

	<p style="text-align: center;"><b>HUMANA</b>  <b>HumanaChoice 005</b>  H6609-005  Enrollment: 1-800-833-2312  TTY Enrollment: 1-877-833-4486  www.humana-medicare.com</p>	<p style="text-align: center;"><b>HUMANA</b>  <b>HumanaChoice 006</b>  H6609-006  Enrollment: 800-833-2312  TTY Enrollment: 877-833-4486  www.humana-medicare.com</p>
<b>Counties in Plan Area</b>	Aitkin, Anoka, Becker, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Faribault, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lac Qui Parle, Lake, Lincoln, Lyon, Mahnommen, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nicollet, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Scott, Sherburne, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Watonwan, Wilkin, Wright and Yellow Medicine counties.	Aitkin, Anoka, Becker, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Faribault, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lac Qui Parle, Lake, Lincoln, Lyon, Mahnommen, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nicollet, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Scott, Sherburne, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Watonwan, Wilkin, Wright and Yellow Medicine counties.
<b>Hospital Inpatient</b>	<b>In Network:</b> \$200 per day (Days 1-7) per each Medicare covered admission. Remaining balance up to the Medicare allowed amount covered in full. No additional co-pay for related professional or ancillary services while inpatient. <b>Out of Network:</b> 30% co-insurance for each hospital stay.	<b>In Network:</b> \$200 per day (Days 1-7) per each Medicare covered admission. Remaining balance up to the Medicare allowed amount covered in full. No additional co-payment for related professional or ancillary services while inpatient. <b>Out of Network:</b> 30% co-insurance for each hospital stay.
<b>Physician/Outpatient</b>	<b>Physician In Network:</b> Medicare covered Physician services covered in full, subject to a \$10 (primary care doctor), or \$30 (specialist) co-pay. <b>Physician Out of Network:</b> 30% co-insurance of the cost for each primary care doctor visit 30% co-insurance of the cost for each specialist visit. <b>Hospital In Network:</b> Outpatient hospital services, including laboratory, x-ray and surgical subject to \$50-\$150 co-pay. Chemotherapy and renal dialysis subject to 20% co-insurance. <b>Hospital Out of Network:</b> 30% co-insurance of the cost for outpatient hospital facility benefits. 30% co-insurance of the cost for ambulatory surgical center benefits.	<b>Physician In Network:</b> Medicare covered physician services covered in full, subject to a \$15 (primary care doctor), or \$35 (specialist) co-pay. <b>Physician Out of Network:</b> 30% co-insurance of the cost for each primary care doctor visit 30% co-insurance of the cost for each specialist visit. <b>Hospital In Network:</b> Outpatient hospital services, including laboratory, x-ray and surgical subject to \$150 co-pay to 20% co-insurance. Chemotherapy and renal dialysis subject to 20% co-insurance. <b>Hospital Out of Network:</b> 30% co-insurance of the cost for outpatient hospital facility benefits. 30% co-insurance of the cost for ambulatory surgical center benefits.
<b>Emergency Services/ Urgent Care</b>	<b>Emergency:</b> \$65 co-pay. <b>Urgently Needed Care:</b> \$10 - \$30 co-pay for Medicare covered urgently needed care visits. Co-pay waived if admitted to the hospital within 24 hours for the same condition. <b>Ambulance Services:</b> \$100 co-pay for Medicare covered ambulance benefits.	<b>Emergency:</b> \$65 co-pay. <b>Urgently Needed Care:</b> \$15 to \$35 co-pay for Medicare covered urgently needed care visits. <b>Ambulance Services:</b> \$125 co-pay for Medicare covered ambulance benefits.

<b>Preventive Services</b>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$30 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> 30% co-insurance for Medicare covered preventive services.</p>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$35 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> 30% co-insurance for Medicare covered preventive services.</p>
<b>Diagnostic Tests, X-rays and Lab Services</b>	<p><b>In Network:</b> \$0- \$50 co-pay for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> 30% co-insurance of the cost for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology.</p>	<p><b>In Network:</b> \$0- \$35 co-pay to 20% co-insurance for Medicare covered diagnostic procedures and tests, \$15 to \$50 co-pay for Medicare covered x-rays, \$15- \$50 co-pay to 20% co-insurance for Medicare covered diagnostic radiology and \$35- \$50 co-pay to 20% co-insurance for Medicare-covered therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> 30% co-insurance of the cost for diagnostic procedures, tests and lab services, x-rays, diagnostic radiology and therapeutic radiology.</p>
<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> \$30-\$50 co-pay for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> 30% co-insurance for physical and/or speech and language therapy visits. 30% co-insurance of the cost for Occupational Therapy benefits.</p>	<p><b>In Network:</b> \$35 to 20% co-insurance for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> 30% co-insurance for occupational, physical and speech therapy.</p>
<b>Home Health Care</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 30% co-insurance for home health visits.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 25% co-insurance for home health visits.</p>
<b>Mental Health</b>	<p><b>Inpatient In Network:</b> For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 7: \$200 co-pay per day.</li> <li>• Days 8 - 90: \$0 co-pay per day.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b>Inpatient Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Outpatient In Network:</b> \$50 co-pay for Medicare covered outpatient mental health care.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for mental health benefits.</p>	<p><b>Inpatient In Network:</b> For Medicare covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 7: \$200 co-pay per day.</li> <li>• Days 8 - 90: \$0 co-pay per day.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b>Inpatient Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Outpatient In Network:</b> 20% co-insurance for Medicare covered mental health benefits.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for mental health benefits.</p>
<b>Mental Health Lifetime Maximum</b>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>

<b>Chemical Dependency</b>	<p><b>Inpatient In Network:</b> \$30 co-pay for Medicare covered partial hospitalization at a hospital facility.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits.</p> <p><b>Outpatient In Network:</b> \$50 co-pay for Medicare covered outpatient substance abuse care.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits.</p>	<p><b>Inpatient In Network:</b> \$35 co-pay for partial hospitalization at a hospital facility.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for substance abuse benefits.</p> <p><b>Outpatient In Network:</b> 20% co-insurance for Medicare covered mental health benefits.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits.</p>
<b>Skilled Nursing Care</b>	<p><b>In Network :</b> Days 1-20 covered in full. \$100 co-pay each day for days 21-100. (No 3-day inpatient qualification stay required).</p> <p><b>Out of Network :</b> 30% co-insurance for each SNF stay.</p>	<p><b>In Network :</b> Days 1-20 covered in full. \$100 co-pay each day for days 21-100. (No 3-day inpatient qualification stay required).</p> <p><b>Out of Network :</b> 30% co-insurance for each SNF stay.</p>
<b>Durable Medical Equipment</b>	<p><b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines.</p> <p><b>Out of Network:</b> 30% co-insurance for durable medical equipment.</p>	<p><b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment.</p> <p><b>Out of Network:</b> 25% co-insurance for durable medical equipment.</p>
<b>Dental</b>	<p><b>In Network:</b> Limited to coverage provided under Original Medicare and subject to a \$30 co-pay. Routine dental care not covered.</p> <p><b>Out of Network:</b> 30% co-insurance for comprehensive dental benefits.</p>	<p><b>In Network:</b> Limited to coverage provided under Original Medicare and subject to a \$35 co-pay. Routine dental care not covered.</p> <p><b>Out of Network:</b> 30% for comprehensive dental benefits.</p>
<b>Chiropractic</b>	<p><b>In Network:</b> Medicare covered services. \$10 co-pay per visit.</p> <p><b>Out of Network:</b> 30% co-insurance for chiropractic benefits.</p>	<p><b>In Network:</b> Medicare covered services. \$15 co-pay per visit.</p> <p><b>Out of Network:</b> 30% for chiropractic benefits.</p>
<b>Travel Benefit</b>	<p>\$ 65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.</p>	<p>\$ 65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.</p>
<b>Part B Drugs</b>	<p><b>In Network:</b> 0% to 20% co-insurance of the cost for Part B covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Out of Network:</b> 0% to 30% co-insurance for Part B drugs out-of-network.</p>	<p><b>In Network:</b> 0%-20% co-insurance of the cost for Part B covered drugs and Part B chemotherapy.</p> <p><b>Out of Network:</b> 0%-30% co-insurance for Part B drugs out-of-network.</p>
<b>Part D Outpatient Prescriptions</b>		
<b>Mail Order Available</b>	Yes	Does not apply.
<b>Shingles Vaccine</b>	Yes	Does not apply.
<b>Shingles Vaccine Out of Pocket Costs</b>	Call plan for details.	Does not apply.
<b>Donut Hole Coverage</b>	Some	Does not apply.
<b>Donut Hole Coverage Additional Info</b>	During the Coverage Gap Stage, you receive coverage for select Home Infusion medications.	Does not apply.
<b>Number of Pharmacies in MN that Participate</b>	60,000 nationwide.	Does not apply.
<b>Deductible</b>	\$0	Does not apply.
<b>Tier 1 Retail pharmacy:</b>	\$6 co-pay for 30 day supply; \$18 co-pay for 90 day supply.	Does not apply.

<b>Tier 1 Mail Order:</b>	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred pharmacy; \$6 co-pay for 30 day supply; \$18 co-pay for 90 day supply for non-preferred pharmacy.	Does not apply.
<b>Tier 2 Retail pharmacy:</b>	\$36 co-pay for 30 day supply; \$98 co-pay for 90 day supply for preferred pharmacy; \$36 co-pay for 30 day supply; \$108 co-pay for 90 day supply for non-preferred pharmacy.	Does not apply.
<b>Tier 2 Mail Order:</b>	\$36 co-pay for 30 day supply; \$98 co-pay for 90 day supply for preferred pharmacy; \$36 co-pay for 30 day supply; \$108 co-pay for 90 day supply for non-preferred pharmacy.	Does not apply.
<b>Tier 3 Retail pharmacy:</b>	\$75 co-pay for 30 day supply; \$215 co-pay for 90 day supply for preferred pharmacy; \$75 co-pay for 30 day supply; \$225 co-pay for 90 day supply for non-preferred pharmacy.	Does not apply.
<b>Tier 3 Mail Order:</b>	\$75 co-pay for 30 day supply; \$215 co-pay for 90 day supply for preferred pharmacy; \$75 co-pay for 30 day supply; \$225 co-pay for 90 day supply for non-preferred pharmacy.	Does not apply.
<b>Tier 4 Retail pharmacy:</b>	33% co-insurance for 30 day supply; 90 day supply does not apply.	Does not apply.
<b>Tier 4 Mail Order:</b>	33% co-insurance for 30 day supply; 90 day supply does not apply for preferred pharmacy; 33% co-insurance for 30 day supply; 90 day supply does not apply for non-preferred pharmacy.	Does not apply.
<b>Extra Services</b>	<ul style="list-style-type: none"> <li>• Vision discounts</li> <li>• Hearing discounts</li> <li>• Rx discounts</li> <li>• Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services</li> </ul>	Routine vision exam.
<b>Discounts/Special Programs</b>	Silver Sneakers Fitness program. Hearing and vision discounts. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline, Nutritional Benefit Program. Condition disease management programs, and over the counter (OTC) drugs and supplies (\$10).	Silver Sneakers Fitness program. Hearing and vision discounts. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline. Chronic condition disease management programs. Humana Active Outlook Program (member assistance program). Nutritional Benefit Program and over the counter (OTC) drugs and supplies (\$10).
<b>Number of Providers In-Network</b>	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.
<b>Enrollment Status/Health Screening</b>	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.
<b>Referrals Needed</b>	No	No

<b>Annual Out-of-Pocket Maximum</b>	<p><b>In Network:</b> \$4,000. Services not covered by original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> \$500 annual deductible. Services not covered by Original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$6,000. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>	<p><b>In Network:</b> \$6,000. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> MA Deductible of \$500. Services not covered by original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$7,500. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>
<b>Monthly Premium</b>	<b>Plan with Part D Premium:</b> \$49	<b>Plan Only (No Part D):</b> \$0

## Quick Tips

### #22: The Minnesota Department of Commerce Consumer Response Team (CRT)

- is comprised of investigators who respond to consumer phone calls specifically about insurance. The CRT attempts to resolve disputes between consumers and the insurance industry informally. Call toll-free at 1-800-657-8602.

## Quick Tips

### #23: TRICARE

If you have Part A and TRICARE (insurance for active-duty military or retirees and their families), **you must have Part B to keep your TRICARE coverage**. However, if you're an active-duty service member, or the spouse or dependent child of an active-duty service member, the following applies to you:

- You don't have to enroll in Part B to keep your TRICARE coverage while the service member is on active duty.
- Before the active-duty service member retires, you must enroll in Part B to keep TRICARE without a break in coverage.
- You can get Part B during a special enrollment period if you have Medicare because you're 65 or older, or you're disabled.
- You don't need to re-enroll in TRICARE each year. Your coverage will continue as long as you have Part B.

## Quick Tips

### #24: Protect Yourself and Medicare from Fraud

Most doctors, pharmacists, plans, and other health care providers who work with Medicare are honest. Unfortunately, there may be some who are dishonest. Medicare fraud happens when Medicare is billed for services or supplies you never got. Medicare fraud costs Medicare a lot of money each year. You pay for it with higher premiums.

Remember these tips to help prevent billing fraud:

- Ask questions! You have the right to know everything about your health care, including the costs of the items and services billed to Medicare.
- Educate yourself about Medicare. Know your rights and what a provider can or can't bill to Medicare.
- Review your Medicare Summary Notice and other statements, and, if necessary, ask your health care provider about what items and services they have billed.
- Be wary of providers who tell you that the item or service isn't usually covered, but they "know how to bill Medicare" so Medicare will pay.

If you believe a Medicare plan or provider has used false information to mislead you, call the Senior LinkAge Line® at 1-800-333-2433. Senior LinkAge Line® is the Senior Medicare Patrol Program (SMP) for Minnesota.

The SMP Program educates and empowers people with Medicare to take an active role in detecting and preventing health care fraud and abuse. The SMP Program not only protects people with Medicare, it also helps preserve Medicare.

## Quick Tips

### #25: Do you suspect your identify has been stolen?

- Place a fraud alert on your name and Social Security number.
- Call 1-800-269-0271.

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<b>Counties</b>	Blue Earth, Cottonwood, Dodge, Fillmore, Freeborn, Goodhue, Houston, Jackson, Le Sueur, Martin, Mower, Nobles, Olmsted, Rice, Rock, Sibley, Steele, Wabasha, Waseca and Winona counties.	Aitkin, Anoka, Becker, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Faribault, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lac Qui Parle, Lake, Lincoln, Lyon, Mahnommen, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nicollet, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Scott, Sherburne, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Watonwan, Wilkin, Wright and Yellow Medicine counties.
<b>Hospital Inpatient</b>	<p><b>In Network:</b> \$200 per day (Days 1-7) per each Medicare covered admission. Remaining balance up to the Medicare allowed amount covered in full. No additional co-pay for related professional or ancillary services while inpatient.</p> <p><b>Out of Network:</b> \$35 co-pay of the cost for each primary doctor visit; \$35 co-pay of the cost for each specialist doctor visit.</p>	<p><b>In Network:</b> \$250 per day (Days 1-7) per each Medicare covered admission.</p> <p><b>Out of Network:</b> 30% co-insurance of the cost for each hospital stay.</p>
<b>Physician/Outpatient</b>	<p><b>Physician In Network:</b> Medicare covered physician services covered in full, subject to a \$10 (primary care doctor), or \$30 (specialist) co-pay.</p> <p><b>Physician Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Hospital In Network:</b> Outpatient hospital services, including laboratory, x-ray and surgical subject to \$50-\$150 co-pay. Chemotherapy and renal dialysis subject to 20% co-insurance.</p> <p><b>Hospital Out of Network:</b> 30% co-insurance for outpatient hospital facility benefits. 30% co-insurance for ambulatory surgical center benefits.</p>	<p><b>Physician In Network:</b> Medicare covered physician services covered in full, subject to a \$15 co-pay.</p> <p><b>Physician Out of Network:</b> 30% co-insurance of the cost for each primary care doctor visit. 30% co-insurance for each specialist visit.</p> <p><b>Hospital In Network:</b> Outpatient hospital services; including laboratory, x-ray and surgical subject to \$50-\$150 co-pay. Chemotherapy and renal dialysis subject to 20% co-insurance .</p> <p><b>Hospital Out of Network:</b> 30% co-insurance of the cost for outpatient hospital facility benefits; 30% co-insurance for ambulatory surgical center benefits.</p>
<b>Emergency Services/ Urgent Care</b>	<p><b>Emergency:</b> \$65 co-pay, co-pay waived if admitted to the hospital within 24 hours for the same condition.</p> <p><b>Urgently Needed Care:</b> \$10-\$30 co-pay for Medicare covered urgently needed care visits.</p> <p><b>Ambulance Services:</b> \$100 co-pay for Medicare covered ambulance benefits.</p>	<p><b>Emergency:</b> \$65 co-pay waived if admitted to the hospital within 24 hours for the same condition.</p> <p><b>Urgently Needed Care:</b> \$15-\$35 co-pay for Medicare covered urgently needed visits.</p> <p><b>Ambulance Services:</b> \$100 co-pay for Medicare covered ambulance benefits.</p>

<b>Preventive Services</b>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$30 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% co-insurance for Medicare covered preventive services.</p>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 co-pay. Medicare approved cancer screening and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$35 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> 30% for Medicare covered preventive services.</p>
<b>Diagnostic Tests, X-rays and Lab Services</b>	<p><b>In Network:</b> \$0 to \$50 co-pay for Medicare covered diagnostic procedures and tests, \$10- \$50 Medicare covered x-rays and diagnostic radiology \$30- \$50 Medicare covered therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% for diagnostic tests, x-rays, lab services, and radiology services.</p>	<p><b>In Network:</b> \$0-\$50 co-pay for Medicare covered diagnostic procedures and tests. \$15- \$50 Medicare covered x-rays and diagnostic radiology. \$35- \$50 Medicare covered therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> 30% co-insurance for diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology.</p>
<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> \$30 to \$50 co-pay for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% co-insurance for occupational, physical and speech therapy benefits.</p>	<p><b>In Network:</b> \$35 to \$50 co-pay for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> 30% co-insurance for occupational, physical and speech therapy.</p>
<b>Home Health Care</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 30% co-insurance for home health visits.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 30% co-insurance for occupational, physical and speech therapy.</p>
<b>Mental Health</b>	<p><b>Inpatient In Network:</b> For Medicare covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 7: \$200 co-pay per day.</li> <li>• Days 8 - 90: \$0 co-pay per day.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b>Inpatient Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Outpatient In Network:</b> \$50 co-pay for Medicare covered outpatient mental health care services.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for outpatient mental health care services.</p>	<p><b>Inpatient In Network:</b> For Medicare covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1-7: \$200 co-pay per day.</li> <li>• Days 8-90: \$0 co-pay per day.</li> </ul> <p><b>Inpatient Out of Network:</b> 30% for each hospital stay.</p> <p><b>Outpatient In Network:</b> \$50 co-pay for Medicare covered outpatient mental health care services.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for mental health benefits.</p>
<b>Mental Health Lifetime Maximum</b>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>

<b>Chemical Dependency</b>	<b>Inpatient In Network:</b> \$30 co-pay for partial hospitalization at a hospital facility. <b>Inpatient Out of Network:</b> \$35 co-pay for partial hospitalization at a hospital facility. <b>Outpatient In Network:</b> \$50 co-pay for Medicare covered visits. <b>Outpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits.	<b>Inpatient In Network:</b> \$35 co-pay for partial hospitalization at a hospital facility. <b>Inpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits. <b>Outpatient In Network:</b> \$50 co-pay for Medicare covered outpatient substance abuse care. <b>Outpatient Out of Network:</b> 30% co-insurance for outpatient substance abuse benefits.
<b>Skilled Nursing Care</b>	<b>In Network :</b> Days 1-14 covered in full. \$100 co-pay each day for days 15-100. (No 3-day inpatient qualification stay required). <b>Out of Network :</b> 30% for each SNF stay.	<b>In Network :</b> Days 1-20 covered in full. \$125 co-pay each day for days 21-100. (No 3-day inpatient qualification stay required). <b>Out of Network :</b> 30% for each SNF stay.
<b>Durable Medical Equipment</b>	<b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines. <b>Out of Network:</b> 30% co-insurance for durable medical equipment.	<b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines. <b>Out of Network:</b> 30% co-insurance for durable medical equipment.
<b>Dental</b>	<b>In Network:</b> : Limited to coverage provided under Original Medicare and subject to a \$30 co-pay. Routine dental care not covered. <b>Out of Network:</b> \$35 co-pay for comprehensive dental benefits.	<b>In Network:</b> Limited to coverage provided under Original Medicare and subject to a \$35 co-pay. Routine dental care not covered. <b>Out of Network:</b> 30% co-insurance for comprehensive dental benefits.
<b>Chiropractic</b>	<b>In Network:</b> Medicare-covered services. \$10 co-pay per visit. <b>Out of Network:</b> \$35 co-pay for chiropractic benefits.	<b>In Network:</b> Medicare covered services. \$15 co-pay per visit. <b>Out of Network:</b> 30% co-insurance for chiropractic benefits.
<b>Travel Benefit</b>	\$65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.	\$65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.
<b>Part B Drugs</b>	<b>In Network:</b> 0% to 20% co-insurance for Part B-covered drugs (not including Part B-covered chemotherapy drugs). <b>Out of Network:</b> 0% to 30% co-insurance for Part B drugs out-of-network.	<b>In Network:</b> 0% to 20% co-insurance for Part B covered drugs and Part B chemotherapy drugs. <b>Out of Network:</b> 0% to 30% co-insurance of the cost for Part B drugs out-of-network.
<b>Part D Outpatient Prescriptions</b>		
<b>Mail Order Available</b>	Yes	Yes
<b>Shingles Vaccine</b>	Yes	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	Call plan for details.	Part D deductible and co-pays may apply.
<b>Donut Hole Coverage</b>	Some	Some
<b>Donut Hole Coverage Additional Info</b>	During the Coverage Gap, you receive coverage for select Home Infusion medications.	During the Coverage Gap, you receive coverage for select Home Infusion medications.
<b>Number of Pharmacies in MN that Participate</b>	60,000 nationwide.	1,070 nationwide.
<b>Deductible</b>	\$0	\$320
<b>Tier 1 Retail pharmacy:</b>	\$16 co-pay for 30 day supply; \$18 co-pay for 90 day supply for retail pharmacy.	\$1 co-pay for 30 day supply; \$3 co-pay for 90 day supply for non preferred pharmacy; \$10 co-pay for 30 day supply; \$30 co-pay for 90 day supply for non preferred pharmacy.

<b>Tier 1 Mail Order:</b>	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred mail. \$6 co-pay for 30 day supply; \$18 co-pay for 90 day supply for non preferred pharmacy.	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred pharmacy. \$10 co-pay for 30 day supply; \$30 co-pay for 90 day supply for non preferred pharmacy.
<b>Tier 2 Retail pharmacy:</b>	\$38 co-pay for 30 day supply; \$114 co-pay for 90 day supply for retail pharmacy.	\$5 co-pay for 30 day supply; \$15 co-pay for 90 day supply for preferred pharmacy; \$12 co-pay for 30 day supply; \$36 co-pay for 90 day supply for non preferred pharmacy.
<b>Tier 2 Mail Order:</b>	\$38 co-pay for 30 day supply; \$104 co-pay for 90 day supply for preferred mail. \$38 co-pay for 30 day supply; \$114 co-pay for 90 day supply for non preferred pharmacy.	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred drugs; \$12 co-pay for 30 day supply; \$36 co-pay for 90 day supply for non preferred drugs.
<b>Tier 3 Retail pharmacy:</b>	\$76 co-pay for 30 day supply; \$228 co-pay for 90 day supply for retail pharmacy.	20% co-insurance for 30 day supply; 20% for 90 day supply for preferred pharmacy; 35% co-insurance for 30 day supply; 35% co-insurance for 90 day supply for non preferred pharmacy.
<b>Tier 3 Mail Order:</b>	\$76 co-pay for 30 day supply; \$218 co-pay for 90 day supply for preferred mail; \$76 co-pay for 30 day supply; \$228 co-pay day supply for non preferred mail.	20% co-insurance for 30 day supply; 20% for 90 day supply for preferred pharmacy; 35% co-insurance for 30 day supply; 35% co-insurance for 90 day supply for non preferred pharmacy.
<b>Tier 4 Retail pharmacy:</b>	33% co-insurance for 30 day supply for retail pharmacy; 90 day supply does not apply.	30% co-insurance for 30 day supply; 30% for 90 day supply for preferred pharmacy; 40% co-insurance for 30 day supply; 40% co-insurance for 90 day supply for non preferred pharmacy.
<b>Tier 4 Mail Order:</b>	33% co-insurance for 30 day supply for preferred and non preferred pharmacy; 90 day supply does not apply; 33% co-insurance for 30 day supply; 90 day supply does not apply.	30% co-insurance for 30 day supply; 30% for 90 day supply for preferred pharmacy; 40% co-insurance for 30 day supply; 40% co-insurance for 90 day supply for non preferred pharmacy.
<b>Extra Services</b>	<ul style="list-style-type: none"> <li>• Vision discounts</li> <li>• Hearing discounts</li> <li>• Rx discounts</li> <li>• Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Vision discounts</li> <li>• Hearing discounts</li> <li>• Rx discounts</li> <li>• Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services.</li> </ul>
<b>Discounts/Special Programs</b>	Hearing and vision discounts. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline, Humana Active Outlook Program (member assistance program) and chronic condition disease management programs and over the counter (OTC) drugs and supplies (\$10).	Silver Sneakers Fitness program. Hearing and vision discounts. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline, Nutritional Benefit Program, Humana Active Outlook Program (member assistance program), chronic condition disease management programs and over the counter (OTC) drugs and supplies (\$10).
<b>Number of Providers In-Network</b>	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.
<b>Enrollment Status/ Health Screening</b>	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.
<b>Referrals Needed</b>	No	No

Annual Out-of-Pocket Maximum	<p><b>In Network:</b> \$3,400. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> \$500. Services not covered by Original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$5,100. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>	<p><b>In Network:</b> \$4,000. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> \$500. Services not covered by Original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$6,000. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>
Monthly Premium	\$55	\$29

## Quick Tips

### #26: Return to the Community?

- If you currently reside in a nursing home or assisted living and would like to learn about returning home, call the Senior LinkAge Line® to learn about options and see if returning home is the right move for you.

## Quick Tips

### #27: Want to learn more about using a computer and surfing the Internet?

- Call the Senior LinkAge Line® to enroll into a free Senior Surf Day class. Classes are available on a regular basis throughout your community.
- Call 1-800-333-2433.

## Quick Tips

### #28: How to use 1-800-MEDICARE (1-800-633-4227)

#### Get Information 24 Hours a Day, Including Weekends:

- Speak clearly, have your Medicare card in front of you, and be ready to provide your Medicare number. This helps reduce the amount of time you may wait to speak to a customer service representative. It also allows us to play messages that may specifically impact your coverage and may help us get you to a representative more quickly.
- To enter your Medicare number, speak the numbers and letters clearly one at a time. Or, enter your Medicare number on the phone keypad. Use the star key to indicate any place there may be a letter. For example, if your Medicare number is 000-00-0000A, you would enter 0-0-0-0-0-0-0-0-0-\*. The voice system will then ask you for that letter.
- **Say "Agent" at anytime to talk to a customer service representative, or use this chart.** If you need help in a language other than English or Spanish, let the customer service representative know the language so you can get free translation services.

If you're calling about...	Say...
Medicare prescription drug coverage	"Drug Coverage"
Claim or billing issues, or appeals	"Claims" or "Billing"
Preventive services	"Preventive Services"
Help paying health or prescription drug costs	"Limited Income"
Forms or publications	"Publications"
Phone numbers for your State Medical Assistance (Medicaid) office	"Medicaid"
Outpatient doctor's care	"Doctor Service"
Hospital visit or emergency room care	"Hospital Stay"
Equipment or supplies like oxygen, wheelchairs, walkers, or diabetic supplies	"Medical Supplies"
Information about your Part B deductible	"Deductible"
Nursing home services	"Nursing Home"

	<p style="text-align: center;"><b>HUMANA</b>  <b>HumanaChoice 028</b>  H6609-028  Enrollment: 1-877-833-4486  TTY Enrollment: 1-877-833-4486  www.humana-medicare.com</p>	<p style="text-align: center;"><b>HUMANA</b>  <b>HumanaChoice 051</b>  H6609-051  Enrollment: 1-877-833-4486  TTY Enrollment: 1-877-833-4486  www.humana-medicare.com</p>
<b>Counties</b>	Blue Earth, Cottonwood, Dodge, Fillmore, Freeborn, Goodhue, Houston, Jackson, Le Sueur, Martin, Mower, Nobles, Olmsted, Rice, Rock, Sibley, Steele, Wabasha, Waseca and Winona counties.	Aitkin, Anoka, Becker, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Faribault, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lac Qui Parle, Lake, Lincoln, Lyon, Mahnommen, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nicollet, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Scott, Sherburne, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Watonwan, Wilkin, Wright and Yellow Medicine counties.
<b>Hospital Inpatient</b>	<p><b>In Network:</b> \$350 per each Medicare covered admission. Remaining balance up to the Medicare allowed amount covered in full. No additional co-pay for related professional or ancillary services while inpatient.</p> <p><b>Out of Network:</b> 30% co-insurance of the cost for each hospital stay.</p>	<p><b>In Network:</b> \$350 per each Medicare covered admission. Remaining balance up to the Medicare allowed amount covered in full. No additional co-pay for related professional or ancillary services while inpatient.</p> <p><b>Out of Network:</b> 30% co-insurance of the cost for each hospital stay.</p>
<b>Physician/Outpatient</b>	<p><b>Physician In Network:</b> Medicare covered physician services covered in full, subject to a \$10 (primary care doctor), or \$25 (specialist) co-pay.</p> <p><b>Physician Out of Network:</b> \$35 co-pay of the cost for each primary doctor visit. \$35 co-pay of the cost for each special doctor visit.</p> <p><b>Hospital In Network:</b> Outpatient hospital services, including laboratory, x-ray and surgical have a \$0 co-pay. Chemotherapy and renal dialysis subject to 20% co-insurance.</p> <p><b>Hospital Out of Network:</b> 30% for outpatient hospital facility benefits. 30% co-insurance of the cost for ambulatory surgical center benefits.</p>	<p><b>Physician In Network:</b> Medicare covered physician services covered in full, subject to a \$10 (primary care doctor), or \$25 (specialist) co-pay.</p> <p><b>Physician Out of Network:</b> 30% co-insurance of the cost for each primary care doctor visit 30% co-insurance of the cost for each specialist visit</p> <p><b>Hospital In Network:</b> Outpatient hospital services, including laboratory, x-ray and surgical have a \$0 co-pay. Chemotherapy and renal dialysis subject to 20% co-insurance.</p> <p><b>Hospital Out of Network:</b> 30% co-insurance for outpatient hospital facility benefits. 30% co-insurance for ambulatory surgical center benefits.</p>
<b>Emergency Services/ Urgent Care</b>	<p><b>Emergency:</b> \$65 co-pay for emergency. Co-pay waived if admitted to the hospital within 24 hours for the same condition.</p> <p><b>Urgently Needed Care:</b> \$10-\$25 co-pay for Medicare covered urgently needed care visits.</p> <p><b>Ambulance Services:</b> \$0 co-pay for Medicare covered ambulance benefits.</p>	<p><b>Emergency:</b> \$65 co-pay for emergency. Co-pay waived if admitted to the hospital within 24 hours for the same condition.</p> <p><b>Urgently Needed Care:</b> \$0-\$25 co-pay for Medicare covered urgently needed care visits.</p> <p><b>Ambulance Services:</b> \$0 co-pay for Medicare covered ambulance benefits.</p>

<b>Preventive Services</b>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$25 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% co-insurance for Medicare covered preventive services.</p>	<p><b>In Network:</b> One annual routine physical with limited lab &amp; radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Routine hearing test every 2 years covered in full after \$25 co-pay. \$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><b>Out of Network:</b> 30% co-insurance for Medicare covered preventive services.</p>
<b>Diagnostic Tests, X-rays and Lab Services</b>	<p><b>In Network:</b> \$0- \$25 co-pay for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% co-insurance for Medicare covered preventive services.</p>	<p><b>In Network:</b> \$0- \$25 co-pay for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p> <p><b>Out of Network:</b> 30% co-insurance for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology.</p>
<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> \$0 - \$25 co-pay for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> \$35 co-pay or 30% co-insurance for occupational, physical and speech therapy.</p>	<p><b>In Network:</b> \$0 - \$25 co-pay for Medicare covered occupational, physical and speech therapy.</p> <p><b>Out of Network:</b> 30% co-insurance for occupational, physical and speech therapy.</p>
<b>Home Health Care</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 25% co-insurance of the cost for home health visits.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits and services.</p> <p><b>Out of Network:</b> 25% co-insurance of the cost for home health visits.</p>
<b>Mental Health</b>	<p><b>Inpatient In Network:</b> \$350 co-pay for each Medicare covered hospital stay.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare covered outpatient mental health care services.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for outpatient mental health care services.</p>	<p><b>Inpatient In Network:</b> \$350 co-pay for each Medicare covered hospital stay.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for each hospital stay.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for hospital facility as an outpatient.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for mental health benefits.</p>
<b>Mental Health Lifetime Maximum</b>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>
<b>Chemical Dependency</b>	<p><b>Inpatient In Network:</b> \$25 co-pay for partial hospitalization at a hospital facility.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for substance abuse care benefits.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for hospital facility as an outpatient.</p> <p><b>Outpatient Out of Network:</b> 30% for substance abuse care benefits.</p>	<p><b>Inpatient In Network:</b> \$25 co-pay for partial hospitalization at a hospital facility.</p> <p><b>Inpatient Out of Network:</b> 30% co-insurance for substance abuse care benefits.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for hospital facility as an outpatient.</p> <p><b>Outpatient Out of Network:</b> 30% co-insurance for substance abuse care benefits.</p>
<b>Skilled Nursing Care</b>	<p><b>In Network :</b> Days 1-20 covered in full. \$100 co-pay for days 21-100. (No 3-day inpatient qualification stay required).</p> <p><b>Out of Network :</b> 30% co-insurance for each SNF stay.</p>	<p><b>In Network :</b> Days 1-20 covered in full. \$100 co-pay for days 21-100. (No 3-day inpatient qualification stay required).</p> <p><b>Out of Network :</b> 30% co-insurance for each SNF stay.</p>

<b>Durable Medical Equipment</b>	<b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines. <b>Out of Network:</b> 30% co-insurance for durable medical equipment.	<b>In Network:</b> 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines. <b>Out of Network:</b> 30% co-insurance for durable medical equipment.
<b>Dental</b>	<b>In Network:</b> Limited to coverage provided under Original Medicare and subject to a \$25 co-pay. Routine dental care not covered. <b>Out of Network:</b> \$35 co-pay for comprehensive dental benefits.	<b>In Network:</b> Limited to coverage provided under Original Medicare and subject to a \$25 co-pay. Routine dental care not covered <b>Out of Network:</b> 30% co-insurance for comprehensive dental benefits.
<b>Chiropractic</b>	<b>In Network:</b> Medicare covered services. \$10 co-pay per visit. <b>Out of Network:</b> \$35 co-pay for chiropractic benefits.	<b>In Network:</b> Medicare covered services. \$10 co-pay per visit. <b>Out of Network:</b> 30% co-insurance for chiropractic benefits.
<b>Travel Benefit</b>	\$65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.	\$65 co-pay for Medicare covered emergency room visits. Worldwide coverage. Co-pay waived if admitted to the hospital within 24 hours for the same condition.
<b>Part B Drugs</b>	<b>In Network:</b> 0% to 20% co-insurance for Part B covered drugs (not including Part B covered chemotherapy drugs). 20% of the cost for Part B covered chemotherapy drugs. <b>Out of Network:</b> 0%-30% co-insurance for Part B drugs out-of-network.	<b>In Network:</b> 0% to 20% co-insurance for Part B covered drugs (not including Part B covered chemotherapy drugs). 20% of the cost for Part B covered chemotherapy drugs. <b>Out of Network:</b> 0% to 30% co-insurance for Part B drugs out-of-network.
<b>Part D Outpatient Prescriptions</b>		
<b>Mail Order Available</b>	Yes	Yes
<b>Shingles Vaccine</b>	Yes	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	Call plan for details.	Call plan for details.
<b>Donut Hole Coverage</b>	Some	Some
<b>Donut Hole Coverage Additional Info</b>	During the Coverage Gap, you receive coverage for select Home Infusion medications.	During the Coverage Gap, you receive coverage for select Home Infusion medications.
<b>Number of Pharmacies in MN that Participate</b>	60,000 nationwide.	60,000 nationwide.
<b>Deductible</b>	\$0	\$0
<b>Tier 1 Retail pharmacy:</b>	\$8 co-pay for 30 day supply; \$24 co-pay for 90 day supply for retail pharmacy.	\$8 co-pay for 30 day supply; \$24 co-pay for 90 day supply for retail pharmacy.
<b>Tier 1 Mail Order:</b>	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred mail. \$8 co-pay for 30 day supply; \$24 co-pay for 90 day supply for non preferred pharmacy.	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred mail. \$8 co-pay for 30 day supply; \$24 co-pay for 90 day supply for non preferred pharmacy.
<b>Tier 2 Retail pharmacy:</b>	\$43 co-pay for 30 day supply; \$129 co-pay for 90 day supply for retail pharmacy.	\$45 co-pay for 30 day supply; and \$135 co-pay for 90 day supply for Tier 2 retail pharmacy.
<b>Tier 2 Mail Order:</b>	\$43 co-pay for 30 day supply; \$119 co-pay for 90 day supply for preferred mail. \$43 co-pay for 30 day supply; \$129 co-pay for 90 day supply for non preferred pharmacy.	\$45 co-pay for 30 day supply; \$125 co-pay for 90 day supply for preferred mail. \$45 co-pay for 30 day supply; \$135 co-pay for 90 day supply for non preferred pharmacy.
<b>Tier 3 Retail pharmacy:</b>	\$84 co-pay for 30 day supply; \$252 for 90 day supply for retail pharmacy.	\$89 co-pay for a 30 day supply; \$267 for 90 day supply for Tier 3 retail pharmacy.

<b>Tier 3 Mail Order:</b>	\$84 co-pay for 30 day supply; \$242 co-pay for 90 day supply for preferred mail. \$84 co-pay for 30 day supply; \$252 co-pay for 90 day supply for non preferred pharmacy.	\$89 co-pay for 30 day supply; \$257 co-pay for 90 day supply for preferred mail. \$89 co-pay for 30 day supply; \$267 co-pay for 90 day supply for non preferred pharmacy.
<b>Tier 4 Retail pharmacy:</b>	33% co-insurance for 30 day supply for retail pharmacy; 90 day supply does not apply.	33% co-insurance for 30 day supply for retail pharmacy; 90 day supply does not apply.
<b>Tier 4 Mail Order:</b>	33% co-insurance for 30 day supply for preferred mail; 90 day supply does not apply; 33% co-insurance for 30 day supply; 90 day supply does not apply.	33% co-insurance for 30 day supply for preferred mail; 90 day supply does not apply; 33% co-insurance for 30 day supply; 90 day supply does not apply for non preferred pharmacy.
<b>Extra Services</b>	<ul style="list-style-type: none"> <li>• Vision discounts</li> <li>• Hearing discounts</li> <li>• Rx discounts</li> <li>• Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Vision discounts</li> <li>• Hearing discounts</li> <li>• Rx discounts</li> <li>• Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services.</li> </ul>
<b>Discounts/Special Programs</b>	Silver Sneakers Fitness program. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline, Nutritional Benefit Program, Humana Active Outlook Program (member assistance program), Chronic condition disease management programs and over the counter (OTC) drugs and supplies (\$10).	Silver Sneakers Fitness program. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline. Nutritional Benefit Program, Humana Active Outlook Program (member assistance program), Chronic condition disease management programs and over the counter (OTC) drugs and supplies (\$10).
<b>Number of Providers In-Network</b>	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.
<b>Enrollment Status/ Health Screening</b>	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.
<b>Referrals Needed</b>	No	No
<b>Annual Out-of-Pocket Maximum</b>	<p><b>In Network:</b> \$3,400. Services not covered by Original Medicare and Part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> \$500 MA Plan deductible, services not covered by Original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$5,100 Services not covered by Original Medicare and Part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>	<p><b>In Network:</b> \$3,400. Services not covered by original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p> <p><b>Out of Network:</b> \$1,000 deductible. Services not covered by Original Medicare, ambulance services, emergency room services, and immunizations (flu &amp; pneumonia) do not apply to the in-network or out-of-network deductible.</p> <p><b>Combined In and Out of Network:</b> \$5,100. Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>
<b>Monthly Premium</b>	<p><b>Plan Only (No Part D):</b> Does not apply.</p> <p><b>Plan with Part D Premium:</b> \$110</p>	<p><b>Plan Only (No Part D):</b> Does not apply.</p> <p><b>Plan with Part D Premium:</b> \$85</p>

	<p style="text-align: center;"><b>MEDICA®</b>  <b>Medica Clear Solution with Part D Option 1</b>  H3283-001  Enrollment: 1-888-347-3606  TTY Enrollment: 1-800-855-2880  www.medica.com</p>	<p style="text-align: center;"><b>MEDICA®</b>  <b>Medica Clear Solution with Part D Option 3</b>  H3283-002  Enrollment: 1-888-347-3606  TTY Enrollment: 1-800-855-2880  www.medica.com</p>
<b>Counties in Plan Area</b>	Anoka, Becker, Benton, Carlton, Carver, Chisago, Clay, Cook, Dakota, Goodhue, Hennepin, Isanti, Isasca, Kanabec, Kandiyohi, Kittson, Lake, Le Sueur, Marshall, McLead, Meeker, Mille Lacs, Morrison, Norman, Pennington, Pipestone, Pope, Ramsey, Red Lake, Renville, Rice, Rock, Scott, Sherburne, Sibley, Stearns, Steele, Waseca, Washington and Wright counties.	Anoka, Becker, Benton, Carlton, Carver, Chisago, Clay, Cook, Dakota, Goodhue, Hennepin, Isanti, Isasca, Kanabec, Kandiyohi, Kittson, Lake, Le Sueur, Marshall, McLead, Meeker, Mille Lacs, Morrison, Norman, Pennington, Pipestone, Pope, Ramsey, Red Lake, Renville, Rice, Rock, Scott, Sherburne, Sibley, Stearns, Steele, Waseca, Washington and Wright counties.
<b>Hospital Inpatient</b>	<b>In Network:</b> \$0 co-pay for each hospital stay. No limit to the number of days covered by the plan each hospital stay. <b>Out Network:</b> 20% co-insurance for each hospital stay. No limit to the number of days covered by the plan each hospital stay.	<b>In Network:</b> \$0 co-pay for each hospital stay. No limit to the number of days covered by the plan each hospital stay. <b>Out Network:</b> 20% co-insurance for each hospital stay. No limit to the number of days covered by the plan each hospital stay.
<b>Physician/Outpatient</b>	<b>Physician In Network:</b> \$0 co-pay for each primary care doctor and specialist visit. <b>Physician Out of Network:</b> 20% co-insurance for each primary care doctor and specialist visit. <b>Hospital In Network:</b> \$0 co-pay for each Medicare covered ambulatory surgical center and outpatient hospital facility visit. <b>Hospital Out of Network:</b> 20% co-insurance for each Medicare covered ambulatory surgical center and outpatient hospital facility visit.	<b>Physician In Network:</b> \$0 co-pay for each primary care doctor and specialist visit. <b>Physician Out of Network:</b> 20% co-insurance for each primary care doctor and specialist visit. <b>Hospital In Network:</b> \$0 co-pay for each Medicare covered ambulatory surgical center and outpatient hospital facility visit. <b>Hospital Out of Network:</b> 20% co-insurance for each Medicare covered ambulatory surgical center and outpatient hospital facility visit.
<b>Emergency Services/ Urgent Care</b>	<b>Emergency:</b> \$0 co-pay for Medicare covered emergency room visits. \$20,000 plan coverage limit for emergency services outside the U.S. every year. <b>Urgently Needed Care:</b> \$0 co-pay for Medicare covered urgently needed care visits. <b>Ambulance Services:</b> In-Network you pay \$0 co-pay for Medicare covered ambulance service. Out-of-Network you pay 20% co-insurance for Medicare covered ambulance service.	<b>Emergency:</b> \$0 co-pay for Medicare covered emergency room visits. \$20,000 plan coverage limit for emergency services outside the U.S. every year. <b>Urgently Needed Care:</b> \$0 co-pay for Medicare covered urgently needed care visits. <b>Ambulance Services:</b> In-Network you pay \$0 co-pay for Medicare covered ambulance service. Out-of-Network you pay 20% co-insurance for Medicare covered ambulance service.
<b>Preventive Services</b>	<b>In Network:</b> Preventive services covered under Original Medicare are covered at 100% with no cost to you. <b>Out of Network:</b> 20% co-insurance for Medicare covered preventive services.	<b>In Network:</b> Preventive services covered under Original Medicare are covered at 100% with no cost to you. <b>Out of Network:</b> 20% co-insurance for Medicare covered preventive services.
<b>Diagnostic Tests, X-rays and Lab Services</b>	<b>In Network:</b> \$0 co-pay for Medicare covered lab services, diagnostic procedures and test, x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services. <b>Out of Network:</b> 20% co-insurance for Medicare covered lab services, diagnostic procedures and test, x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services.	<b>In Network:</b> \$0 co-pay for Medicare covered lab services, diagnostic procedures and test, x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services. <b>Out of Network:</b> 20% co-insurance for Medicare covered lab services, diagnostic procedures and test, x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services.

<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered occupational therapy, physical and/or speech and language therapy visits.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered occupational therapy, physical and/or speech and language therapy visits.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered occupational therapy, physical and/or speech and language therapy visits.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered occupational therapy, physical and/or speech and language therapy visits.</p>
<b>Home Health Care</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered home health visits.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered home health visits.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered home health visits.</p>
<b>Mental Health</b>	<p><b>Inpatient In Network:</b> \$0 co-pay for each hospital stay. You receive up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p><b>Inpatient Out of Network:</b> 20% co-insurance for each hospital stay. You receive up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare covered mental health visits, and partial hospitalization program services.</p> <p><b>Outpatient Out of Network:</b> 20% co-insurance for Medicare covered mental health visits and partial hospitalization program services.</p>	<p><b>Inpatient In Network:</b> \$0 co-pay for each hospital stay. You receive up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p><b>Inpatient Out of Network:</b> 20% co-insurance for each hospital stay. You receive up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare covered mental health visits, and partial hospitalization program services.</p> <p><b>Outpatient Out of Network:</b> 20% co-insurance for Medicare covered mental health visits and partial hospitalization program services.</p>
<b>Mental Health Lifetime Maximum</b>	Does not apply.	Does not apply.
<b>Chemical Dependency</b>	<p><b>Inpatient In Network:</b> \$0 co-pay for each hospital stay. No limit to the number of days covered by the plan each hospital stay.</p> <p><b>Inpatient Out of Network:</b> 20% co-insurance for each hospital stay. No limit to the number of days covered by the plan each hospital stay.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare covered visits.</p> <p><b>Outpatient Out of Network:</b> 20% co-insurance for Medicare covered visits.</p>	<p><b>Inpatient In Network:</b> \$0 co-pay for each hospital stay. No limit to the number of days covered by the plan each hospital stay.</p> <p><b>Inpatient Out of Network:</b> 20% co-insurance for each hospital stay. No limit to the number of days covered by the plan each hospital stay.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare covered visits.</p> <p><b>Outpatient Out of Network:</b> 20% co-insurance for Medicare covered visits.</p>
<b>Skilled Nursing Care</b>	<p><b>In Network :</b> \$0 co-pay for Skilled Nursing Facility services. No prior hospital stay is required. Plan covers up to 100 days each benefit period. Stays in a SNF do not have to be Medicare certified nor meet Medicare coverage guidelines.</p> <p><b>Out of Network :</b> For each Skilled Nursing Facility stay: Days 1-20: \$0 co-pay; Days 21-100: \$50 co-pay. Stays in a SNF do not have to be Medicare certified nor meet Medicare coverage guidelines.</p>	<p><b>In Network :</b> \$0 co-pay for Skilled Nursing Facility services. No prior hospital stay is required. Plan covers up to 100 days each benefit period. Stays in a SNF do not have to be Medicare certified nor meet Medicare coverage guidelines.</p> <p><b>Out of Network :</b> For each Skilled Nursing Facility stay: Days 1-20: \$0 co-pay; Days 21-100: \$50 co-pay. Stays in a SNF do not have to be Medicare certified nor meet Medicare coverage guidelines.</p>
<b>Durable Medical Equipment</b>	<p><b>In Network:</b> \$0 co-pay for the Medicare-covered items.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered items.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare-covered items.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered items.</p>
<b>Dental</b>	<p><b>In Network:</b> \$0 co-pay for Medicare covered dental benefits. In general, preventive dental benefits (such as cleaning) are not covered.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered dental benefits. In general, preventive dental benefits (such as cleaning) are not covered.</p>	<p><b>In Network:</b> \$0 co-pay for Medicare covered dental benefits. In general, preventive dental benefits (such as cleaning) are not covered.</p> <p><b>Out of Network:</b> 20% co-insurance for Medicare covered dental benefits. In general, preventive dental benefits (such as cleaning) are not covered.</p>

<b>Chiropractic</b>	<b>In Network:</b> \$0 co-pay for Medicare covered chiropractic visits and supplemental routing visits not covered by Medicare. Medicare covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. <b>Out of Network:</b> 20% co-insurance for Medicare covered chiropractic visits and supplemental visits not covered by Medicare.	<b>In Network:</b> \$0 co-pay for Medicare covered chiropractic visits and supplemental routing visits not covered by Medicare. Medicare covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. <b>Out of Network:</b> 20% co-insurance for Medicare covered chiropractic visits and supplemental routine visits not covered by Medicare.
<b>Travel Benefit</b>	Does not apply.	Does not apply.
<b>Part B Drugs</b>	<b>In Network:</b> 10% co-insurance for Part B-covered drugs and Part B-covered chemotherapy drugs. <b>Out of Network:</b> 20% co-insurance for Part B drugs and Part B-covered chemotherapy drugs.	<b>In Network:</b> 10% co-insurance for Part B-covered drugs and Part B-covered chemotherapy drugs. <b>Out of Network:</b> 20% co-insurance for Part B drugs and Part B-covered chemotherapy drugs.
<b>Part D Outpatient Prescriptions</b>		
<b>Mail Order Available</b>	Yes	Yes
<b>Shingles Vaccine</b>	Yes	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	Part D deductible and co-pays may apply.	Part D deductible and co-pays may apply.
<b>Donut Hole Coverage</b>	Some	Some
<b>Donut Hole Coverage Additional Info</b>	Does not apply.	Generic drugs: \$10 for a 31 day supply; \$30 for a 90 day supply (retail); \$20 for a 90 day supply (mail order).
<b>Number of Pharmacies in MN that Participate</b>	1,070 retail pharmacies.	1,070 retail pharmacies.
<b>Deductible</b>	\$320.00	\$0
<b>Tier 1 Retail pharmacy:</b>	Does not apply.	<b>In-Network Generic Drugs:</b> \$10 co-pay for a one-month (31-day) supply; \$30 co-pay for a three-month (90-day) supply.
<b>Tier 1 Mail Order:</b>	Does not apply.	<b>In-Network Generic Drugs:</b> \$20 co-pay for a three-month (90-day) supply.
<b>Tier 2 Retail pharmacy:</b>	Does not apply.	<b>In-Network Preferred Brand Drugs:</b> \$34 co-pay for a one-month (31-day) supply; \$102 co-pay for a three-month (90-day) supply.
<b>Tier 2 Mail Order:</b>	Does not apply.	<b>In-Network Preferred Brand Drugs</b> \$68 copay for a three-month (90-day) supply.
<b>Tier 3 Retail pharmacy:</b>	Does not apply.	<b>In-Network Non-Preferred Brand Drugs:</b> \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.
<b>Tier 3 Mail Order:</b>	Does not apply.	<b>In-Network Non-Preferred Brand Drugs</b> \$148 co-pay for a three-month (90-day) supply.
<b>Tier 4 Retail pharmacy:</b>	Does not apply.	<b>In-Network Specialty Tier Drugs:</b> 25% co-insurance for a one-month (31-day) and a three-month (90-day) supply.
<b>Tier 4 Mail Order:</b>	Does not apply.	<b>In-Network Specialty Tier Drugs</b> 25% co-insurance for a three-month (90-day) supply.

<b>Preferred Generic Drug Retail pharmacy:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Preferred Generic Drug Mail Order:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Non-preferred Generic Drug Retail pharmacy:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Non-preferred Generic Drug Mail Order:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Preferred Brand Name Drug Retail pharmacy:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Preferred Brand Name Drug Mail Order:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Non-preferred Brand Name Drug Retail pharmacy:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Non-preferred Brand Name Drug Mail Order:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Specialty Drugs Retail pharmacy:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Specialty Drugs Mail Order:</b>	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
<b>Extra Services</b>	<ul style="list-style-type: none"> <li>• This plan uses a formulary. This plan offers in-network prescription drug coverage (50 states and D.C.). Total yearly drug costs are the total drug costs paid by you and the plan.</li> <li>• Hearing benefit: \$1,000 combined plan coverage limit.</li> <li>• Vision benefit: \$250 combined plan coverage limit.</li> </ul>	<ul style="list-style-type: none"> <li>• This plan uses a formulary. This plan offers in-network prescription drug coverage (50 states and D.C.). Total yearly drug costs are the total drug costs paid by you and the plan.</li> <li>• Hearing benefit: \$1,000 combined plan coverage limit.</li> <li>• Vision benefit: \$250 combined plan coverage limit.</li> </ul>
<b>Discounts/Special Programs</b>	In-Network the plan covers the following health/wellness education benefits: Written health education materials, including newsletters, additional smoking cessation, Silver Sneakers Health Club Membership/ Fitness Classes, Nursing Hotline, and nutritional benefits. Out-of-Network the plan covers nutritional benefits. Other benefits include: meal benefit, health & wellness coaching, acupuncture, and transportation.	In-Network the plan covers the following health/wellness education benefits: Written health education materials, including newsletters, additional smoking cessation, Silver Sneakers Health Club Membership/ Fitness Classes, Nursing Hotline, and nutritional benefits. Out-of-Network the plan covers nutritional benefits. Other benefits include: meal benefit, health & wellness coaching, acupuncture, and transportation.
<b>Number of Providers In-Network</b>	Almost 30,000 providers at more than 4,000 offices, clinics and hospitals in MN, WI, ND and SD. More than 96% of Minnesota providers participate in this network. No referral necessary to go to network physicians, specialists and hospitals	Almost 30,000 providers at more than 4,000 offices, clinics and hospitals in MN, WI, ND and SD. More than 96% of Minnesota providers participate in this network. No referral necessary to go to network physicians, specialists and hospitals.
<b>Enrollment Status/ Health Screening</b>	You may enroll in the Medica Clear Solution if you are entitled to Medicare Part A and enrolled in Part B, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Clear Solution unless they are members of Medica and have been since their dialysis began.	You may enroll in the Medica Clear Solution if you are entitled to Medicare Part A and enrolled in Part B and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Clear Solution unless they are members of Medica and have been since their dialysis began.

Referrals Needed	No	No
Annual Out-of-Pocket Maximum	<b>In Network:</b> \$2,500 out-of-pocket limit. All plan services included. <b>Out of Network:</b> Does not apply. <b>Combined In and Out of Network:</b> \$4,000 out-of-pocket limit. All plan services included.	<b>In Network:</b> \$2,500 out-of-pocket limit. All plan services included. <b>Out of Network:</b> Does not apply. <b>Combined In and Out of Network:</b> \$4,000 out-of-pocket limit. All plan services included.
Monthly Premium	<b>Plan Only (No Part D):</b> Does not apply. <b>Plan with Part D Premium:</b> \$262.70	<b>Plan Only (No Part D):</b> Does not apply. <b>Plan with Part D Premium:</b> \$347.10

## Quick Tips

### #29: Other Insurance Coverage and Prescription Drug Coverage

**Employee or Union Health Coverage** – Health coverage from your, your spouse's, or other family member's current or former employer or union. If you have prescription drug coverage based on your current or previous employment, your employer or union will notify you each year to let you know if your prescription drug coverage is creditable. **Keep the information you get.** Call your benefits administrator for more information before making any changes to your coverage. Note: If you join a Medicare drug plan, you, your spouse, or your dependants may lose your employer or union health coverage.

**COBRA** – A Federal law that may allow you to temporarily keep employer or union health coverage after the employment ends or after you lose coverage as a dependent of the covered employee. As explained there may be reasons why you should take Part B instead of, or in addition to, COBRA. However, if you take COBRA and it includes creditable prescription drug coverage, you will have a special enrollment period to join a Medicare drug plan without paying a penalty when the COBRA coverage ends. Talk with your State Health Insurance Assistance Program (SHIP) to see if COBRA is a good choice for you.

**Medicare Supplement Insurance (Medigap) Policy with Prescription Drug Coverage** – It may be to your advantage to join a Medicare drug plan because most Medigap drug coverage isn't creditable and you may pay more if you join a drug plan later. Medigap policies can no longer be sold with prescription drug coverage, but if you have drug coverage under a current Medigap policy, you can keep it. If you join a Medicare drug plan, your Medigap insurance company must remove the prescription drug coverage under your Medigap policy and adjust your premium. Call your Medigap insurance company for more information.


**Note:** Keep any creditable prescription drug coverage information you get from your plan. You may need it if you decide to join a Medicare drug plan later. Don't send creditable coverage letters/certificates to Medicare.

**Federal Employee Health Benefits (FEHB) Program** – Health coverage for current and retired Federal employees and covered family members. FEHB plans usually include prescription drug coverage, so you don't need to join a Medicare drug plan. However, if you decide to join a Medicare drug plan, you can keep your FEHB plan, and your plan will let you know who pays first. For more information, contact the Office of Personnel Management at 1-888-767-6738, or visit [www.opm.gov/insure](http://www.opm.gov/insure). TTY users should call 1-800-878-5707. You can also call your plan if you have questions.

**Veterans' Benefits** – Health coverage for veterans and people who have served in the U.S. military. You may be able to get prescription drug coverage through the U.S. Department of Veterans Affairs (VA) program. You may join a Medicare drug plan, but if you do, you can't use both types of coverage for the same prescription at the same time. For more information, call the VA at 1-800-827-1000, or visit [www.va.gov](http://www.va.gov). TTY users should call 1-800-829-4833.

**TRICARE (Military Health Benefits)** – Health care plan for active-duty service members, retirees, and their families. **Most people with TRICARE who are entitled to Part A must have Part B to keep TRICARE prescription drug benefits.** If you have TRICARE, you don't need to join a Medicare Prescription Drug Plan. However, if you do, your Medicare drug plan pays first, and TRICARE pays second. If you join a Medicare Advantage Plan (like an HMO or PPO) with prescription drug coverage, your Medicare Advantage Plan and TRICARE may coordinate their benefits if your Medicare Advantage Plan network pharmacy is also a TRICARE network pharmacy. For more information, call the TRICARE Pharmacy Program at 1-877-363-1303, or visit [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit). TTY users should call 1-877-540-6261.

**Indian Health Services** – Health care services for American Indians and Alaska Natives. Many Indian health facilities participate in the Medicare prescription drug program. If you get prescription drugs through an Indian health facility, you will continue to get drugs at no cost to you and your coverage won't be interrupted. Joining a Medicare drug plan may help your Indian health facility because the drug plan pays the Indian health facility for the cost of your prescriptions. Talk to your local Indian health benefits coordinator who can help you choose a plan that meets your needs and tell you how Medicare works with the Indian health care system.

	 <p><b>BlueCross BlueShield BluePlus of Minnesota</b> <small>Independent licensees of the Blue Cross and Blue Shield Association</small></p> <p><b>MedicareBlue PPO</b> R5566-005 Enrollment: 1-877-662-2258 Service: 651-662-5654 TTY Enrollment: 1-866-582-1158 www.yourmedicareolutions.com</p>
<b>Counties</b>	All 87 Minnesota counties.
<b>Hospital Inpatient</b>	<p><b>In Network:</b> No limit to the number of days covered by the plan each benefit period. For Medicare covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1- 4: \$275 co-pay per day.</li> <li>• Days 5-90 \$0 co-pay per day.</li> <li>• \$0 co-pay for additional hospital days.</li> </ul> <p><b>Out of Network:</b> 40% co-insurance for each hospital stay.</p>
<b>Physician/Outpatient</b>	<p><b>Physician In Network:</b> For Medicare covered visit: \$25 co-pay for each primary care doctor visit. \$35 co-pay for each specialist visit.</p> <p><b>Physician Out of Network:</b> 40% co-insurance for each primary care or specialist visit.</p> <p><b>Hospital In Network:</b></p> <ul style="list-style-type: none"> <li>• Outpatient surgery 20% co-insurance .</li> <li>• Outpatient diagnostic procedures/tests/lab services: No co-pay or co-insurance (Office visit co-pay may apply if member sees the physician who orders the services. Facility co-insurance may apply if member is seen in emergency room or service is related to a surgery).</li> <li>• Outpatient x-ray/radiology, diagnostic services: 20% co-insurance (Office visit co-pay may apply if member sees the physician who orders the services. Facility co-insurance may apply if service is related to a surgery).</li> </ul> <p><b>Hospital Out of Network:</b></p> <ul style="list-style-type: none"> <li>• Outpatient surgery 40% co-insurance.</li> <li>• Outpatient diagnostic procedures/tests/lab services: 40% co-insurance.</li> <li>• Outpatient x-ray/radiology, diagnostic services: 40% co-insurance.</li> </ul>
<b>Emergency Services/ Urgent Care</b>	<p><b>Emergency:</b> \$65 co-pay for Medicare covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit.</p> <p><b>Urgently Needed Care:</b> \$25 - \$35 co-pay for Medicare covered urgently needed care visits.</p> <p><b>Ambulance Services:</b> For Medicare covered ambulance benefits: In-Network: 20% co-insurance; Out-of-Network: 40% co-insurance.</p>
<b>Preventive Services</b>	<p><b>In Network:</b> \$0 co-pay for all preventive services covered under Original Medicare at \$0 cost sharing.</p> <p><b>Out of Network:</b> \$0 co-pay for all preventive services covered under Original Medicare at \$0 cost sharing.</p>
<b>Diagnostic Tests, X-rays and Lab Services</b>	<p><b>In Network:</b> For Medicare covered services: \$0 co-pay to 20% co-insurance for lab services, diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology. If the doctor provides you services, in addition, separate cost sharing of \$25 - \$35 co-pay may apply.</p> <p><b>Out of Network:</b> For Medicare covered services: 40% of the cost of the service.</p>
<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> For Medicare covered services: \$35 co-pay for each visit.</p> <p><b>Out of Network:</b> For Medicare covered services: 40% co-insurance of the visit.</p>

<b>Home Health Care</b>	<b>In Network:</b> \$0 co-pay for Medicare covered home health visit. <b>Out of Network:</b> 40% co-insurance of Medicare-covered visit.
<b>Mental Health</b>	<b>Inpatient In Network:</b> For Medicare covered hospital stays: • Days 1- 4: \$275 co-pay per day. • Days 5-90: \$0 co-pay per day. <b>Inpatient Out of Network:</b> 40% co-insurance for each hospital stay. <b>Outpatient In Network:</b> For Medicare covered visit: \$35 co-pay for each individual or group therapy visit. \$125 for partial hospitalization program services. <b>Outpatient Out of Network:</b> 40% co-insurance for mental health benefits.
<b>Mental Health Lifetime Maximum</b>	190 days
<b>Chemical Dependency</b>	<b>Inpatient In Network:</b> No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays. • Days 1- 4: \$275 co-pay per day. • Days 5-90: \$0 co-pay per day. • \$0 co-pay for additional hospital days. <b>Inpatient Out of Network:</b> 40% co-insurance for each hospital stay. <b>Outpatient In Network:</b> \$35 co-pay for Medicare covered individual or group visit. <b>Outpatient Out of Network:</b> 40% co-insurance of the Medicare covered benefits.
<b>Skilled Nursing Care</b>	<b>In Network:</b> Up to 100 days for each benefit period. No prior hospital stay is required for SNF stays: • Days 10-20: \$0 co-pay per day. • Days 21-100: \$125 co-pay per day. <b>Out of Network:</b> 40% co-insurance for each SNF stay.
<b>Durable Medical Equipment</b>	<b>In Network:</b> 20% co-insurance for Medicare covered items. <b>Out of Network:</b> 40% co-insurance for Medicare covered items.
<b>Dental</b>	<b>In Network:</b> \$35 co-pay for Medicare covered benefits. <b>Out of Network:</b> 40% of the cost for comprehensive dental benefits. <b>Combined In and Out of Network:</b> N/A
<b>Chiropractic</b>	<b>In Network:</b> 20% co-insurance for each Medicare covered services. <b>Out of Network:</b> 40% co-insurance for each Medicare covered services.
<b>Travel Benefit</b>	You receive in-network benefits for Medicare covered services outside the 7-state service area (and border counties). All out-of-pocket costs incurred under this benefit are applied to the combined in-and-out-of-network maximum. In-network benefits for Medicare covered services outside the 7-state service area (and border counties) for up to six months. All out-of-pocket costs incurred under this benefit are applied to the combined in-and-out-of-network maximum.
<b>Part B Drugs</b>	<b>In Network:</b> 20% co-insurance of Medicare covered Part B and chemotherapy drugs. <b>Out of Network:</b> 40% co-insurance of Medicare covered Part B and chemotherapy drugs.
<b>Part D Outpatient Prescriptions</b>	
<b>Mail Order Available</b>	Yes
<b>Shingles Vaccine</b>	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	<b>Covered at Tier 3:</b> Non-preferred brand drugs and is a one time dose. Impact on members depends on in-network use.
<b>Donut Hole Coverage</b>	Some

<b>Donut Hole Coverage Additional Info</b>	Does not apply.
<b>Number of Pharmacies in MN that Participate</b>	Call plan for details.
<b>Deductible</b>	\$155
<b>Tier 1 Retail pharmacy:</b>	<b>Preferred Generic:</b> <ul style="list-style-type: none"> <li>• \$6 co-pay for a one-month (31 day) supply.</li> <li>• \$18 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 1 Mail Order:</b>	<b>Preferred Generic:</b> <ul style="list-style-type: none"> <li>• \$12 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 2 Retail pharmacy:</b>	<b>Non-Preferred Generic:</b> <ul style="list-style-type: none"> <li>• \$11 co-pay for a one-month (31 day) supply.</li> <li>• \$33 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 2 Mail Order:</b>	<b>Non-Preferred Generic:</b> <ul style="list-style-type: none"> <li>• \$22 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 3 Retail pharmacy:</b>	<b>Preferred Brand:</b> <ul style="list-style-type: none"> <li>• \$33 co-pay for a one-month (31 day) supply.</li> <li>• \$99 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 3 Mail Order:</b>	<b>Preferred Brand:</b> <ul style="list-style-type: none"> <li>• \$66 co-pay for a three-month (90 day) supply.</li> </ul>
<b>Tier 4 Retail pharmacy:</b>	<b>Non-Preferred Brand:</b> <ul style="list-style-type: none"> <li>• 45% co-insurance for a one-month (31 day) supply.</li> <li>• 45% co-insurance for a three-month (90 day) supply.</li> </ul>
<b>Tier 4 Mail Order:</b>	<b>Non-Preferred Brand:</b> <ul style="list-style-type: none"> <li>• 45% co-insurance for a three-month (90 day) supply.</li> </ul>
<b>Extra Services</b>	Does not apply.
<b>Discounts/Special Programs</b>	MedicareBlue Values Program - discounts on vision exams, eyewear, laser surgery, hearing exams and hearing aids.
<b>Number of Providers In-Network</b>	More than 40,000.
<b>Enrollment Status/ Health Screening</b>	Enrollment open, except End-Stage Renal Disease not eligible unless you are already a member; No health screening.
<b>Referrals Needed</b>	Possibly. Check with plan
<b>Annual Out-of-Pocket Maximum</b>	<b>In Network:</b> \$3,400 <b>Out of Network:</b> Does not apply. <b>Combined In and Out of Network:</b> \$5,100
<b>Monthly Premium</b>	<b>Plan Only (No Part D):</b> Does not apply. <b>Plan with Part D Premium:</b> \$84.40

## Quick Tips

### #30: Compare the Quality of Plans and Providers

You can't always plan ahead when you need health care, but when you can, take time to compare. Medicare collects information about the quality and safety of medical care and services given by most Medicare plans and other health care providers. Medicare also has information about the experiences of people with the care and services they get.

Compare the quality of care (how well plans and providers work to give you the best care possible) and services given by health and prescription drug plans or health care providers nationwide by visiting [www.medicare.gov](http://www.medicare.gov), Medicare's Web site, under "Resource Locator," select one of the following:

- "Drug and Health Plans"
- "Dialysis Facilities"
- "Home Health Agencies"
- "Hospitals"
- "Nursing Homes"

These search tools on [www.medicare.gov](http://www.medicare.gov) give you a "snapshot" of the quality of care and services some plans and providers give. Find out more about the quality of care and services by doing the following:

- Ask what your plan or provider does to ensure and improve the quality of care and services. Every plan and health care provider should have someone you can talk to about quality.
- Ask your doctor or other health care provider what he or she thinks about the quality of care or service the plan or other providers give. You can also talk to your doctor or other health care provider about Medicare's information on quality of care and services.