

2012 COVERAGE AT A GLANCE

MEDICA®

This is a brief overview of the Value, Basic and Enhanced Medica Prime Solution® (Cost) plans. Please refer to the plan Summary of Benefits for detailed coverage information.

	Original Medicare Coverage	Medica Prime Solution Plans		
		Value	Basic	Enhanced
Monthly Premium	\$115.40	\$59*	\$79*	\$129*
Benefits	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Primary Care Office Visit	20% coinsurance after annual Part B deductible**	\$10 copayment	\$0 copayment	\$0 copayment
Convenience Care	20% coinsurance after annual Part B deductible**	\$10 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	20% coinsurance after annual Part B deductible**	\$30 copayment	\$20 copayment	\$0 copayment
Urgent Care	20% coinsurance after annual Part B deductible**	\$10–\$30 copayment	\$0–\$20 copayment	\$0 copayment
Outpatient Hospital	20% coinsurance after annual Part B deductible**	\$125 copayment	\$50 copayment	\$0 copayment
Inpatient Hospital	\$1,132 total for days 1–60 \$283 per day for days 61–90 \$566 per day for days 91–150 100% for days 151+	\$300 total per stay for unlimited number of days	\$100 total per stay for unlimited number of days	\$0 total per stay for unlimited number of days
Ambulance	20% coinsurance after annual Part B deductible**	\$50 copayment	\$25 copayment	\$0 copayment
Emergency Room	20% coinsurance after annual Part B deductible**	\$50 copayment*** worldwide	\$50 copayment*** worldwide	\$0 copayment*** worldwide
Preventive Care	No cost	No cost	No cost	No cost
Eye Exam – Annual Routine	100%	\$0 copayment	\$0 copayment	\$0 copayment
Hearing Exam – Annual Routine	100%	\$30 copayment	\$0 copayment	\$0 copayment
Durable Medical Equipment	20% coinsurance after annual Part B deductible**	20% coinsurance	20% coinsurance	\$0 copayment
Diabetes Testing Supplies	20% coinsurance after annual Part B deductible**	20% coinsurance	20% coinsurance	\$0 copayment
Prescription Drugs	All costs (no coverage)	Part D rider available (see other side)	Part D rider available (see other side)	Part D rider available (see other side)
Maximum Out-of-Pocket	No limit	\$3,350	\$3,000	\$3,000
Additional Plan Features				
Nationwide Travel and “Snowbird” Coverage †	Not applicable	Included	Included	Included
Basic Fitness Center Membership Through SilverSneakers® †	Not applicable	Included	Included	Included
Medica CallLink® Nurse Line †	Not applicable	Included	Included	Included

* **The Medica Prime Solution premium is additional to the Medicare Part B premium and you must continue to pay your Part B premium.**

** Each year, you pay a total of one \$162.00 deductible for Part B services.

*** \$20,000 annual plan limit outside the U.S.

† These products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medica grievance process.

Medicare amounts shown are for 2011 and will change for 2012.

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Contact Medica’s Center for Healthy AgingSM toll-free at **1-800-906-5432** or TTY users call the National Relay Center at **1-800-855-2880**, 8 a.m. to 8 p.m. Central Time, seven days a week.

Access to a representative may be limited on weekends and holidays during certain times of the year.

Prescription Drug Coverage

With a Medica Prime Solution plan, you have the option to purchase a rider that provides Medicare Part D prescription drug coverage. You can choose from three Part D rider options. **The premium for the Part D rider is in addition to the Prime Solution Cost Plan premium.**

Part D Rider Options ▶	Part D Option 1	Part D Option 2	Part D Option 3
Monthly Rx Premium	\$26.50	\$43.60	\$102.20
Annual Rx Deductible	\$320	No deductible	No deductible
Part D Coverage Level ▼	31-Day Supply (Retail) YOU PAY	31-Day Supply (Retail)* YOU PAY	31-Day Supply (Retail)* YOU PAY
LEVEL ONE: Medica and Member Shared Drug Costs \$0 to \$2,930	25% Generic	\$10 Generic	\$10 Generic
	25% Preferred Brand	\$34 Preferred Brand	\$34 Preferred Brand
	25% Non-Preferred Brand	\$74 Non-Preferred Brand	\$74 Non-Preferred Brand
	25% Specialty	25% Specialty	25% Specialty
LEVEL TWO: Member Only Drug Costs \$2,930 to \$4,700	86% Generic	86% Generic	\$10 Generic
	50%** Brand	50%** Brand	50%** Brand
LEVEL THREE: Medica and Member Shared Drug Costs \$4,700 and up	\$2.60 or 5%*** Generic	\$2.60 or 5%*** Generic	\$2.60 or 5%*** Generic
	\$6.50 or 5%*** Other Drug Costs	\$6.50 or 5%*** Other Drug Costs	\$6.50 or 5%*** Other Drug Costs

* Save on prescription costs by ordering a 90-day supply through mail order and **pay only two copays for a 3-month supply instead of three copays** (does not apply to Part D Option 1).

** In Level Two, you receive a manufacturer-paid 50% discount on covered brand-name drugs.

*** Whichever is greater.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; or
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

Medica is a health plan with a Medicare contract. Members may enroll in the plan only during specific times of the year. Contact Medica for more information.

The benefit information provided is a brief summary, not a comprehensive description of benefits. Limitations, copayments, and restrictions may apply. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or copays/coinsurance may change on January 1, 2013.

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