

<p>MEDICA® Medica Complete Solution - Dementia H7526-001 Enrollment: 1-800-906-5432 Sales: 1-800-266-2157 • Service: 1-800-234-8755 TTY Enrollment: 1-800-855-2880 www.medica.com</p>	<p>MEDICA® Medica Complete Solution - Chronic Lung Disorders H7526-003 Enrollment: 1-800-906-5432 Sales: 1-800-266-2157 • Service: 1-800-234-8755 TTY Enrollment: 1-800-855-2880 www.medica.com</p>	<p>Aitkin, Anoka, Becker, Benton, Carlton, Carver, Cass, Chisago, Clay, Crow Wing, Dakota, Hennepin, Isanti, Koochiching, Lake, Mahnomen, Mille Lacs, Morrison, Norman, Otter Tail, Pine, Polk, Ramsey, Rice, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Wilkin and Wright counties.</p>
<p>In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period.</p>	<p>In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period.</p>	<p>In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period.</p>
<p>Physician In Network: \$0 co-pay for each primary care doctor visit for Medicare covered benefits. \$0 co-pay for the cost of each in-area, network urgent care for Medicare covered visit. \$10 co-pay for each specialist visit for Medicare covered benefits. Hospital In Network: \$25 co-pay for each Medicare covered outpatient hospital facility, and ambulatory surgical center visits.</p>	<p>Physician In Network: \$0 co-pay for each primary care doctor visit for Medicare covered benefits. \$0 co-pay for the cost of each in-area, network urgent care for Medicare covered visit. \$10 co-pay for each specialist visit for Medicare covered benefits. Hospital In Network: \$25 co-pay for each Medicare covered outpatient hospital facility, and ambulatory surgical center visits.</p>	<p>Physician In Network: \$0 co-pay for each primary care doctor visit for Medicare covered benefits. \$0 co-pay for the cost of each in-area, network urgent care for Medicare covered visit. \$10 co-pay for each specialist visit for Medicare covered benefits. Hospital In Network: \$25 co-pay for each Medicare covered outpatient hospital facility, and ambulatory surgical center visits.</p>
<p>Emergency: \$50 co-pay for each Medicare covered emergency room visit. (Worldwide coverage) \$0 for the emergency room visit if you are admitted to the hospital within 24 hours. Urgently Needed Care: \$50 co-pay for each Medicare covered urgently needed care visits. Ambulance Services: \$50 co-pay for Medicare covered ambulance benefits.</p>	<p>Emergency: \$50 co-pay for each Medicare covered emergency room visit. (Worldwide coverage) \$0 for the emergency room visit if you are admitted to the hospital within 24 hours. Urgently Needed Care: \$50 co-pay for each Medicare covered urgently needed care visits. Ambulance Services: \$50 co-pay for Medicare covered ambulance benefits.</p>	<p>Emergency: \$50 co-pay for each Medicare covered emergency room visit. (Worldwide coverage) \$0 for the emergency room visit if you are admitted to the hospital within 24 hours. Urgently Needed Care: \$50 co-pay for each Medicare covered urgently needed care visits. Ambulance Services: \$50 co-pay for Medicare covered ambulance benefits.</p>
<p>Preventive services are covered at 100%.</p>	<p>Preventive services are covered at 100%.</p>	<p>Preventive services are covered at 100%.</p>
<p>In Network: \$0 co-pay for Medicare covered lab services. \$0 to \$25 co-pay for Medicare covered diagnostic procedures and tests. \$25 co-pay for Medicare covered x-rays and diagnostic and therapeutic radiology services (not including x-rays). \$10 co-pay for therapeutic radiology services.</p>	<p>In Network: \$0 co-pay for Medicare covered lab services. \$0 to \$25 co-pay for Medicare covered diagnostic procedures and tests. \$10 co-pay for Medicare covered x-rays and diagnostic and therapeutic radiology services (not including x-rays) and therapeutic radiology services.</p>	<p>In Network: \$0 co-pay for Medicare covered lab services. \$0 to \$25 co-pay for Medicare covered diagnostic procedures and tests. \$10 co-pay for Medicare covered x-rays and diagnostic and therapeutic radiology services (not including x-rays) and therapeutic radiology services.</p>
<p>In Network: \$10 co-pay for each Medicare covered occupational, physical and/or speech/language therapy visit.</p>	<p>In Network: \$10 co-pay for each Medicare covered occupational, physical and/or speech/language therapy visit.</p>	<p>In Network: \$10 co-pay for each Medicare covered occupational, physical and/or speech/language therapy visit.</p>
<p>In Network: \$0 co-pay for Medicare covered home health visits.</p>	<p>In Network: \$0 co-pay for Medicare covered home health visits.</p>	<p>In Network: \$0 co-pay for Medicare covered home health visits.</p>
<p>Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. Outpatient In Network: \$10 co-pay for each Medicare covered individual or group therapy visit, individual or group therapy visit with a psychiatrist; or partial hospitalization program services.</p>	<p>Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. Outpatient In Network: \$10 co-pay for each Medicare covered individual or group therapy visit, individual or group therapy visit with a psychiatrist; or partial hospitalization program services.</p>	<p>Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. Outpatient In Network: \$10 co-pay for each Medicare covered individual or group therapy visit, individual or group therapy visit with a psychiatrist; or partial hospitalization program services.</p>

Chemical Dependency	Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period. Outpatient In Network: \$10 co-pay for each individual or group visit for Medicare covered benefits.	Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period. Outpatient In Network: \$10 co-pay for each individual or group visit for Medicare covered benefits.
Skilled Nursing Care	In Network: Days 1-20: \$0 co-pay per day. Days 21-100: \$0 co-pay per day. Plan covers up to 100 days each benefit period for Medicare covered stays.	In Network: Days 1-20: \$0 co-pay per day. Days 21-100: \$0 co-pay per day. Plan covers up to 100 days each benefit period for Medicare covered stays.
Durable Medical Equipment	In Network: 20% of the cost for Medicare covered items.	In Network: 20% of the cost for Medicare covered items.
Dental	In Network: In general, you pay 100% for non Medicare covered dental services (such as cleaning). You pay \$10 co-pay for Medicare covered dental benefits.	In Network: In general, you pay 100% for non Medicare covered dental services (such as cleaning). You pay \$10 co-pay for Medicare covered dental benefits.
Chiropractic	In Network: \$10 co-pay for each Medicare covered visit. 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.	In Network: \$10 co-pay for each Medicare covered visit. 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.
Travel Benefit	Not available for this plan. Only emergency care is covered out-of-network, in limited circumstances.	Not available for this plan. Only emergency care is covered out-of-network, in limited circumstances.
Part B Drugs	In Network: 20% of the cost for Part B covered drugs, including Part B-covered chemotherapy drugs.	In Network: 20% of the cost for Part B covered drugs, including Part B-covered chemotherapy drugs.
Part D Outpatient Prescriptions		
Mail Order Available	Yes	Yes
Shingles Vaccine	Yes	Yes
Shingles Vaccine Out of Pocket Costs	Part D Deductible and co-pay may apply.	Part D deductible and co-pay may apply.
Donut Hole Coverage	Some	Some
Donut Hole Coverage Additional Info	Does not apply.	Does not apply.
Number of Pharmacies in MN that Participate	1,070 retail pharmacies.	1,070 retail pharmacies.
Deductible	\$0	\$0
Tier 1 Retail pharmacy:	Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.	Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.
Tier 1 Mail Order:	Generic Drugs: \$20 for a three-month (90-day) supply.	Generic Drugs: \$20 for a three-month (90-day) supply.
Tier 2 Retail pharmacy:	Preferred Brand Drugs: \$34 co-pay for a one-month (31-day) supply; \$102 co-pay for a three-month (90-day) supply.	Preferred Brand Drugs: \$34 co-pay for a one-month (31-day) supply; \$102 co-pay for a three-month (90-day) supply.
Tier 2 Mail Order:	Preferred Brand Drugs: \$68 co-pay for a three-month (90-day) supply.	Preferred Brand Drugs: \$68 co-pay for a three-month (90-day) supply.
Tier 3 Retail pharmacy:	Non-Preferred Brand Drugs: \$67 co-pay for a one-month (31-day) supply; \$201 co-pay for a three-month (90-day) supply.	Non-Preferred Brand Drugs: \$67 co-pay for a one-month (31-day) supply; \$201 co-pay for a three-month (90-day) supply.

Tier 3 Mail Order:	Non-Preferred Brand Drugs: \$134 co-pay for a three-month (90-day) supply.	Non-Preferred Brand Drugs: \$134 co-pay for a three-month (90-day) supply.
Tier 4 Retail pharmacy:	Specialty Tier Drugs: 25% co-insurance for a one-month (31-day) supply; 25% co-insurance for a three-month (90-day) supply.	Specialty Tier Drugs: 25% co-insurance for a one-month (31-day) supply; 25% co-insurance for a three-month (90-day) supply.
Tier 4 Mail Order:	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.
Extra Services	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. • Hearing benefit: \$450 plan coverage limit. • Vision benefit: \$125 plan coverage limit.	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. • Hearing benefit: \$450 plan coverage limit. • Vision benefit: \$125 plan coverage limit.
Discounts/Special Programs	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 and Nursing Hotline.	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 and Nursing Hotline.
Number of Providers In-Network	Network providers and care systems required.	Network providers and care systems required.
Enrollment Status/ Health Screening	Enrollment open. No health screening.	Enrollment open. No health screening.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000, all plan services included.	\$3,000, all plan services included.
Monthly Premium	\$185.50	\$257.20

Quick Tips

#34: Senior LinkAge Line®: A One Stop Shop for Minnesota Seniors

- By calling 1-800-333-2433 you are connected to a one stop shop where you can get help with any government service-related question. Future expansions will include connections to volunteer and employment opportunities for seniors.

Quick Tips

#35: What to Know About Private Contracts

A "private contract" is a written agreement between you and a doctor or other health care provider who has decided not to provide services to anyone through Medicare. The private contract only applies to the services provided by the doctor or other provider who asked you to sign it. You don't have to sign a private contract. You can always go to another provider who gives services through Medicare. If you sign a private contract with your doctor or other provider, the following rules apply:

- **Medicare won't pay any amount for the services you get from this doctor or provider, even if it's a Medicare-covered service.**
- You will have to pay the full amount of whatever this provider charges you for the services you get.
- If you have a Medicare Supplement Insurance (Medigap) policy, it won't pay anything for the services you get. Call your insurance company before you get the service if you have questions.
- Your provider must tell you if Medicare would pay for the service if you got it from another provider who accepts Medicare.
- Your provider must tell you if he or she has been excluded from Medicare.

You can't be asked to sign a private contract for emergency or urgent care.

You're always free to get services not covered by Medicare if you choose to pay for a service yourself.

Quick Tips

#36: Medicare Prescription Drug Benefit (Part D) Donut Hole

Beginning January 1, 2012, the donut hole is getting smaller for Medicare beneficiaries!

All Medicare beneficiaries who reach the donut hole in 2012, will receive a 50% discount on brand name prescription drugs and a 14% discount on generic drugs (7% in 2011).

	<h1>MEDICA®</h1> <p>Medica Complete Solution - Diabetes, Cardio Disease and Heart Failure H7526-004 Enrollment: 1-800-906-5432 Sales: 1-800-255-2157 • Service: 1-800-234-8755 TTY Enrollment: 1-800-855-2880 www.medica.com</p>
Counties in Plan Area	Aitkin, Anoka, Becker, Benton, Carlton, Carver, Cass, Chisago, Clay, Crow Wing, Dakota, Hennepin, Isanti, Koochiching, Lake, Mahnomen, Mille Lacs, Morrison, Norman, Otter Tail, Pine, Polk, Ramsey, Rice, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Wilkin and Wright counties.
Hospital Inpatient	In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period.
Physician/Outpatient	Physician In Network: \$0 co-pay for each primary care doctor visit for Medicare covered benefits. \$0 co-pay for the cost of each in-area, network urgent care for Medicare covered visit. \$10 co-pay for each specialist visit for Medicare covered benefits. Hospital In Network: \$25 co-pay for each Medicare-covered outpatient hospital facility, and ambulatory surgical center visits.
Emergency Services/ Urgent Care	Emergency: \$50 co-pay for each Medicare covered emergency room visit. (Worldwide coverage) \$0 for the emergency room visit if you are admitted to the hospital within 24 hours. Urgently Needed Care: \$50 co-pay for each Medicare covered urgently needed care visits. Ambulance Services: \$50 co-pay for Medicare covered ambulance benefits.
Preventive Services	Preventive services are covered at 100%.
Diagnostic Tests, X-rays and Lab Services	In Network: \$0 co-pay for Medicare covered lab services. \$0 to \$25 co-pay for Medicare covered diagnostic procedures and tests. \$25 co-pay for Medicare covered x-rays and diagnostic and therapeutic radiology services (not including x-rays) and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	In Network: \$10 co-pay for each Medicare covered occupational, physical and/or speech/language therapy visit.
Home Health Care	In Network: \$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. Outpatient In Network: \$10 co-pay for each Medicare covered individual or group therapy visit, individual or group therapy visit with a psychiatrist; or partial hospitalization program services.
Mental Health Lifetime Maximum	Does not apply.
Chemical Dependency	Inpatient In Network: \$100 co-pay for each Medicare covered hospital stay. \$0 co-pay for additional hospital stays. No limit to the number of days covered by the plan each benefit period. Outpatient In Network: \$10 co-pay for each individual or group visit for Medicare covered benefits.
Skilled Nursing Care	In Network : Days 1-20: \$0 co-pay per day. Days 21-100: \$0 co-pay per day. Plan covers up to 100 days each benefit period for Medicare covered stays.
Durable Medical Equipment	In Network: 20% of the cost for Medicare covered items; 5% for diabetes monitoring supplies.
Dental	In Network: In general, you pay 100% for non Medicare covered dental services (such as cleaning). You pay \$10 co-pay for Medicare covered dental benefits.
Chiropractic	In Network: \$10 co-pay for each Medicare covered visit. 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.

Travel Benefit	Not Available for this plan. Only emergency care is covered out-of-network, in limited circumstances.
Part B Drugs	In Network: 20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs.
Part D Outpatient Prescriptions	
Mail Order Available	Yes
Shingles Vaccine	Yes
Shingles Vaccine Out of Pocket Costs	Part D deductible and copays may apply.
Donut Hole Coverage	Some
Donut Hole Coverage Additional Info	Does not apply.
Number of Pharmacies in MN that Participate	1,070 retail pharmacies.
Deductible	\$0
Tier 1 Retail pharmacy:	Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.
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Tier 4 Mail Order:	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.
Extra Services	Diabetes programs and supplies: You pay \$0 co-pay for diabetes self-management training. You pay 5% of the cost for diabetes monitoring supplies and therapeutic shoes or inserts. <ul style="list-style-type: none"> • 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. • Hearing benefit: \$450 plan coverage limit. • Vision benefit: \$125 plan coverage limit.
Discounts/Special Programs	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 and Nursing Hotline.
Number of Providers In-Network	Network providers and care systems required.
Enrollment Status/ Health Screening	Enrollment open. No health screening.
Referrals Needed	No
Annual Out-of-Pocket Maximum	\$3,000, all plan services included.
Monthly Premium	\$153.10