

## 2021 Plan Information for MN Nurses Association



	Plan 1	Plan 6			
<b>Monthly Premium</b>	<b>\$359.00</b>	<b>\$147.00</b>			
<b>Medical Benefits ▼</b>			<b>Summary</b>		
Primary Care Office Visit	\$0 copay	\$0 copay	Visits to doctor's office		
Specialist Office Visit	\$10 copay	\$25 copay	No referral required		
Urgent Care	\$10 copay	\$0 - \$25 copay	Non-emergencies; no appointment		
Inpatient Hospital	\$100 copay	\$200 copay	Hospital stay more than 23 hours		
Outpatient Hospital	\$25 copay	\$100 copay	Hospital stay less than 23 hours		
Ambulance	\$25 copay	\$100 copay	Coverage of medically necessary ambulance services		
Worldwide Emergency Room	\$50 copay	\$65 copay	No copay required if admitted as inpatient within 48 hours in the United States		
Preventive Care	\$0 copay	\$0 copay	Includes annual physical exam		
Dental	\$150	\$500	These are reimbursement benefits in a calendar year		
Eyewear	\$500	\$75			
Hearing Aids	\$500	\$400			
Chiropractic	\$10 copay	\$20 copay			
Durable Medical Equipment	20% coinsurance	20% coinsurance	Medical equipment such as walkers, wheelchairs, etc. ordered by your doctor		
Part B Drugs	20% coinsurance	20% coinsurance	Drugs covered under Part B per CMS		
<b>Part D Prescription Drug Coverage ▼</b>			<b>Summary</b>		
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	
Tier 1	\$5 copay	\$10 copay	\$2 copay	\$6 copay	Preferred Generic
Tier 2	\$15 copay	\$25 copay	\$5 copay	\$12 copay	Generic
Tier 3	\$30 copay	\$35 copay	\$30 copay	\$35 copay	Generic and Preferred Brand
Tier 4	\$60 copay	\$65 copay	50% coinsurance		Generic and Non-Preferred Drug
Tier 5	28% coinsurance		33% coinsurance		Generic and Specialty Drug
Gap Coverage	Yes		No		
<b>Deductibles and Max. Out-of-Pocket Limits ▼</b>					<b>Summary</b>
Medical Deductible	\$0		\$0		The amount you pay prior to plan payment for eligible services
Pharmacy Deductible	\$0		\$0		
Medical Out-of-Pocket Maximum	\$1,000		\$3,350		Max. amount of paid out-of-pocket per calendar year for eligible charges
Rx Out-of-Pocket Maximum	Medicare limits		Medicare limits		

## Additional Plan Features

- Large Provider Network** No referral access to all providers who are in the Medica network. Visit [medica.com/Medicare](http://medica.com/Medicare) for a list of network providers.
- SilverSneakers® Program** Free fitness program gives you access to over 16,000 locations nationwide – you can even enroll at multiple locations at the same time. Enjoy classes, exercise equipment and other amenities plus track your fitness progress and find useful health information online. Visit [SilverSneakers.com](http://SilverSneakers.com) for a complete list of facilities and options.
- Extended Travel Benefit** Whether you are going away for a vacation or spend part of the year in another area of the country, our plan allows you to receive in-network benefits when you are temporarily away.
- Health Advocate™ 24-Hour NurseLine and Personal Health Advocate** A 24/7 NurseLine and access to a Personal Health Advocate who can help you navigate the often complex healthcare system in unique ways such as arranging appointments with hard-to-reach specialists, finding doctors taking new patients, explaining your doctor's instructions and much more.

## Eligibility

- Must be enrolled in Medicare Parts A & B
- Must continue to pay Medicare Part B premium

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## Resources

### Medica Medicare Sales:

- Toll-free at 1 (800) 906-5432 (TTY: 711)
- Hours of Operation: Oct. 1 - March 31: 8 a.m. to 8 p.m. Central, seven days a week  
April 1 - Sept. 30: 8 a.m. to 8 p.m. Central, Monday - Friday
- You will speak to a live representative if you call during our business hours unless we are closed for a holiday. If you call when we are not open for business, you can leave a voicemail message and we will return your call within one business day.
- [medica.com/Medicare](https://medica.com/Medicare)

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

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