of Benefits for out-of-network cost information.

		H6154-002 (HMO-POS)	H8889-002 (PPO)	H8889-009 (PPO)
Coverage		Medical + Drug	Medical + Drug	Medical Only
Monthly premium		\$0	\$95	\$0
Annual out-of-pocket maximum (100% coverage once met)		\$5,600	\$3,000	\$5,500
Medical Benefits				
Office Visits	Primary care	\$0	\$0	\$0
	Specialist	\$50	\$25	\$30
	Urgent care	\$0 - \$40	\$0 - \$25	\$0 - \$45
	Mental health	\$40	\$25	\$30
Preventive Care	Immunizations, screenings, and annual exam	\$0	\$0	\$0
Hospital Care	Inpatient stay	Days 1-4: \$450/day Days 5-90: \$0/day	\$200 per stay	Days 1-6: \$195/day then 100% covered
	Outpatient surgery	\$395	\$150	\$250
Emergency Care	Emergency room (includes worldwide)	US: \$90 Worldwide: 20%	US: \$90 Worldwide: 20%	US: \$90 Worldwide: 20%
	Ambulance (ground)	\$290	\$290	\$265
Radiology & Tests	X-rays, diagnostic tests, and radiology	20% up to \$150 per service	15% up to \$75 per service	20% up to \$150 per service
Dental	Annual allowance for preventive and/or restorative care – any licensed dentist	\$250 allowance	\$750 allowance	\$750 allowance
Vision	Vision exam – routine annual	\$0	\$0	\$0
	Eyewear allowance – annual	\$100 allowance	\$150 allowance	\$150 allowance
Hearing	Hearing exam – routine annual (through an EPIC® provider)	\$0	\$0	\$0
	Hearing aid (through an EPIC® provider)	\$549 or \$799	\$549 or \$799	\$549 or \$799
Diabetes Supplies	Glucose monitors, test strips, and lancets	Preferred: \$0 Std: 20%	Preferred: \$0 Std: 20%	Preferred: \$0 Std: 20%
Skilled Nursing Care	Care in a skilled nursing facility	Days 1-20: \$0/day Days 21-100: \$184/day	Days 1-20: \$0/day Days 21-100: \$184/day	Days 1-20: \$0/day Days 21-100: \$184/day

## Plans Available by County

**H6154-002 (HMO-POS)**  
Available to residents of Becker, Cass, Chippewa, Chisago, Crow Wing, Douglas, Hubbard, Isanti, Kandiyohi, Otter Tail, Pope, Renville, Sherburne, Stearns, Swift, Todd, Wadena, and Wright counties.

**H8889-002 (PPO)**  
**H8889-009 (PPO)**  
Available to residents of Becker, Beltrami, Benton, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Douglas, Grant, Hubbard, Isanti, Kandiyohi, Kittson, Lake of the Woods, Mahnommen, Marshall, Morrison, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Renville, Roseau, Sherburne, Stearns, Swift, Todd, Wadena, Wilkin, and Wright counties.

Continued on next page >

# Plan Comparison

Most Advantage Solution plans combine medical and drug coverage for one affordable premium. See medical services on pages 6-7.

Copay amounts below are at preferred pharmacy rates. See the plan Summary of Benefits for standard pharmacy rates.

		H6154-002 (HMO-POS)	H8889-002 (PPO)	H8889-009 (PPO)
<b>Part D Drug Coverage</b>				
Annual Part D deductible		Tiers 1-2: \$0 Tiers 3-5: \$395	Tiers 1-3: \$0 Tiers 4-5: \$245	Medical only plan. No coverage for Part D prescription drugs.
Insulin program (any network pharmacy)		30 Day: \$35 90 Day: \$105 No deductible	30 Day: \$35 90 Day: \$105 No deductible	
<b>Level 1: Initial Coverage (shared drug costs \$0 - \$4,430)</b>				
<b>30-Day Retail</b>	Tier 1: Preferred Generic	\$4	\$0	You CANNOT be a member of this plan and enroll in a stand-alone Medicare Part D plan. If you need medical and Part D drug coverage, enroll in one of our other Medicare plans.
	Tier 2: Generic	\$14	\$10	
	Tier 3: Preferred Brand	\$47	\$47	
	Tier 4: Non-Preferred Drug	50%	50%	
	Tier 5: Specialty Drug	26%	29%	
<b>90-Day Mail Order</b>	Tier 1: Preferred Generic	\$0	\$0	
	Tier 2: Generic	\$0	\$0	
	Tier 3: Preferred Brand	\$131	\$131	
	Tier 4: Non-Preferred Drug	50%	50%	
<b>Level 2: Coverage Gap (member-only drug costs up to \$7,050)</b>		Generic and Covered Brand at 25% for all plans		
<b>Level 3: Catastrophic Coverage (member-only drug costs \$7,050+)</b>		Generic at \$3.95 or 5%* and Other Drugs at \$9.85 or 5%* for all plans		

\* Whichever is higher.

# Extras that make your plan **better**

These extra resources can help you stay healthy.



## **Free Fitness Membership**

Our innovative fitness program through One Pass™ makes staying fit — physically and mentally — convenient and fun.

- Large network of 20,000+ gyms and fitness centers
- Facilities include Anytime Fitness, Planet Fitness, Snap Fitness, select YMCAs, and many more.
- Enroll in as many facilities as you want
- Live and on-demand fitness classes
- Unlimited access to BrainHQ online activities that support brain speed and memory



## Dental Coverage

You can see any licensed dentist and get reimbursed for any type of dental care up to an annual amount based on your plan.

- No deductible
- Covers any preventive service, including cleanings, exams, x-rays, and fluoride treatments
- Covers fillings, crowns, and any other restorative service

Plan	Annual Benefit
H6154-002 (HMO-POS)	\$250
H8889-002 (PPO)	\$750
H8889-009 (PPO)	\$750

## Eyewear Allowance

Get reimbursed for prescription eyewear each year using any provider. Reimbursement amount varies by plan.

Plan	Annual Benefit
H6154-002 (HMO-POS)	\$100
H8889-002 (PPO)	\$150
H8889-009 (PPO)	\$150

## Healthy Savings® Program

- Save 50% on fresh fruits and vegetables up to \$65 per quarter at participating retail grocers with all plans
- The large network includes Walmart, Hy-Vee, and many more
- Available to members with certain chronic conditions. Up to 80% of our members qualify.

## Over-the-Counter (OTC) Savings

All plans have a benefit allowance you can use for eligible OTC health and wellness products. Allowance amount varies by plan.

Plan	Quarterly Benefit
H6154-002 (HMO-POS)	\$40
H8889-002 (PPO)	\$50
H8889-009 (PPO)	\$50

## Expanded Telehealth Coverage

Telehealth visits with your primary care, specialist, urgent care, and behavioral health providers from our network are the same low copays as in-person visits.

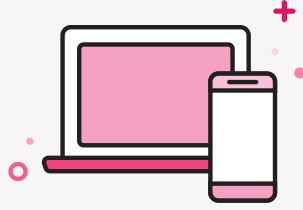
## Savings on Hearing Aids & Exams

You get the special benefits below when hearing services are received from an EPIC Hearing provider.

- \$0 copay for routine hearing exam
- Special pricing on hearing aids – pay just \$549 for the Basic model or \$799 for the Reserve model

## Personal Health Advocate

HealthAdvocate<sup>SM</sup> has your back if you have questions about your plan or need help with the medical system. Our trained Personal Health Advocates can help you find the right doctor, resolve claims questions, and much more.



# Ready to enroll?

There are three ways to enroll in a Medica Advantage Solution plan. Choose the one that works best for you:



## Over the phone

Call **1 (800) 918-2416** (TTY: **711**) for fast and easy phone enrollment.



## Online with Medica

Go to **Medica.com/Medicare** to complete your enrollment online.



## Through the mail

Complete and sign a paper application form and submit as indicated on the form. (You can call Medica to get a paper application.)

**Note:** When you enroll, you will be asked to choose a Primary Health System (PHS) provider from which you receive care or expect to receive care. If you don't want to choose a PHS or if your provider isn't part of the PHS options listed, you may choose "Unassigned." **Your selection of a Primary Health System doesn't limit you from getting care from other network providers, and you never need referrals for covered services.** To find out if your provider is part of a PHS, please reference the directory at **Medica.com/AdvantageSolutionProviders**.

# What happens after you enroll?

Here's what you'll get from us so you can start using your plan.

## **Member packet**

One to three weeks before your effective date, you'll get your member packet. It has your member guide and other important materials you'll want to read and keep for future reference.

## **ID card**

You'll get an ID card one to three weeks prior to your effective date.

Note: Your ID card isn't included in your member packet – we send it separately.

## **Confirmation letter**

You'll get a letter that confirms Medicare's approval of your enrollment in Medica Advantage Solution.

## **There are three enrollment periods when you can buy a plan:**

### **Initial Enrollment Period (IEP)**

This is when you first become eligible for Medicare at around age 65. You have a seven-month window to sign up for Medicare.

### **Annual Election Period (AEP)**

Medicare open enrollment is Oct. 15–Dec. 7 each year for Jan. 1 coverage. All enrollment options are available at this time.

### **Special Enrollment Period (SEP)**

A SEP lets you make changes to your coverage that you normally can only make during your IEP or AEP. There are many types of events that can trigger an SEP (for example, if you move or your current plan is no longer available).

**Discrimination is Against the Law**

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.**

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမ့်အဲဒီတၢ်ကျိးထံစၢၤကလိန့ၢ်နၢတၢ်ဂ့ၢ်တၢ်ကျိၤအံၤလၢအကလိန့ၢ်. ကိးလိထံစိနီၣ်ဂီၢ်လၢအပၣ်ယုၣ်လၢလံာ်တီၢ်လိာ်အပူၤအံၤမ့တမ့ၢ်ဖဲနန့ၢ်ခၢလံာ်အုၣ်သးခးက့ၢ်အလီၢ်ခဲတကပၤအဖီခိၣ်န့ၢ်တက့ၢ်.

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá jíílk'e shá ata' hodoonih nínízingo éi ninaaltsoos Medica bee néího' dílzínígí bine'déé' námboo bikí' ágítjít' béésh bee hodíilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.







# You're not just covered, you're cared for.

## **Connect with us**

Call us toll-free at **1 (800) 918-2416** (TTY: **711**).

### **Oct. 1-March 31**

8 a.m.-8 p.m. CT, seven days a week

### **April 1-Sept. 30**

8 a.m.-8 p.m. CT, Monday-Friday

Visit us online or find a broker in your community at **Medica.com/Medicare**.

Follow us on social media with the handle **@Medica4Me**.



Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Medica is an HMO-POS and PPO plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

© 2021 Medica | CHA1001212-7-00621A