

**Medica Group Prime SolutionSM w/Rx (COST)
Plan 1_IB**

Summary of Benefits
January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Cost plan (such as **Medica Group Prime Solution (Cost)**). You may have other options. You may be able to join or leave a plan only at certain times. Please call your Group Administrator or Medica to discuss your options.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Group Prime Solution (Cost)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Medica Group Prime Solution (Cost)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us toll-free at (800) 906-5432; (TTY/TDD 711).

Things to Know About Medica Group Prime Solution (Cost)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Medica Group Prime Solution (Cost) Phone Numbers and Website

- If you are a member of this plan, call toll-free (800) 575-2330; (TTY/TDD 711).
- If you are not a member of this plan, call toll-free (800) 906-5432; (TTY/TDD 711).
- Our website: <http://www.medica.com/Medicare>

Who can join?

To join **Medica Group Prime Solution (Cost)**, you must meet eligibility requirements established by the group plan administrator, be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in:

Minnesota: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine;

North Dakota: Adams, Barnes, Benson, Billings, Bowman, Burleigh, Cass, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Richland, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Ward, Wells, and Williams;

South Dakota: Aurora, Beadle, Bennett, Bon Homme, Brookings, Brown, Brule, Buffalo, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Custer, Davison, Day, Deuel, Dewey, Douglas, Edmunds, Fall River, Faulk, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Jackson, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Lyman, Marshall, McCook, McPherson, Meade, Mellette, Miner, Minnehaha, Moody, Pennington, Perkins, Potter, Roberts, Sanborn, Shannon (Oglala Lakota), Spink, Stanley, Sully, Todd, Tripp, Turner, Union, Walworth, Yankton, and Ziebach;

Wisconsin: Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn.

Which doctors, hospitals, and pharmacies can I use?

Medica Group Prime Solution (Cost) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.medica.com/Members>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.medica.com/Members>.

Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact your Group Administrator or Medica Insurance Company for details.

SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

Medica Group Prime Solution (Cost)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?	\$316 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	In this plan, you will pay nothing for services from in-network providers. Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS

OUTPATIENT CARE AND SERVICES

Acupuncture	Not covered
Ambulance	You pay nothing
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing
Diabetes Supplies and Services	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing

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Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may vary based on place of service)</i>	Diagnostic radiology services (such as MRIs, CT scans): You pay nothing Diagnostic tests and procedures: You pay nothing Lab services: You pay nothing Outpatient x-rays: You pay nothing Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing
Doctor's Office Visits	Primary care physician visit: You pay nothing Specialist visit: You pay nothing
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	You pay nothing
Emergency Care	You pay nothing Benefits are also provided for emergency care received in a hospital outside the United States. Coverage is available world-wide.
Foot Care <i>(podiatry services)</i>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing
Hearing Services	Exam to diagnose and treat hearing and balance issues: You pay nothing Routine hearing exam (for up to 1 every year): You pay nothing Hearing aid fitting/evaluation (for up to 1 every year): You pay nothing Hearing aid: \$0 copay Our plan pays up to \$500* every year for routine hearing exams, hearing aid fitting/evaluations, and hearing aids. *The \$500 limit amount is a reimbursement and not applicable to hearing exams.
Home Health Care	You pay nothing

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Mental Health Care	<p>Inpatient visit:</p> <p>Our plan covers 265 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 265 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 265 days.</p> <p>You pay nothing</p> <p>Outpatient group therapy visit: You pay nothing</p> <p>Outpatient individual therapy visit: You pay nothing</p>
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: You pay nothing</p> <p>Physical therapy and speech and language therapy visit: You pay nothing</p>
Outpatient Substance Abuse	<p>Group therapy visit: You pay nothing</p> <p>Individual therapy visit: You pay nothing</p>
Outpatient Surgery	<p>Ambulatory surgical center: You pay nothing</p> <p>Outpatient hospital: You pay nothing</p>
Over-the-Counter Items	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)	<p>Prosthetic devices: You pay nothing</p> <p>Related medical supplies: You pay nothing</p>
Renal Dialysis	You pay nothing
Transportation	Not covered
Urgently Needed Services	You pay nothing
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing

Medica Group Prime Solution (Cost)

Routine eye exam (for up to 1 every year): You pay nothing

Contact lenses: \$0 copay

Eyeglasses (frames and lenses): \$0 copay

Eyeglasses or contact lenses after cataract surgery: You pay nothing

Our plan pays up to \$150* every year for contact lenses and eyeglasses (frames and lenses).

*The \$150 limit amount is a reimbursement towards non-Medicare covered eyewear.

Preventive Care

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit
- Any additional preventive services approved by Medicare during the contract year will be covered.
- Supplemental Annual physical exam

Medica Group Prime Solution (Cost)

Tier	Standard Retail Cost-Sharing	
	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay
Tier 2 (Generic)	\$20 copay	\$60 copay
Tier 3 (Preferred Brand)	\$35 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$65 copay	\$195 copay
Tier 5 (Specialty Tier)	\$100 copay	\$300 copay

Tier	Standard Mail Order Cost-Sharing
	Three-month supply
Tier 1 (Preferred Generic)	\$20 copay
Tier 2 (Generic)	\$40 copay
Tier 3 (Preferred Brand)	\$70 copay
Tier 4 (Non-Preferred Brand)	\$130 copay
Tier 5 (Specialty Tier)	\$200 copay

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the charts that follow to find out how much it will cost you.

Once you have reached the pharmacy maximum out-of-pocket amount of \$1,000, you no longer will have cost sharing for the remainder of the calendar year.

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Tier 5 (Specialty Tier)	\$100 copay	\$300 copay

Tier	Standard Mail Order Cost-Sharing
	Three-month supply
Tier 1 (Preferred Generic)	\$20 copay
Tier 2 (Generic)	\$40 copay
Tier 3 (Preferred Brand)	\$70 copay
Tier 4 (Non-Preferred Brand)	\$130 copay
Tier 5 (Specialty Tier)	\$200 copay

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

Once you have reached the pharmacy maximum out-of-pocket amount of \$1,000, you no longer will have cost sharing for the remainder of the calendar year.

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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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