

Medicare health plan benefits overview

# Medica Advantage Solution®

(HMO-POS & PPO)

**PLAN YEAR: 2021**





# PLAN HIGHLIGHTS

---

- » \$0 vision and hearing exams
- » Prescription eyewear savings
- » Hearing aid discounts
- » Dental reimbursement - keep your dentist
- » Up to \$50/quarter for OTC pharmacy items
- » Free SilverSneakers® fitness membership
- » Savings on fresh fruits and vegetables for those with chronic conditions

MEDICA®



# COVERAGE YOU NEED AT AN AFFORDABLE PRICE



**One affordable premium** for both medical and Part D drug coverage  
**\$0 premium plan** available in the Twin Cities Metro  
**Plan options** with low to no copays for many services



**Large provider networks** with no referrals required  
**Out-of-network coverage** for most services when you travel in the U.S.  
**Worldwide emergency** care  
**Extended travel benefit** with PPO plans



**Over 3,500 prescriptions** included on drug list  
**More than 60,000 pharmacies** nationwide  
**Save on your drug costs** when you use a preferred pharmacy  
**No Part D deductible on Tier 1 drugs**  
**No Part D deductible on Tier 2 drugs** with most PPO plans  
**\$0 retail copay for Tier 1 drugs** with most PPO plans  
**\$0 copay for Tier 1 drugs** through mail order  
**\$0 copay for Tier 2 drugs** through mail order with most PPO plans  
**\$35 copay for select insulins** with some PPO plans



# MEDICA ADVANTAGE SOLUTION

Medica Health Plans offers two types of Medicare Advantage plans: (1) Medicare Advantage HMO-POS plan and (2) Medicare Advantage PPO plan. Both types of plans have a network of doctors, hospitals, and other health care providers.

**You will pay your lowest cost-sharing when you use network providers for covered services.**

## Out-of-Network Coverage

### Emergency Services

You pay the same copay for emergency and urgent care services received out of network within the U.S. and its territories as you do in network. Outside the U.S. and its territories, you pay coinsurance for emergency care coverage worldwide. If the plan has an out-of-network deductible, it does not apply for emergency services.

### Non-Emergency Services

When you visit an out-of-network provider for non-emergency care, you pay coinsurance for covered services after your out-of-network deductible is met (if your plan has one). You may use any provider that accepts Medicare. For HMO-POS plans, not all services are covered out of network. See the plan Summary of Benefits for more information.

## Advantage Solution Eligibility

You are 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

## When can I enroll?

### Initial Enrollment Period (IEP)

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

### Annual Election Period (AEP)

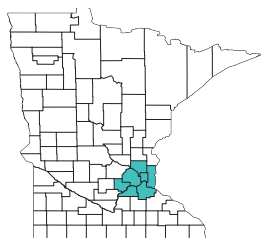
Medicare open enrollment is October 15–December 7 each year for January 1 coverage. All enrollments options are available at this time.

### Special Enrollment Period (SEP)

A SEP allows you to make changes to your coverage that normally you can only make during your IEP or AEP. There are many types of events that can trigger an SEP, such as when your current plan is no longer available.

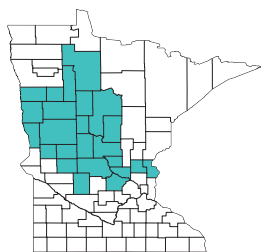
# Enrollment Areas and Provider Networks

## Enrollment Areas



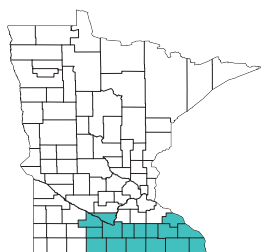
### Twin Cities Metro

There are four Advantage Solution plan options available in the Twin Cities Metro to permanent residents of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.



### Greater Minnesota

There are two Advantage Solution plan options available in Greater Minnesota. Our **HMO-POS plan** is available to permanent residents of Chisago, Isanti, Kandiyohi, Sherburne, Stearns and Wright counties. Our **PPO plan** is available to residents of Becker, Beltrami, Benton, Cass, Chisago, Clay, Clearwater, Crow Wing, Douglas, Grant, Hubbard, Isanti, Kandiyohi, Mahnommen, Morrison, Norman, Otter Tail, Pope, Sherburne, Stearns, Todd, Wadena, Wilkin and Wright counties.



### Southeast Minnesota

There is one Advantage Solution plan option available in Southeast Minnesota to permanent residents of Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan and Winona counties.

These providers may also contract with other Medicare plans/Part D sponsors.

## Provider Networks

### Twin Cities Metro and Greater Minnesota

- » Allina Health
- » CentraCare Health
- » HealthPartners
- » Hennepin Healthcare
- » M Health Fairview
- » North Memorial Health
- » Park Nicollet
- » Sanford Health
- » And many more!

No referral required ever; access to any provider in the network.

### Southeast Minnesota

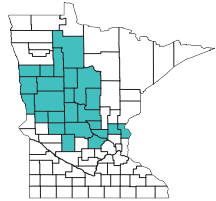
- » Mayo Clinic
- » Mayo Clinic Health System
- » Allina Health
- » M Health Fairview
- » Mankato Clinic
- » Olmsted Medical Center
- » And many more!

No referral required ever; access to any provider in the network.



Monthly Premium	\$0		\$49		\$105		\$199	
Annual Medical Deductible	\$0	\$400	\$0	\$0	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$7,550	n/a	\$7,550	\$11,300**	\$3,450	\$5,150**	\$3,450	\$5,150**
MEDICAL BENEFITS	YOU PAY							
Preventive Services	\$0	40%	\$0	30%	\$0	30%	\$0	20%
Annual Physical Exam	\$0	n/a	\$0	30%	\$0	30%	\$0	20%
Primary Care	\$20	40%	\$15	30%	\$0	30%	\$0	20%
virtuwell eVisits	\$0	n/a	\$0	n/a	\$0	n/a	\$0	n/a
Specialist Office Visit	\$50	40%	\$40	30%	\$25	30%	\$10	20%
Urgent Care	\$40 - \$45	\$40 - \$45*	\$0 - \$40	\$0 - \$40	\$0 - \$25	\$0 - \$25	\$0 - \$10	\$0 - \$10
Chiropractic	\$20	n/a	\$20	30%	\$20	30%	\$10	20%
Eye Exam - Routine Annual	\$0	n/a	\$0	30%	\$0	30%	\$0	20%
Hearing Exam - Routine Annual†	\$0	n/a	\$0	n/a	\$0	n/a	\$0	n/a
X-Ray / Diagnostic & Therapeutic Radiology	20%‡	40%	20%‡	30%	15%‡‡	30%	10%‡‡	20%
Diabetes Supplies	20%	40%	20%	30%	20%	30%	20%	20%
Outpatient Surgery	\$300	40%	\$275	30%	\$100	30%	\$75	20%
Ambulance (Ground)	\$275	\$275*	\$265	\$265	\$265	\$265	\$100	\$100
Emergency Care - U.S.	\$90	\$90*	\$90	\$90	\$100	\$100	\$75	\$75
Emergency Care - Worldwide	20%	20%	20%	20%	20%	20%	20%	20%
Inpatient Hospital	Days 1-5: \$350/day Days 6-90: \$0	40%	Days 1-5: \$350/day Days 6-90:\$0/day	30%	\$200 per stay	30%	\$150 per stay	20%
Skilled Nursing Facility	Days 1-20: \$0 Days 21-100: \$184/day	40%	Days 1-20: \$0 Days 21-100: \$184/day	30%	Days 1-20: \$0 Days 21-100: \$150/day	30%	Days 1-20: \$0 Days 21-100: \$155/day	20%
PART D DRUG COVERAGE								
Annual Part D Deductible	\$445 Deductible does not apply to Tier 1 drugs		\$350 Deductible does not apply to Tier 1 & 2 drugs		\$275 Deductible does not apply to Tier 1 & 2 drugs		\$225 Deductible does not apply to Tier 1 & 2 drugs	
Insulin Program (30-day supply††—any network pharmacy)	n/a		n/a		\$35 copay Level One & Two No deductible		\$35 copay Level One & Two No deductible	
Level One - Initial Coverage (Shared drug costs \$0 - \$4,130)	YOU PAY (30-Day Retail)							
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	\$5	\$15	\$0	\$10	\$0	\$10	\$0	\$10
Tier 2 - Generic	\$14	\$20	\$9	\$20	\$9	\$20	\$9	\$20
Tier 3 - Preferred Brand	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47
Tier 4 - Non-Preferred Drug	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	25%	25%	26%	26%	28%	28%	29%	29%
Level Two - Coverage Gap “Donut Hole” (Member-only drug costs up to \$6,550)	Generic and Covered Brand at 25% for all plan options							
Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)	Generic at \$3.70 or 5%*** and Other Drugs at \$9.20 or 5%*** for all plan options							

\* Out-of-Network medical deductible does not apply / \*\* Combined in- and out-of-network / \*\*\* Whichever is greater / † When using an EPIC® provider. / ‡ You have a \$150 maximum out-of-pocket cost for each service of diagnostic radiology, therapeutic radiology and x-ray. / ‡‡ You have a \$75 maximum out-of-pocket cost for each service of diagnostic radiology, therapeutic radiology and x-ray. / ‡‡ See formulary for list of eligible insulins.



# GREATER MINNESOTA

See county list on page 9. Not all plans are available in all counties.

Monthly Premium

Annual Medical Deductible

Annual Out-of-Pocket Maximum

MEDICAL BENEFITS

Preventive Services

Annual Physical Exam

Primary Care

virtuwell® eVisits

Specialist Office Visit

Urgent Care

Chiropractic

Eye Exam - Routine Annual

Hearing Exam - Routine Annual†

X-Ray / Diagnostic & Therapeutic Radiology

Diabetes Supplies

Outpatient Surgery

Ambulance (Ground)

Emergency Care - U.S.

Emergency Care - Worldwide

Inpatient Hospital

Skilled Nursing Facility

PART D DRUG COVERAGE

Annual Part D Deductible

Insulin Program (30-day supply††—any network pharmacy)

Level One - Initial Coverage (Shared drug costs \$0 - \$4,130)

Tier 1 - Preferred Generic

Tier 2 - Generic

Tier 3 - Preferred Brand

Tier 4 - Non-Preferred Drug

Tier 5 - Specialty Drug

Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,550)

Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)

MEDICA ADVANTAGE SOLUTION PLAN OPTIONS

H6154-002 (HMO-POS)

IN-NETWORK

OUT-OF-NETWORK

H8889-002 (PPO)

IN-NETWORK

OUT-OF-NETWORK

\$59

\$0

\$7,550

\$0

\$0

\$20

\$0

\$45

\$30 - \$40

\$15

\$0

\$0

20%‡

20%

\$250

\$275

\$90

20%

Days 1-5: \$320/day  
Days 6-90: \$0

Days 1-20: \$0  
Days 21-100: \$177/day

\$400

n/a

40%

n/a

40%

n/a

40%

\$30 - \$40\*

n/a

n/a

40%

40%

\$275\*

\$90\*

20%

40%

40%

\$99

\$0

\$3,450

\$0

\$0

\$0

\$25

\$0 - \$25

\$15

\$0

\$0

15%‡‡

20%

\$150

\$300

\$100

20%

\$200 per stay

Days 1-20: \$0  
Days 21-100: \$150/day

\$0

\$5,150\*\*

30%

30%

30%

n/a

30%

\$0 - \$25

30%

30%

n/a

30%

30%

30%

\$300

\$100

20%

30%

30%

\$445  
Deductible does not apply to Tier 1 drugs

\$275  
Deductible does not apply to Tier 1 & 2 drugs

\$35 copay Level One & Two  
No deductible

YOU PAY (30-Day Retail)

Preferred Pharmacy

Standard Pharmacy

Preferred Pharmacy

Standard Pharmacy

\$6

\$11

\$47

50%

25%

\$15

\$20

\$47

50%

25%

\$0

\$8

\$47

50%

28%

\$10

\$20

\$47

50%

28%

Generic and Covered Brand at 25% for all plan options

Generic at \$3.70 or 5%\*\*\* and Other Drugs at \$9.20 or 5%\*\*\* for all plan options

\* Out-of-Network medical deductible does not apply / \*\* Combined in- and out-of-network / \*\*\* Whichever is greater / † When using an EPIC provider. / ‡ You have a \$150 maximum out-of-pocket cost for each service of diagnostic radiology, therapeutic radiology and x-ray. / ‡‡ You have a \$75 maximum out-of-pocket cost for each service of diagnostic radiology, therapeutic radiology and x-ray.

†† See formulary for list of eligible insulins.

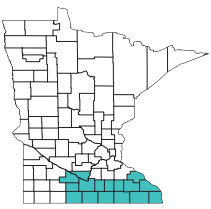
## Greater Minnesota County List

### H6154-002 (HMO-POS) Plan

For residents of Chisago, Isanti, Kandiyohi, Sherburne, Stearns and Wright counties.

### H889-002 (PPO) Plan

For residents of Becker, Beltrami, Benton, Cass, Chisago, Clay, Clearwater, Crow Wing, Douglas, Grant, Hubbard, Isanti, Kandiyohi, Mahnomon, Morrison, Norman, Otter Tail, Pope, Sherburne, Stearns, Todd, Wadena, Wilkin, and Wright counties.



# SOUTHEAST MINNESOTA

For residents of Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan and Winona counties.

		MEDICA ADVANTAGE SOLUTION	
		H8889-004 (PPO)	
		IN-NETWORK	OUT-OF-NETWORK
Monthly Premium		\$120	
Annual Medical Deductible		\$0	
Annual Out-of-Pocket Maximum	n/a	\$7,550	\$11,300*
MEDICAL BENEFITS	YOU PAY	YOU PAY	
Preventive Services	\$0	\$0	30%
Annual Physical Exam	n/a	\$0	30%
Primary Care	20%	\$0	30%
virtuwell® eVisits	n/a	\$0	n/a
Specialist Office Visit	20%	\$30	30%
Urgent Care	20%	\$0 - \$30	\$0 - \$30
Chiropractic	20%	\$15	30%
Eye Exam - Routine Annual	100%	\$0	30%
Hearing Exam - Routine Annual <sup>†</sup>	100%	\$0	n/a
X-Ray / Diagnostic & Therapeutic Radiology	20%	15% <sup>‡</sup>	30%
Diabetes Supplies	20%	20%	30%
Outpatient Surgery	20%	\$150	30%
Ambulance (Ground)	20%	\$265	\$265
Emergency Care - U.S.	20%	\$90	\$90
Emergency Care - Worldwide	20%	20%	20%
Inpatient Hospital	Days 1-60: \$1,408 total Days 61-90: \$352/day	Days 1-5: \$295/day Days 6-90: \$0	30%
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$176/day	Days 1-20: \$0 Days 21-100: \$160/day	30%
PART D DRUG COVERAGE			
Annual Part D Deductible	n/a	\$445 Deductible does not apply to Tier 1 drugs	
Level One - Initial Coverage (Shared drug costs \$0 - \$4,130)		30-Day Retail	
		Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$5	\$15
Tier 2 - Generic	100%	\$12	\$20
Tier 3 - Preferred Brand	100%	\$47	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%
Tier 5 - Specialty Drug	100%	25%	25%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,550)		Generic and Covered Brand at 25%	
Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)		Generic at \$3.70 or 5%** and Other Drugs at \$9.20 or 5%**	

\* Combined in- and out-of-network / \*\* Whichever is greater / <sup>†</sup> When using an EPIC provider. / <sup>‡</sup> You have a \$75 maximum out-of-pocket cost for each service of diagnostic radiology, therapeutic radiology and x-ray.





## Part D Drug Coverage

### Nationwide pharmacy network

Medica Advantage Solution has a large network of over 60,000 pharmacies, including national chains and independent pharmacies.

### Drug formulary

5-tier formulary includes more than 3,500 prescription drugs.

### Preferred pharmacies

You will pay your lowest prescription copays when you use a preferred pharmacy, which includes retailers like Walgreens, Walmart, Hy-Vee, Cub, Sam's Club, Costco and other pharmacies nationwide.

### Mail Order Savings

For 3-month supplies through mail order, you:

- » pay \$0 for Tier 1 drugs
- » pay \$0 for Tier 2 drugs with the following plans: H8889-001, H8889-002, H8889-003 and H8889-005
- » get \$10 off the preferred pharmacy copay on Tier 2 drugs with the following plans: H6154-001, H6154-002 and H8889-004
- » get \$10 off the preferred pharmacy copay on Tier 3 drugs

### Insulin Program

Available with the following PPO plans: H8889-001, H8889-002 and H8889-003.

- » \$35 copay for 30-day supply of select insulins
- » No deductible
- » Any network pharmacy - preferred or standard
- » 90-day mail order copay is \$105
- » See formulary for list of eligible insulins.

## Supplemental Benefits for Those Who Need Them

Members with chronic conditions that meet certain criteria may have access to the benefits below.



### Healthy Savings® Program

With the Healthy Savings program you save 50% on fresh fruits and vegetables up to \$65 per quarter at participating retail grocers. The large network includes Cub, Coborn's, Festival, Hy-Vee, Kowalski's, Lund's & Byerly's and many more. Visit

[www.Medica.com/HealthySavings](http://www.Medica.com/HealthySavings) to see the full list of retailers.

» Available with all plans



### Meal Program

Receive up to two meals per day, for 14 days, at no extra cost to you. Twenty-eight nutritious meals will be delivered to your home. (Participation in case management required.)

» Available in the Twin Cities Metro with PPO plans H8889-001, H8889-003 and H8889-005 only.



### Transportation Service

Medica helps you stay well by providing up to 48 one-way rides per year through our Provide-A-Ride<sup>SM</sup> service. Available for rides to or from medical appointments. (Participation in case management required.)

» Available in the Twin Cities Metro with PPO plans H8889-001, H8889-003 and H8889-005 only.

# EXTRAS TO MAKE YOUR PLAN EVEN BETTER



## Dental Coverage

You can see any licensed dentist and receive reimbursement for any preventive or restorative care up to a specific annual amount based on plan.

Twin Cities Metro	Annual Amount
H6154-001 (HMO-POS)	\$400
H8889-001 (PPO)	\$575
H8889-003 (PPO)	\$750
H8889-005 (PPO)	\$500
Greater Minnesota	
H6154-002 (HMO-POS)	\$400
H8889-002 (PPO)	\$550
Southeast Minnesota	
H8889-004 (PPO)	\$400



## Eyewear Reimbursement

Receive an annual reimbursement for prescription eyewear.

Reimbursement amount varies by plan.

Twin Cities Metro	Annual Amount
H6154-001 (HMO-POS)	\$100
H8889-001 (PPO)	\$100
H8889-003 (PPO)	\$150
H8889-005 (PPO)	\$100
Greater Minnesota	
H8889-002 (PPO)	\$100
Southeast Minnesota	
H8889-004 (PPO)	\$100



## Extended Travel Benefit

With the PPO plans, you have access to an extended travel benefit for times when you are continuously outside Minnesota for at least one month. Coverage kicks in Day 1 and lasts up to six consecutive months. During this period you pay in-network copays/coinsurance for all covered services. When you need to activate the benefit, just contact Medica.



## Savings on Hearing Aids & Exams

When hearing services are received from an EPIC® Hearing provider, you receive the following special benefits.

- » \$0 copay for routine hearing exam
- » Special pricing on hearing aids – pay just \$549 for the Basic model or \$799 for the Reserve model.
- » \$0 copay for up to 3 provider visits within the first year of the Reserve model purchase to help with fitting and adjustment of the hearing aid. For the Basic model, your copay is \$50 for each visit.



## eVisits through virtuwell® for \$0 Copay

With Advantage Solution you will have access to quick, convenient online care through virtuwell.

Available anytime, anywhere from your computer or mobile device, virtuwell® can treat over 50 common conditions.

- » Get a diagnosis, treatment plan and prescription, often in less than 30 minutes.
- » 24/7 access with no appointment needed



## Over-the-Counter (OTC) Savings

All plans have a benefit allowance that can be used toward the purchase of eligible over-the-counter (OTC) health and wellness products. Allowance amount varies by plan.

Twin Cities Metro	Quarterly Amount
H6154-001 (HMO-POS)	\$25
H8889-001 (PPO)	\$50
H8889-003 (PPO)	\$50
H8889-005 (PPO)	\$50
<b>Greater Minnesota</b>	
H6154-002 (HMO-POS)	\$25
H8889-002 (PPO)	\$50
<b>Southeast Minnesota</b>	
H8889-004 (PPO)	\$50



## FREE SilverSneakers® Fitness Membership

Advantage Solution includes a FREE SilverSneakers membership.

Enjoy fitness options to meet your needs:

- » 16,000+ participating facilities nationwide
- » Enroll at multiple locations at the same time
- » Online fitness classes

Visit **SilverSneakers.com** for a complete list of facilities and options.



## Personal Advocates and NurseLine

HealthAdvocate<sup>SM</sup> has your back if you have questions about your Medica plan coverage or need help navigating the medical system. Our trained Personal Health Advocates can help you tackle health-related issues -- from finding the right doctor to resolving claims questions.

NurseLine is available 24/7 -- highly trained nurses can answer your questions about symptoms, medications and health conditions.



# HOW TO ENROLL

**There are three ways to enroll. Choose the one that works best for you:**



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



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



Complete and sign a paper application form and submit as indicated on the form. (You can download and print a paper application at **Medica.com/Medicare.**)

## 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 do not wish to choose a PHS or if your provider is not part of any of the PHS options listed, you may choose "Other."

**Your selection of a Primary Health System does not limit you from receiving care from other network providers and referrals are never required for covered services.** To find out if your provider is part of a PHS, please reference the directory at **Medica.com/AdvantageSolutionProviders.**

## What to expect after you enroll

Once you have submitted your application, you can expect to receive the following communications from us:

**1**

### Member Packet

One to three weeks before your effective date, you will receive your member packet, which will contain your member guide and other important materials that you will want to read and keep for future reference.

**2**

### ID Card

Your ID card will arrive one to three weeks prior to your effective date. (NOTE: Your ID card is not included in your member packet—it is sent separately.)

**3**

### Confirmation Letter

This letter confirms Medicare's approval of your enrollment in Medica Advantage Solution.



## 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, ໃຫ້ໂທຫາເລກໝາຍທີມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 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.

နမူနာအား တစ်ကျိုးထံ စာအုပ်အား နှစ်နှစ်တိုင်း တစ်ကြိမ် အသစ်အသစ်နှင့် ကိုးလီတစ်နှစ်တိုင်း လာအပ်ယှဉ်လာလိင်တိုင်း အပူအသီးတစ်ခု နှစ်ခုခေလိင်အုပ်သီးခင်းက အလီခံတကပအဖိခိုနှင့်တကွ.

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 በዝህ 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 poledini svoje ID kartice Medica.

Díí t'áá jík'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néího' díłzínígi bine' déé' namboo bikí' ágíjji' béésh bee hodílnih.

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.

# MINNESOTA, WE'VE GOT YOU COVERED.<sup>SM</sup>



Call toll free:

**1 (800) 918-2416 (TTY: 711)**

Hours of operation:

**October 1–March 31**

8 a.m. to 8 p.m. Central, seven days a week

**April 1–September 30**

8 a.m. to 8 p.m. Central, Monday – Friday



Visit us online to learn more at

**Medica.com/Medicare**



Find a broker in your community at

**Medica.com/Medicare**

## Centers for Medicare & Medicaid Services (CMS)

Toll free at **1-800-MEDICARE**

**(1-800-633-4227)**

(TTY/TTD: **1-877-486-2048**)

Hours of operation:

24 hours a day, seven days a week

**medicare.gov**

## Social Security Administration

Toll free at **1-800-772-1213**

(TTY/TTD: **1-800-325-0778**)

Hours of operation:

7 a.m. to 7 p.m.,

Monday-Friday

**ssa.gov**

## Follow Medica:



# MEDICA<sup>®</sup>

Out-of-network/non-contracted providers are under no obligation to treat Medica 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.

© 2020 Medica. Medica<sup>®</sup> and Medica Advantage Solution<sup>®</sup> are registered service marks of Medica Health Plans. Provide-A-Ride<sup>SM</sup> is a service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

All other trademarks are the property of their respective owners.

CHA56225-701020A