


	 <p>BlueCross BlueShield of Minnesota An Independent Licensee of the Blue Cross and Blue Shield Association</p> <p>BCBS Platinum Blue Choice H2461-006</p> <p>Enrollment: 1-877-662-2583 • Service: 651-662-5654 TTY Enrollment: 1-866-582-1158 • TTY Service: 1-888-878-0137 www.bluecrossmn.com/medicare</p>	 <p>BlueCross BlueShield of Minnesota An Independent Licensee of the Blue Cross and Blue Shield Association</p> <p>BCBS Platinum Blue Complete H2461-007</p> <p>Enrollment: 1-877-662-2583 • Service: 651-662-5654 TTY Enrollment: 1-866-582-1158 • TTY Service: 1-888-878-0137 www.bluecrossmn.com/medicare</p>
<p>Countries in Plan Area</p> <p>Hospital Inpatient</p> <p>Physician/Outpatient</p> <p>Emergency Services/ Urgent Care</p> <p>Preventive Services</p> <p>Diagnostic Tests, X-rays and Lab Services</p> <p>Physical/Speech/ Occupational Therapy</p> <p>Home Health Care</p> <p>Mental Health</p> <p>Chemical Dependency</p>	<p>All 87 Minnesota counties.</p> <p>\$100 co-pay for each Medicare covered hospital stay; no limit to the number of days covered by the plan each benefit period.</p> <p>\$15 co-pay for each Medicare covered primary care doctor or specialist visit. \$50 co-pay for each Medicare covered ambulatory surgical center visit. \$0 to \$50 co-pay for each Medicare covered outpatient hospital facility visit.</p> <p>\$50 co-pay for each Medicare covered emergency room visit. Worldwide coverage.</p> <p>\$0 for one Medicare covered initial preventive physical exam or annual wellness visit per year. \$0 for Medicare covered flu, pneumonia and Hepatitis B vaccines. \$0 for Medicare covered bone mass measurement, colorectal screening, mammogram, pap smear and pelvic exam and prostate cancer screening.</p> <p>\$0 for Medicare covered lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services and diagnostic radiology services (not including x-rays).</p> <p>\$15 co-pay for each Medicare covered visit.</p> <p>\$0 for Medicare covered visits.</p> <p>Inpatient: \$100 co-pay for each Medicare covered hospital stay. You get up to 190 days in a psychiatric hospital in a lifetime. Limit does not apply to covered inpatient psychiatric care furnished in a general hospital. Outpatient: \$15 co-pay for each Medicare covered individual or group therapy visit. \$15 co-pay for each Medicare covered individual or group therapy visit with a psychiatrist. \$15 co-pay for Medicare covered partial hospitalization program services.</p> <p>Inpatient: \$100 co-pay for each Medicare covered hospital stay Outpatient: \$15 co-pay for each Medicare covered individual or group therapy visit.</p>	<p>All 87 Minnesota counties.</p> <p>\$0 for each Medicare covered hospital stay; no limit to the number of days covered by the plan each benefit period.</p> <p>\$0 for each Medicare covered primary care doctor or specialist visit.</p> <p>\$0 for each Medicare covered emergency room visit. Worldwide coverage.</p> <p>\$0 for a Medicare covered initial preventive physical exam or annual wellness visit. \$0 for Medicare covered flu, pneumonia and Hepatitis B vaccines. \$0 for Medicare covered bone mass measurement, colorectal screening, mammogram, pap smear and pelvic exam and prostate cancer screening.</p> <p>\$0 co-pay for Medicare covered lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, and diagnostic radiology services (not including x-rays).</p> <p>\$0 for each Medicare covered visit.</p> <p>\$0 for Medicare covered home health visits.</p> <p>Inpatient: \$0 co-pay for each Medicare covered hospital stay. You get up to 190 days in a psychiatric hospital in a lifetime. Limit does not apply to covered inpatient psychiatric care furnished in a general hospital. Outpatient: \$0 co-pay for each Medicare covered mental health visit. \$0 copay for Medicare covered partial hospitalization program services.</p> <p>Inpatient: \$0 for each Medicare covered hospital stay. Outpatient: \$0 co-pay for each Medicare covered individual or group therapy visit.</p>

Skilled Nursing Care	<p>Days 1-20: \$0 co-pay .</p> <p>Days 21-100: \$0 co-pay. Plan covers up to 100 days each benefit period.</p>	<p>Days 1-20: \$0 co-pay per day.</p> <p>Days 21-100: \$0 co-pay per day. Plan covers up to 100 days each benefit period.</p>
Durable Medical Equipment	20% co-insurance for Medicare covered items.	\$0 for Medicare covered items.
Dental	\$0 co-pay for Medicare covered dental services.	\$0 for Medicare covered dental services.
Chiropractic	\$15 co-pay for each Medicare covered visit.	\$0 for each Medicare covered visit.
Travel/Benefit	Travel throughout the United States for up to nine months and receive plan benefits from any provider that accepts Medicare. No referrals needed. You will pay the same cost sharing that you pay at network providers in Minnesota.	Travel throughout the United States or up to nine months and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll pay the same cost sharing that you pay at network providers in Minnesota.
Part B Drugs	20% co-insurance for Part B-covered drugs.	\$0 to 20% co-insurance of the cost for Part B-covered drugs.
Discounts/Special Programs	<p>The plan includes:</p> <ul style="list-style-type: none"> • The SilverSneakers® Fitness Program* • 24 Hour Nurse Advice Line • Medicare-eligible smoking cessation counseling • \$15 co-pay for one hearing aid fitting evaluation each year • \$450 plan coverage limit for hearing aids each year • \$125 plan coverage limit for eye wear every two years* SilverSneakers® is a registered mark of Healthways, Inc., an independent company that provides fitness benefits. 	<p>The plan includes:</p> <ul style="list-style-type: none"> • The SilverSneakers® Fitness Program* • 24 Hour Nurse Advice Line • Medicare-eligible smoking cessation counseling • One hearing aid fitting evaluation each year • \$450 plan coverage limit for hearing aids each year • \$125 plan coverage limit for eye wear every two years.
Number of Providers In-Network	The Platinum Blue network includes thousands of Minnesota doctors, clinics, hospitals and other care providers and facilities. No referrals needed.	The Platinum Blue network includes thousands of Minnesota doctors, clinics, hospitals and other care providers and facilities. No referrals needed.
Enrollment Status/Health Screening	Eligible residents of Minnesota may enroll at any time unless they are "locked in" to a Medicare Advantage plan. Individuals with End-Stage Renal Disease are generally not eligible to enroll in Platinum Blue unless they are members of our organization and have been since their dialysis began.	Eligible residents of Minnesota may enroll at any time unless they are "locked in" to a Medicare Advantage plan. Individuals with End-Stage Renal Disease are generally not eligible to enroll in Platinum Blue unless they are members of our organization and have been since their dialysis began.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000	\$3,000
Monthly Premium	\$79. This plan does not include Part D.	\$119. This plan does not include Part D.

	 <p>BlueCross BlueShield of Minnesota An Independent licensee of the Blue Cross and Blue Shield Association</p> <p>BCBS Platinum Blue Core H2461-005</p> <p>Enrollment: 1-877-662-2583 • Service: 651-662-5654 TTY Enrollment: 1-866-582-1158 • TTY Service: 1-888-878-0137 www.bluecrossmn.com/medicare</p>	 <p>HealthPartners® Freedom Balance H2462-007</p> <p>Enrollment: 1-800-2477015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare</p>
Countries in Plan Area	All 87 Minnesota counties.	All 87 Minnesota counties.
Hospital Inpatient	\$500 co-pay for each Medicare covered stay; plan covers 90 days each benefit period plus 60 lifetime reserve days.	\$150 co-pay for each Medicare covered stay. Unlimited days.
Physician/Outpatient	20% co-insurance for each Medicare covered primary care doctor or specialist visit. 20% co-insurance for each Medicare covered ambulatory surgical center or outpatient hospital facility visit.	\$15 co-pay for each Medicare covered visit.
Emergency Services/ Urgent Care	\$50 co-pay for each Medicare covered emergency room visit. Worldwide coverage.	<ul style="list-style-type: none"> • \$65 co-pay for each Medicare covered emergency room visit in the U.S. • 20% co-insurance for emergency room visits outside the U.S., worldwide. • \$15 co-pay for each Medicare covered urgent care visit inside the U.S.; 20% co-insurance for urgent care outside the U.S., worldwide.
Preventive Services	\$0 for one Medicare covered initial preventive physical exam or annual wellness visit per year. \$0 for Medicare covered flu, pneumonia and Hepatitis B vaccines. \$0 for Medicare covered bone mass measurement, colorectal screening, mammogram, pap smear and pelvic exam and prostate cancer screening.	\$0 co-pay for all Medicare covered preventive services.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay for Medicare covered lab services. 0 to 20% co-insurance for diagnostic procedures and tests, x-rays, therapeutic radiology services and diagnostic radiology services (not including x-rays).	\$0 co-pay for Medicare covered lab services, diagnostic procedures and tests, x-rays and therapeutic radiology services. You pay 10% co-insurance for Medicare covered diagnostic radiology services (not including x-rays).
Physical/Speech/ Occupational Therapy	20% co-insurance for each Medicare covered visit.	\$15 co-pay for each Medicare covered visit.
Home Health Care	\$0 for Medicare covered visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	<p>Inpatient: \$500 co-pay for each Medicare covered hospital stay. You get up to 190 days in a psychiatric hospital in a lifetime. Limit does not apply to covered inpatient psychiatric care furnished in a general hospital.</p> <p>Outpatient: 20% of each Medicare covered individual or group therapy visit. 20% of the cost for each Medicare covered individual or group therapy visit with a psychiatrist. 20% of the cost for Medicare-covered partial hospitalization program services.</p>	<p>Inpatient: \$150 co-pay for each Medicare covered stay. Lifetime limit: 190 day limit in a psychiatric hospital.</p> <p>Outpatient:</p> <ul style="list-style-type: none"> • \$15 co-pay for each Medicare covered individual therapy visit. • \$750 co-pay for each Medicare covered group therapy visit.

Chemical Dependency	<p>Inpatient: \$500 co-pay for each Medicare covered stay Outpatient: 20% for each Medicare covered individual or group therapy visit.</p> <p>Days 1-20: \$0 co-pay per day. Days 21-100: \$141.50 co-pay per day. Plan covers up to 100 days each benefit period.</p> <p>20% co-insurance for Medicare covered items.</p> <p>20% co-insurance for Medicare covered services.</p> <p>20% co-insurance for each Medicare covered visit.</p>	<p>Inpatient: \$150 co-pay for each Medicare covered stay. Outpatient: \$15 co-pay for each Medicare covered individual or group visit.</p> <p>Days 1-20: \$0 co-pay. Days 21-100: \$100 co-pay per day.</p> <p>20% co-insurance for each Medicare covered item.</p> <p>\$0 co-pay for one oral exam, one cleaning and one x-ray per year. Optional comprehensive dental benefit available for a monthly premium of \$38-37.</p> <p>\$15 co-pay for each Medicare covered visit (manual manipulation of the spine to correct subluxation only).</p> <p>The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.</p>
Skilled Nursing Care	<p>20% co-insurance for Part B-covered drugs.</p> <p>The plan includes:</p> <ul style="list-style-type: none"> • The SilverSneakers® Fitness Program* • 24 Hour Nurse Advice Line • Medicare-eligible smoking cessation counseling. 	<p>0-20% co-insurance for Medicare covered Part B prescription drugs.</p> <p>New Silver&Fit program-choice of membership at a participating fitness facility or a Home Fitness Program. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.</p>
Durable Medical Equipment	<p>The Platinum Blue network includes thousands of Minnesota doctors, clinics, hospitals and other care providers and facilities. No referrals needed.</p> <p>Eligible residents of Minnesota may enroll at any time unless they are "locked in" to a Medicare Advantage plan. Individuals with End-Stage Renal Disease are generally not eligible to enroll in Platinum Blue unless they are members of our organization and have been since their dialysis began.</p>	<p>Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.</p> <p>Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.</p>
Dental	<p>No</p>	<p>No</p>
Chiropractic	<p>\$5,000</p>	<p>\$3,000</p>
Travel Benefit	<p>\$35. This plan does not include Part D.</p>	<p>\$93. This plan does not include Part D.</p>
Part B Drugs		
Discounts/Special Programs		
Number of Providers In-Network		
Enrollment Status/Health Screening		
Referrals Needed		
Annual Out-of-Pocket Maximum		
Monthly Premium		


	 <p> HealthPartners® Freedom Basic H2462-004 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare </p>	 <p> HealthPartners® Freedom Ultimate H2462-010 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare </p>
Counties in Plan Area	All 187 Minnesota counties.	All 187 Minnesota counties.
Hospital Inpatient	\$600 co-pay for each Medicare covered stay. No coverage for additional non-Medicare-covered days.	\$0 co-pay for Medicare covered stays. Unlimited days.
Physician/Outpatient	20% co-insurance for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Emergency Services/ Urgent Care	<ul style="list-style-type: none"> • \$100 co-pay for each Medicare covered emergency room visit in the U.S. • 20% co-insurance for Medicare covered urgent care visits inside the U.S. • No coverage outside the U.S., except under limited circumstances. 	<ul style="list-style-type: none"> • \$0 co-pay for each Medicare covered emergency room visit in the U.S.; 20% co-insurance for emergency room visits outside the U.S., worldwide. • \$0 co-pay for each Medicare covered urgent care visit inside the U.S.; 20% co-insurance for urgent care outside the U.S., worldwide.
Preventive Services	\$0 co-pay for all Medicare covered preventive services.	\$0 co-pay for all Medicare covered preventive services.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay for Medicare covered lab services. 20% co-insurance for: diagnostic procedures and tests; x-rays, therapeutic radiology services, and diagnostic radiology services (not including x-rays).	\$0 co-pay for Medicare covered lab services, diagnostic procedures and tests; x-rays, therapeutic radiology services, and diagnostic radiology services (not including x-rays).
Physical/Speech/ Occupational Therapy	20% co-insurance for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$600 co-pay for each Medicare covered stay. Lifetime limit: 190 day limit in a psychiatric hospital. Outpatient: 20% co-insurance for Medicare covered visits.	Inpatient: \$0 co-pay for each Medicare covered stay. Lifetime limit: 190 day limit in a psychiatric hospital. Outpatient: \$0 co-pay for Medicare covered individual or group therapy visits.
Chemical Dependency	Inpatient: \$600 co-pay for each Medicare covered stay. No coverage for additional non-Medicare covered days. Outpatient: 20% co-insurance for Medicare covered visits.	Inpatient: \$0 co-pay for each Medicare covered stay. Outpatient: \$0 co-pay for Medicare covered individual or group visits.
Skilled Nursing Care	Days 1-20: \$0 co-pay per day. Days 21-100: \$130 co-pay per day.	Days 1-20: \$0 co-pay. Days 21-100: \$0 co-pay.
Durable Medical Equipment	20% co-insurance for each Medicare covered item.	20% co-insurance for each Medicare covered item.
Dental	Not covered.	\$0 co-pay for one oral exam, one cleaning and one x-ray per year. Optional comprehensive dental benefit available for a monthly premium of \$38.37.
Chiropractic	20% co-insurance for Medicare covered visits (manual manipulation of the spine to correct subluxation only).	\$0 co-pay for Medicare covered visits (manual manipulation of the spine to correct subluxation only).

Travel Benefit	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.
Part B Drugs	20% co-insurance for Medicare covered Part B prescription drugs.	0-20% co-insurance for Medicare-covered Part B prescription drugs.
Discounts/Special Programs	Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.	New Silver&Fit program-choice of membership at a participating fitness facility or a Home Fitness Program. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.
Number of Providers In-Network	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.
Enrollment Status/Health Screening	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in HealthPartners Freedom plans unless they are a current HealthPartners member.	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	None	\$3,000
Monthly Premium	\$45. This plan does not include Part D.	\$138. This plan does not include Part D.

Quick Tips

#6: Minnesota Board on Aging

- The Minnesota Board on Aging is the gateway to services for Minnesota seniors and their families. The Minnesota Board on Aging ensures that older Minnesotans and their families are effectively served by the state and local policies and programs in order to age well and live well.
- Visit www.mnaging.org for more information about the Minnesota Board on Aging.

	 <p>Enrollment: 1-800-247-70 Sales: 952-883-5601 • Service: 952-883-5601 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare</p>	 <p>H2462-008 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare</p>
Counties in Plan Area	All 87 Minnesota counties.	
Hospital Inpatient	\$300 co-pay for each Medicare covered stay. Unlimited days.	
Physician/Outpatient	<ul style="list-style-type: none"> • \$15 co-pay for each Medicare covered primary care provider visit. • \$40 co-pay for each Medicare covered specialist visit. 	
Emergency Services/ Urgent Care	<ul style="list-style-type: none"> • \$75 co-pay for each Medicare covered emergency room visit in the U.S. • 20% co-insurance for emergency room visits outside the U.S., worldwide. • \$40 co-pay for each Medicare covered urgent care visit inside the U.S. • 20% co-insurance for urgent care outside the U.S., worldwide. 	
Preventive Services	\$0 co-pay for all Medicare covered preventive services.	
Diagnostic Tests, X-rays and Lab Services	<ul style="list-style-type: none"> • \$0 co-pay for Medicare covered lab services; 10% co-insurance for diagnostic procedures and tests, and x-rays. • 20% co-insurance for therapeutic radiology services and diagnostic radiology services (not including x-rays). 	
Physical/Speech/ Occupational Therapy	\$40 co-pay for each Medicare covered visit.	
Home Health Care	\$0 co-pay for Medicare covered home health visits.	
Mental Health	<p>Inpatient:</p> <ul style="list-style-type: none"> • \$300 co-pay for each Medicare covered stay. Contact HealthPartners for details about coverage in a psychiatric hospital stay beyond 190 days. <p>Outpatient:</p> <ul style="list-style-type: none"> • \$40 co-pay for each Medicare covered individual therapy visit. • \$20 co-pay for each Medicare covered group therapy visit. 	
Chemical Dependency	<p>Inpatient:</p> <ul style="list-style-type: none"> • \$300 co-pay for each Medicare covered stay. <p>Outpatient:</p> <ul style="list-style-type: none"> • \$40 co-pay for Medicare covered individual or group therapy visits. 	
Skilled Nursing Care	<p>Days 1-20: \$0 co-pay per day.</p> <p>Days 21-100: \$100 co-pay per day.</p>	
Durable Medical Equipment	20% co-insurance for each Medicare covered item.	

Dental	Optional comprehensive dental benefit available for a monthly premium of \$38.37.	Optional comprehensive dental benefit available for a monthly premium of \$38.37.
Chiropractic	\$15 co-pay for each Medicare covered visit (manual manipulation of the spine to correct subluxation only).	\$15 co-pay for each Medicare covered visit (manual manipulation of the spine to correct subluxation only).
Travel Benefit	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.
Part B Drugs	0-20% co-insurance for Medicare covered Part B prescription drugs.	0-20% co-insurance of the cost for Medicare covered Part B prescription drugs.
Part D Outpatient Prescriptions		
Mail Order Available	Does not apply.	Yes
Shingles Vaccine	Does not apply.	Yes
Shingles Vaccine Out of Pocket Costs	Does not apply.	Covered as a Tier 2 preferred brand drug. Part D deductible applies.
Donut Hole Coverage	Does not apply.	No
Donut Hole Coverage Additional Info	Does not apply.	Does not apply.
Number of Pharmacies in MN that Participate	Does not apply.	Over 1,100.
Deductible	Does not apply.	\$125
Tier 1 Retail pharmacy:	Does not apply.	\$10 generic drugs.
Tier 1 Mail Order:	Does not apply.	\$10 co-pay for one-month supply. \$20 co-pay for a three month supply from a preferred mail order pharmacy. \$30 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 2 Retail pharmacy:	Does not apply.	\$45 preferred brand drugs.
Tier 2 Mail Order:	Does not apply.	\$45 co-pay for one-month supply. \$90 co-pay for a three month supply from a preferred mail order pharmacy. \$135 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 3 Retail pharmacy:	Does not apply.	\$95 non-preferred brand drugs.
Tier 3 Mail Order:	Does not apply.	\$95 co-pay for one month supply. \$190 co-pay for a three month supply from a preferred mail order pharmacy. \$285 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 4 Retail pharmacy:	Does not apply.	33% co-insurance specialty drugs.
Tier 4 Mail Order:	Does not apply.	33% co-insurance specialty drugs.
Extra Services	Does not apply.	Medication Therapy Management. Mail order offers three month supply for two co-pays from a preferred mail order pharmacy.

Discounts/Special Programs	New Silver&Fit program-choice of membership at a participating fitness facility or a Home Fitness Program. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.	New Silver&Fit program: choice of membership at a participating fitness facility or a Home Fitness Program. Access to virtuwel®, a convenient 24/7 online clinic that treats 30 common, everyday conditions. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.
Number of Providers In-Network	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.
Enrollment Status/Health Screening	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000	\$3,000
Monthly Premium	\$53. This plan does not include Part D.	Plan Only (No Part D): Cannot purchase this plan without Part D. Plan with Part D Premium: \$102.80

Quick Tips

#7: NEW!!
Pre-Existing Condition Insurance Plan (PCIP) in Minnesota

- Established by the Affordable Care Act of 2010
- In Minnesota, the PCIP is administered by the U.S. Department of Health and Human Services.
- PCIP provides a health coverage option if:
 - You have been without health care coverage for at least six months
 - You have a pre-existing condition
 - Have been denied health coverage because of your health condition
 - Are a U.S. citizen or reside in the U.S. legally
- There are three PCIP plan options in Minnesota with different premiums, deductibles, prescription deductibles and prescription co-pays.
 - Standard Plan
 - Extended Plan
 - Health Savings Account Plan
- PCIP is not intended for people with Medicare.
- To find out more about PCIP or to apply online, go to <https://www.pcip.gov/Default.html> or call 1-866-717-5826 (TTY: 1-866-561-1604).

Quick Tips

#8: Medicare Hospice Care

- Hospice care offers an alternative in the last days or months of life.
- It focuses not on trying to cure the disease but on providing medical, social, emotional and spiritual support and comfort. Hospice:
 - emphasizes the quality of life in the remaining days, weeks or months;
 - focuses on the person, not the disease, and also cares for the family;
 - provides relief from the physical, emotional and spiritual pain that often accompanies a terminal illness; and
 - provides grief support for surviving loved ones.
- To be eligible for the Medicare hospice benefit:
 - You need to choose to receive hospice care and give up treatments intended to cure your terminal illness.
 - Your doctor and the medical director of a hospice program must certify that you probably have less than six months to live, according to their best clinical judgment.
 - You must have Medicare Part A hospital insurance.
 - You must enroll in a hospice program that Medicare has approved.
- Medicare Hospice benefit covers:
 - Doctor services and nursing care, plus round-the-clock, on-call support.
 - Medical equipment and supplies.
 - Medications to control symptoms and pain.
 - Homemaker and home health aide services.
 - Physical, occupational or speech therapy.
 - Social worker services and dietary counseling.
 - Short-term care in a hospital or other facility for medical reasons, as recommended and arranged by your hospice team.
 - Short-term respite care in a hospital, nursing home or other type of long-term care facility for up to five days at a time if your caregiver needs a rest.
 - Support for your caregiver and family members and, if requested, coaching on how best to help meet your needs.
 - Grief and loss counseling for you and your family.

For more information about Medicare covered hospice care in Minnesota, please call the Senior LinkAge Line® at 1-800-333-2433 or visit www.MinnesotaHelp.info to locate a Medicare certified hospice in Minnesota. You may also want to contact the Minnesota Network of Hospice and Palliative Care at 1-800-214-9597 or visit www.mnhpc.org.

	 HealthPartners® Freedom Ultimate with Rx H2462 -011 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare	 HealthPartners® Freedom Ultimate with Enhanced Rx H2462 -012 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare
Counties in Plan Area	All 87 Minnesota counties.	All 87 Minnesota counties.
Hospital Inpatient	\$0 co-pay for each Medicare covered stay. Unlimited days.	\$0 co-pay for Medicare covered stays. Unlimited days.
Physician/Outpatient	\$0 co-pay for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Emergency Services/ Urgent Care	<ul style="list-style-type: none"> • \$0 co-pay for each Medicare covered emergency room visit in the U.S.; 20% co-insurance for emergency room visits outside the U.S., worldwide. • \$0 co-pay for each Medicare covered urgent care visit inside the U.S.; 20% co-insurance for urgent care outside the U.S., worldwide. 	<ul style="list-style-type: none"> • \$0 co-pay for each Medicare covered emergency room visit in the U.S.; 20% co-insurance for emergency room visits outside the U.S., worldwide. • \$0 co-pay for each Medicare covered urgent care visit inside the U.S.; 20% co-insurance for urgent care outside the U.S., worldwide.
Preventive Services	\$0 co-pay for all Medicare covered preventive services.	\$0 co-pay for all Medicare covered preventive services.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay for Medicare covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • x-rays • therapeutic radiology services • diagnostic radiology services (not including x-rays). 	\$0 co-pay for Medicare covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • x-rays • therapeutic radiology services • diagnostic radiology services (not including x-rays)
Physical/Speech/ Occupational Therapy	\$0 co-pay for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$0 co-pay for each Medicare covered stay. Lifetime limit: 190 day limit in a psychiatric hospital. Outpatient: \$0 co-pay for Medicare covered individual or group therapy visits.	Inpatient: \$0 co-pay for each Medicare covered stay. Lifetime limit: 190 day limit in a psychiatric hospital. Outpatient: \$0 co-pay for Medicare covered individual or group therapy visits.
Chemical Dependency	Inpatient: \$0 co-pay for each Medicare covered stay. Outpatient: \$0 co-pay for Medicare covered individual or group visits.	Inpatient: \$0 co-pay for each Medicare covered stay. Outpatient: \$0 co-pay for Medicare covered individual or group therapy visits.
Skilled Nursing Care	Days 1-20: \$0 co-pay Days 21-100: \$0 co-pay 20% co-insurance for each Medicare covered item.	Days 1-20: \$0 co-pay. Days 21-100: \$0 co-pay. 20% co-insurance for each Medicare covered item.
Durable Medical Equipment	20% co-insurance for each Medicare covered item.	20% co-insurance for each Medicare covered item.
Dental	\$0 co-pay for one oral exam, one cleaning and one x-ray per year. Optional comprehensive dental benefit available for a monthly premium of \$38.37.	\$0 co-pay for one oral exam, one cleaning and one x-ray per year. Optional comprehensive dental benefit available for a monthly premium of \$38.37.
Chiropractic	\$0 co-pay for Medicare covered visits.	\$0 for Medicare covered visits (manual manipulation of the spine to correct subluxation only).

Travel Benefit	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.
Part B Drugs	0-20% co-insurance for Medicare covered Part B prescription drugs.	0-20% co-insurance for Medicare covered Part B prescription drugs.
Part D Outpatient Prescriptions		
Mail Order Available	Yes	Yes
Shingles Vaccine	Yes	Yes
Shingles Vaccine Out of Pocket Costs	Covered as a Tier 2 preferred drug. Part D deductible applies.	\$40 co-pay.
Donut Hole Coverage	No	Some
Donut Hole Coverage Additional Info	Does not apply.	Generics: \$10 co-pay Preferred brand: 40% co-insurance, then 50% manufacturer's discount Non-preferred brand/specialty drugs: 50% manufacturer's discount.
Number of Pharmacies in MN that Participate	Over 1,100.	Over 1,100.
Deductible	\$150	\$100
Tier 1 Retail pharmacy:	\$10 generic drugs.	\$10 generic drugs.
Tier 1 Mail Order:	\$10 co-pay for one-month supply, \$20 co-pay for a three month supply from a preferred mail order pharmacy. \$30 co-pay for a three month supply from a non-preferred mail order pharmacy.	\$10 co-pay for one-month supply, \$20 co-pay for a three month supply from a preferred mail order pharmacy. \$30 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 2 Retail pharmacy:	\$45 preferred brand drugs.	\$40 preferred brand drugs.
Tier 2 Mail Order:	\$45 co-pay for one-month supply, \$90 co-pay for a three month supply from a preferred mail order pharmacy. \$135 co-pay for a three month supply from a non-preferred mail order pharmacy.	\$40 co-pay for one-month supply, \$80 co-pay for a three month supply from a preferred mail order pharmacy. \$120 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 3 Retail pharmacy:	\$95 non-preferred brand drugs.	\$65 non-preferred brand drugs.
Tier 3 Mail Order:	\$95 co-pay for a one month supply, \$190 co-pay for a three month supply from a preferred mail order pharmacy. \$285 co-pay for a three month supply from a non-preferred mail order pharmacy.	\$65 co-pay for a one month supply, \$130 co-pay for a three month supply from a preferred mail order pharmacy. \$195 co-pay for a three month supply from a non-preferred mail order pharmacy.
Tier 4 Retail pharmacy:	33% co-insurance specialty drugs.	33% co-insurance specialty drugs.
Tier 4 Mail Order:	33% co-insurance specialty drugs.	33% co-insurance specialty drugs.
Extra Services	Medication Therapy Management. Mail order offers three month supply for two co-pays from a preferred mail order pharmacy.	Medication Therapy Management. Mail order offers three month supply for two co-pays from a preferred mail order pharmacy.

Discounts/Special Programs	New Silver&Fit program: choice of membership at a participating fitness facility or a Home Fitness Program. Access to virtuwel®, a convenient 24/7 online clinic that treats 30 common, everyday conditions. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.	New Silver&Fit program: choice of membership at a participating fitness facility or a Home Fitness Program. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.
Number of Providers In-Network	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.	Over 32,000 providers. No referral necessary to go to network physicians, specialists and hospitals.
Enrollment Status/Health Screening	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000	\$3,000
Monthly Premium	Plan Only (No Part D): Cannot purchase this plan without Part D. Plan with Part D Premium: \$162.90	Plan Only (No Part D): Cannot purchase this plan without Part D. Plan with Part D Premium: \$347

Quick Tips

#9: Call the Senior LinkAge Line® (1-800-333-2433) for help with:

- Long Term Care Options Counseling
- Home and community based options
- Minnesota Long-Term Care Partnership
- Prescription drug expense assistance for all ages
- Caregiver planning and support
- Medicare
- Health insurance counseling
- Application and forms assistance
- Connecting to state government agencies

Quick Tips

#10: Have you heard about Senior Partners Care?

- Senior Partners Care (SPC) helps low to moderate income Minnesotans who are on Medicare obtain treatment from participating healthcare providers. Through a special partnership with SPC, these healthcare providers have agreed to consider a waiver of the Medicare co-payments and deductibles.
- SPC helps bridge the "Medicare Gap." The Medicare Gap is the portion of expenses incurred for healthcare treatment and services which are not covered by Medicare. These expenses are often paid out-of-pocket by the patient or are covered by a patient's supplemental insurance.
- The SPC program benefits older individuals who cannot afford supplemental insurance and have difficulty paying out-of-pocket for deductibles and co-payments not covered by Medicare. SPC eliminates this financial burden so that participants may enjoy healthier, less stressful, more independent lives!
- SPC is not a form of insurance and has no monthly premiums.
- SPC waives co-payment and deductibles for Medicare-approved claims only and does not waive expenses related to:
 - Nursing homes
 - Ambulance charges*
 - Routine eye, hearing and physical exams
 - Outpatient prescriptions
 - Eyeglasses
- *Ambulance charges may be waived depending on the provider of the service.
- Senior Partners Care is not a form of insurance, HMO, PPO or Medicare Supplement. The program does not pay any bills. If the treatment or service you receive is not covered by Medicare, you will be responsible for the payment. The decision to waive a deductible or co-payment is made by the Health Care Provider based on an individualized determination of the enrollee's financial need.
- To apply for SPC in the Metropolitan area, call Volunteers of America–Minnesota at 952-945-4180 to request an enrollment packet, or with questions regarding the application process.
- To apply for SPC in Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine counties, call the 7-county Senior Federation at 1-866-679-4700.
- To apply for SPC in Northeastern Minnesota or Northwestern Wisconsin, call the Minnesota Citizens Federation Northeast at 218-727-0207.

	 HealthPartners® Freedom Vital with Rx H2462-019 Enrollment: 1-800-247-7015 Sales: 952-883-5601 • Service: 952-883-7979 TTY Enrollment: 952-883-6060 www.healthpartners.com/medicare	 MEDICA® Prime Solution Basic with Part D Option 1 H2450-016 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 www.medica.com
Counties in Plan Area	All 187 Minnesota counties.	All 187 Minnesota counties.
Hospital Inpatient	\$300 co-pay for each Medicare covered stay. Unlimited days.	\$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	\$15 co-pay for each Medicare covered primary care doctor visit; \$40 co-pay for each Medicare covered specialist visit.	\$0 co-pay for each primary care doctor visit or convenience care/retail clinic visit, \$20 co-pay for urgent care in a traditional urgent care setting, and a \$20 co-pay for each specialist visit, for Medicare covered benefits.
Emergency Services/ Urgent Care	\$75 co-pay for each Medicare covered emergency room visit in the U.S.; 20% co-insurance for emergency room visits outside the U.S., worldwide; \$40 co-pay for each Medicare covered urgent care visit inside the U.S.; 20% co-insurance for urgent care outside the U.S., worldwide.	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. You pay a \$0 to \$20 co-pay for Medicare covered Urgent Care visits in the U.S.
Preventive Services	\$0 co-pay for all Medicare covered preventive services.	Preventive services are covered at 100% with no cost to you.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay for Medicare covered lab services 10% co-insurance for Medicare covered: <ul style="list-style-type: none"> • diagnostic procedures and tests • x-rays • therapeutic radiology services 20% co-insurance for Medicare covered diagnostic radiology services (not including x-rays).	0% of the cost for Medicare covered lab services, \$10 co-pay for Medicare covered diagnostic procedures and tests, X-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$40 co-pay for each Medicare covered visit.	\$20 co-pay for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$300 co-pay for each Medicare covered stay. Contact HealthPartners for details about coverage in a psychiatric hospital stay beyond 190 days. Outpatient: \$40 co-pay for each Medicare covered individual therapy visit; \$20 co-pay for each Medicare covered group therapy visit.	Inpatient: \$100 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$20 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$300 co-pay for each Medicare covered stay. Outpatient: \$40 co-pay for Medicare covered individual or group visits.	Inpatient: \$100 co-pay for each Medicare covered stay in a hospital. Outpatient: \$20 co-pay for each individual or group therapy visit for Medicare covered benefits.
Skilled Nursing Care	Days 1-20: \$0 co-pay. Days 21-100: \$100 co-pay per day.	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	20% of the cost for each Medicare covered items.	20% of the cost for Medicare covered items.
Dental	Optional comprehensive dental benefit available for a monthly premium of \$38.37.	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica SeniorDentalRider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.
Chiropractic	\$15 co-pay for each Medicare covered visit (manual manipulation of the spine to correct subluxation only).	\$20 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	The Extended Absence benefit provides plan level of coverage for up to 9 consecutive months when outside the service area but within the U.S. Extended Absence benefit not available outside the U.S. You may use your Medicare benefits outside the plan network but in most cases will be responsible for all Medicare deductibles, co-insurance and ineligible charges.	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.
Part B Drugs	0-20% co-insurance for Medicare covered Part B prescription drugs.	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	Covered as a Tier 2 preferred brand drug. Part D deductible applies.	Part D deductible and co-pays may apply.
Donut Hole Coverage	No	Some
Donut Hole Coverage Additional Info	Does not apply.	Does not apply.
Number of Pharmacies in MN that Participate	Over 1,100 pharmacies.	1,070 retail pharmacies.
Deductible	\$175	\$320
Tier 1 Retail pharmacy:	\$10 generic drugs.	Does not apply.
Tier 1 Mail Order:	\$10 co-pay for one-month supply, \$20 co-pay for a three month supply from a preferred mail order pharmacy, \$30 co-pay for a three month supply from a non-preferred mail order pharmacy.	Does not apply.
Tier 2 Retail pharmacy:	\$45 preferred brand drugs.	Does not apply.

Tier 2 Mail Order:	\$45 co-pay for one-month supply, \$90 co-pay for a three month supply from a preferred mail order pharmacy, \$135 co-pay for a three month supply from a non-preferred mail order pharmacy.	Does not apply.
Tier 3 Retail pharmacy:	\$95 non-preferred brand drugs.	Does not apply.
Tier 3 Mail Order:	\$95 co-pay for a one month supply, \$190 co-pay for a three month supply from a preferred mail order pharmacy, \$285 co-pay for a three month supply from a non-preferred mail order pharmacy.	Does not apply.
Tier 4 Retail pharmacy:	33% co-insurance speciality drugs.	Does not apply.
Tier 4 Mail Order:	33% co-insurance speciality drugs.	Does not apply.
Preferred Generic Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Generic Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Generic Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Generic Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Brand Name Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Brand Name Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Brand Name Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Brand Name Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Specialty Drugs Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Specialty Drugs Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Extra Services	Medication Therapy Management: Mail order offers three month supply for two co-pays from preferred mail order pharmacy.	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. <ul style="list-style-type: none"> Plan covers one routine hearing test and one routine eye exam per year. Hearing aid allowance \$400 per year. Prescription eyewear allowance \$75 per year.
Discounts/Special Programs	New Silver&Fit program-choice of membership at a participating fitness facility or a Home Fitness Program. Up to 30% discount on hearing aids at participating providers. Discounts on other health & wellness products and services at more than 40 popular retailers.	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 Medica CallLink NurseLine.

Number of Providers In-Network	No referral necessary to go to network physicians, specialist 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.
Enrollment Status/ Health Screening	Enrollment open. No health screening. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in a HealthPartners Freedom plan unless they are a current HealthPartners member.	You may enroll in the Medica Prime Solution Basic (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Prime Solution Basic (Cost) unless they are members of Medica and have been since their dialysis began.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000	\$3,000 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.
Monthly Premium	Plan Only (No Part D): Cannot purchase this plan without Part D. Plan with Part D Premium: \$60.20	Plan Only (No Part D): \$79 Plan with Part D Premium: \$105.50

Quick Tips

#11: Call the Disability Linkage Line® (1-866-333-2466) for free statewide help with:

- Employment
- Disability benefits
- Home modifications
- Assistive technology
- Personal care assistance
- Disability awareness and rights
- Special Needs Basic Care Plans for people under age 65

	<p>MEDICA® Prime Solution Basic with Part D Option 2 H2450-001 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 and ask for 1-800-906-5432 www.medicca.com</p>	<p>MEDICA® Prime Solution Basic with Part D Option 3 H2450-005 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 and ask for 1-800-906-5432 www.medicca.com</p>
Counties in Plan Area	All 187 Minnesota counties.	All 187 Minnesota counties.
Hospital Inpatient	\$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.	\$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	\$0 co-pay for each primary care doctor visit or convenience care/retail clinic visit, \$20 co-pay for urgent care in a traditional urgent care setting, and a \$20 co-pay for each specialist visit, for Medicare covered benefits.	\$0 co-pay for each primary care doctor visit or convenience care/retail clinic visit, \$20 co-pay for urgent care in a traditional urgent care setting, and a \$20 co-pay for each specialist visit, for Medicare covered benefits.
Emergency Services/ Urgent Care	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. You pay a \$0 to \$20 co-pay for Medicare covered urgent care visits in the U.S.	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. You pay a \$0 to \$20 co-pay for Medicare covered urgent care visits in the U.S.
Preventive Services	Preventive services are covered at 100% with no cost to you.	Preventive services are covered at 100% with no cost to you.
Diagnostic Tests, X-rays and Lab Services	0% of the cost for Medicare covered lab services, \$10 co-pay for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology services), and therapeutic radiology services.	0% of the cost for Medicare covered lab services, \$10 co-pay for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$20 co-pay for each Medicare covered visit.	\$20 co-pay for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$100 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital), \$0 co-pay for additional hospital days. Outpatient: \$20 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.	Inpatient: \$100 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital), \$0 co-pay for additional hospital days. Outpatient: \$20 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$100 co-pay for each Medicare covered stay in a hospital. Outpatient: \$20 co-pay for each individual or group therapy visit for Medicare covered benefits.	Inpatient: \$100 co-pay for each Medicare covered stay in a hospital. Outpatient: \$20 co-pay for each individual or group therapy visit for Medicare covered benefits.
Skilled Nursing Care	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.	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	20% of the cost for Medicare covered items.	20% of the cost for Medicare covered items.

Dental	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.
Chiropractic	\$20 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.	\$20 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	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide emergency care up to a plan limit of \$20,000 per year.	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide emergency care up to a plan limit of \$20,000 per year.
Part B Drugs	20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs.	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 co-pays may apply.	Part D co-pays 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 co-pay for a three-month (90-day) supply.	Generic Drugs: \$20 co-pay 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: \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.	Non-Preferred Brand Drugs: \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.
Tier 3 Mail Order:	Non-Preferred Brand Drugs: \$148 co-pay for a three-month (90-day) supply.	Non-Preferred Brand Drugs: \$148 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. <ul style="list-style-type: none"> • Plan covers one routine hearing test and one routine eye exam per year. • Hearing aid allowance: \$400 per year. • Prescription eyewear allowance \$75 per year. 	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. <ul style="list-style-type: none"> • Plan covers one routine hearing test and one routine eye exam per year. • Hearing aid allowance: \$400 per year. • Prescription eyewear allowance \$75 per year.
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 Medica CallLink NurseLine.	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 Medica CallLink NurseLine.
Number of Providers In-Network	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.
Enrollment Status/Health Screening	You may enroll in the Medica Prime Solution Basic (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Prime Solution Basic (Cost) unless they are members of Medica and have been since their dialysis began.	You may enroll in the Medica Prime Solution Basic (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Prime Solution Basic (Cost) unless they are members of Medica and have been since their dialysis began.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,000 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.	\$3,000 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.
Monthly Premium	Plan Only (No Part D): \$79 Plan with Part D Premium: \$122.60	Plan Only (No Part D): \$79 Plan with Part D Premium: \$181.20

#12: What is a Medicare Cost Plan?

Medicare cost plans are managed care plans that allow beneficiaries to see providers outside of the managed care network and still have payment made by Original Medicare. For Medicare services paid outside of the network, cost sharing is higher for the beneficiary, including Medicare deductibles and co-insurance.

Medicare pays the cost plan the reasonable cost of the Medicare-covered services furnished directly to, or arranged for, Medicare beneficiaries enrolled in the cost plan, less the value of the deductible and coinsurance.

In addition to the costs directly related to the provision of health services, Medicare also pays reasonable costs associated with operating a health plan, such as marketing, enrollment, and membership expenses. Cost plans receive an advance interim payment per member per month based on the cost plan's estimated reimbursable costs. CMS and the cost plans make adjustments after the contract period to align the payments with the actual costs incurred following the plan's submission of an independently certified cost report that details cost, utilization, and enrollment data for the entire contract period.

- Cost plans that are open for enrollment, which are all of the cost plans in the 2012 edition of *Health Care Choices*, must have an open enrollment period for at least 30 consecutive days annually.
- A beneficiary can enroll in an open cost plan at any time, without health screening.
- A beneficiary can dis-enroll from a cost plan at any time.
- Beneficiaries enrolled in cost plans have the option of enrolling in a separate Stand Alone Prescription Drug Plan (PDP) or a PDP offered by the cost plan.
- Cost plans have been available since the 1970s.
- Minnesota has more open cost plan options than any other state.

One perfect plan for all Medicare beneficiaries does not exist. This is why it is important to understand your options and your needs to help you select the plan that is best for you.

Quick Tips

	<p>MEDICA® Prime Solution Enhanced with Part D Option 1 H2450-017 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 www.medicca.com</p>	<p>MEDICA® Prime Solution Enhanced with Part D Option 2 H2450-002 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 and ask for 1-800-906-5432 www.medicca.com</p>
Counties in Plan Area	All 187 Minnesota counties.	All 187 Minnesota counties.
Hospital Inpatient	\$0 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.	\$0 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	\$0 co-pay for each primary care doctor visit, for each in-area, network urgent care visit, and each specialist visit, for Medicare covered benefits.	\$0 co-pay for each primary care doctor visit, for each in-area, network urgent care visit, and each specialist visit, for Medicare covered benefits.
Emergency Services/ Urgent Care	\$0 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$0 co-pay for Medicare covered Urgent Care visits in the U.S.	\$0 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$0 co-pay for Medicare covered urgent care visits in the U.S.
Preventive Services	Preventive services are covered at 100% with no cost to you.	Preventive services are covered at 100% with no cost to you.
Diagnostic Tests, X-rays and Lab Services	0% of the cost for Medicare covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.	0% of the cost for Medicare covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$0 co-pay for each Medicare covered visit.	\$0 co-pay for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$0 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$0 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.	Inpatient: \$0 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$0 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$0 co-pay for each Medicare covered stay in a hospital. Outpatient: \$0 co-pay for each individual or group therapy visit for Medicare covered benefits.	Inpatient: \$0 co-pay for each Medicare covered stay in a hospital. Outpatient: \$0 co-pay for each individual or group therapy visit for Medicare covered benefits.
Skilled Nursing Care	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.	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	0% of the cost for Medicare covered items.	0% of the cost for Medicare covered items.

Dental	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.
Chiropractic	\$0 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.	\$0 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	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.
Part B Drugs	20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs.	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-pays may apply.	Part D deductible and co-pays 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	\$320	\$0
Tier 1 Retail pharmacy:		Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.
Tier 1 Mail Order:	Does not apply.	Generic Drugs: \$20 co-pay for a three-month (90-day) supply.
Tier 2 Retail pharmacy:	Does not apply.	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:	Does not apply.	Preferred Brand Drugs: \$68 co-pay for a three-month (90-day) supply.
Tier 3 Retail pharmacy:	Does not apply.	Non-Preferred Brand Drugs: \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.
Tier 3 Mail Order:	Does not apply.	Non-Preferred Brand Drugs: \$148 co-pay for a three-month (90-day) supply.

Tier 4 Retail pharmacy:	Does not apply.	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:	Does not apply.	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.
Preferred Generic Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Generic Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Generic Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Generic Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Brand Name Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Brand Name Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Brand Name Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Brand Name Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Specialty Drugs Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Specialty Drugs Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
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. <ul style="list-style-type: none"> • Plan covers one routine hearing test and one routine eye exam per year. • Hearing aid allowance \$400 per year. • Prescription eyewear allowance \$125 per year. 	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. <ul style="list-style-type: none"> • Plan covers one routine hearing test and one routine eye exam per year. • Hearing aid allowance \$400 per year. • Prescription eyewear allowance \$125 per year.
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 Medica CallLink Nurseline.	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 Medica CallLink Nurseline.
Number of Providers In-Network	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.

<p>Enrollment Status/ Health Screening</p>	<p>You may enroll in the Medica Prime Solution Enhanced (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Prime Solution Enhanced (Cost) unless they are members of Medica and have been since their dialysis began.</p>	<p>You may enroll in the Medica Prime Solution Enhanced (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medicare Prime Solution Enhanced (Cost) unless they are members of Medica and have been since their dialysis began.</p>
<p>Referrals Needed</p>	<p>No</p>	
<p>Annual Out-of-Pocket Maximum</p>	<p>\$3,000 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.</p>	
<p>Monthly Premium</p>	<p>Plan Only (No Part D): \$129</p>	<p>Plan with Part D Premium: \$172.60</p>

Quick Tips

#13: Competitive Bidding for Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) in 2013

- Beginning in 2013, Medicare will expand competitive bidding to Minnesota. Under competitive bidding DMEPOS suppliers will compete to become Medicare contract suppliers by submitting bids to Medicare. Medicare awards contracts to suppliers to meet the beneficiary demand for the bid items. Items will include:
 - Oxygen supplies and equipment
 - CPAP
 - Mail order diabetic supplies
 - Power wheelchairs, scooters and related accessories
 - Hospital beds
 - Enteral nutrition
 - Walkers

	<p>MEDICA® Prime Solution Enhanced with Part D Option 3 H2450-006 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 and ask for 1-800-906-5432 www.medicca.com</p>	<p>MEDICA® Prime Solution Thrift with Part D Option 1 H2450-007 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 and ask for 1-800-906-5432 www.medicca.com</p>
Counties in Plan Area	All 187 Minnesota counties.	All 187 Minnesota counties.
Hospital Inpatient	\$0 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.	\$600 co-pay for each Medicare covered hospital stay. Plan covers 90 days each benefit period. Plan covers 60 lifetime reserve days. \$0 co-pay per lifetime reserve day.
Physician/Outpatient	\$0 co-pay for each primary care doctor visit, for each in-area, network urgent care visit, and each specialist visit, for Medicare covered benefits.	20% of the cost for each primary care doctor visit, for each in-area, network urgent care visit, and each specialist visit, for Medicare covered benefits. 20% of the cost for each Medicare covered ambulatory surgical center or outpatient hospital facility visit.
Emergency Services/ Urgent Care	\$0 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$0 co-pay for Medicare covered urgent care visits in the U.S.	\$50 co-pay for each Medicare covered emergency room visit and 20% of the cost for each urgent care visit (not covered outside the U.S. except under limited circumstances).
Preventive Services	Preventive services are covered at 100% with no cost to you.	Preventive Services covered under Original Medicare are covered at 100% with no cost to you.
Diagnostic Tests, X-rays and Lab Services	0% of the cost for Medicare covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.	0% of the cost for Medicare-covered lab services. 20% of the cost for Medicare-covered diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$0 co-pay for each Medicare covered visit.	20% of the cost for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 for Medicare covered home health visits.
Mental Health	Inpatient: \$0 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$0 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.	Inpatient: You receive up to 190 days in a Psychiatric Hospital in a lifetime. \$600 co-pay for each Medicare covered hospital stay. Outpatient: 20% of the cost for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$0 co-pay for each Medicare covered stay in a hospital. Outpatient: \$0 co-pay for each individual or group therapy visit for Medicare covered benefits.	Inpatient: \$600 co-pay for each Medicare covered stay in a hospital. Outpatient: 20% of the cost for each individual or group therapy visit for Medicare covered benefits.
Skilled Nursing Care	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.	Days 1-20: \$0 per day. Days 21-100: \$144.50 per day.
Durable Medical Equipment	0% of the cost for Medicare covered items.	20% of the cost for Medicare covered item.

Dental	In general, preventive dental benefits (such as cleaning) are not covered. You pay 0% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1,000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.	In general, preventive dental benefits (such as cleaning) are not covered. 20% of the cost for Medicare covered dental benefits.
Chiropractic	\$0 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.	20% of the cost 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	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.	Out of Service Area: Plan covers you when you travel in the U.S.
Part B Drugs	20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs.	20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs and other Part B-covered drugs.
Part D Outpatient Prescriptions		
Mail Order Available	Yes	Yes
Shingles Vaccine	Yes	Yes
Shingles Vaccine Out of Pocket Costs	Part D co-pays may apply.	Part D deductibles and co-pays may apply.
Donut Hole Coverage	Some	Some
Donut Hole Coverage Additional Info	Generic drugs: \$10 for a 31 day supply; \$30 for a 90 day supply (retail); \$20 for a 90 day supply (mail order).	Does not apply.
Number of Pharmacies in MN that Participate	1,070 retail pharmacies.	1,070 retail pharmacies.
Deductible	\$0	\$320
Tier 1 Retail pharmacy:	Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.	Does not apply.
Tier 1 Mail Order:	Generic Drugs: \$20 co-pay for a three-month (90-day) supply.	Does not apply.
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.	Does not apply.
Tier 2 Mail Order:	Preferred Brand Drugs: \$68 co-pay for a three-month (90-day) supply.	Does not apply.
Tier 3 Retail pharmacy:	Non-Preferred Brand Drugs: \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.	Does not apply.
Tier 3 Mail Order:	Non-Preferred Brand Drugs: \$148 co-pay for a three-month (90-day) supply.	Does not apply.

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.	Does not apply.
Tier 4 Mail Order:	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.	Does not apply.
Preferred Generic Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Generic Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Generic Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Generic Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Brand Name Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Preferred Brand Name Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Brand Name Drug Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Non-preferred Brand Name Drug Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Specialty Drugs Retail pharmacy:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
Specialty Drugs Mail Order:	Does not apply.	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.
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. <ul style="list-style-type: none"> • Plan covers one routine hearing test and one routine eye exam per year. • Hearing aid allowance \$400 per year. • Prescription eyewear allowance \$125 per year. 	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.
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 Medica CallLink Nurseline.	In-Network, the plan covers the following health/wellness education benefits: Written health education materials, including Newsletters, Additional smoking cessation and Medica CallLink Nurse Line.
Number of Providers In-Network	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.

<p>Enrollment Status/ Health Screening</p>	<p>You may enroll in the Medica Prime Solution Enhanced (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medicare Prime Solution Enhanced (Cost) unless they are members of Medica and have been since their dialysis began.</p>	<p>You may enroll in the Medica Prime Solution Thrift (Cost) Plan if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only, and live in the service area. No health screening needed. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medicare Prime Solution Thrift (Cost) unless they are members of Medica and have been since their dialysis began.</p>
<p>Referrals Needed</p>	<p>No</p>	
<p>Annual Out-of-Pocket Maximum</p>	<p>\$3,000 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.</p>	
<p>Monthly Premium</p>	<p>Plan Only (No Part D): \$129 Plan with Part D Premium: \$231.20</p>	<p>Plan Only (No Part D): \$29 Plan with Part D Premium: \$55</p>

Quick Tips

#14: The Minnesota Board on Aging's Senior LinkAge Line® is the federally designated State Health Insurance Assistance Program (SHIP) for Minnesota.

- Every state has a SHIP that provides local one-to-one counseling and assistance with understanding Medicare, health insurance and long-term care options.
- The Senior LinkAge Line® provides free, objective comprehensive phone and in person assistance in all 87 counties of Minnesota.
- The assistance is provided locally through your Area Agency on Aging.
- One number is all you need
 - 1-800-333-2433

	<p>MEDICA® Prime Solution Value with Part D Option 1 H2450-022 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 www.medicacost.com</p>	<p>MEDICA® Prime Solution Value with Part D Option 2 H2450-023 Enrollment: 1-800-906-5432 TTY Enrollment: 1-800-855-2880 www.medicacost.com</p>
Counties in Plan Area	All 87 Minnesota counties.	All 87 Minnesota counties.
Hospital Inpatient	\$300 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.	\$300 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	\$10 co-pay for each primary care doctor visit, \$10 co-pay for convenience care/retail clinic visit, \$30 co-pay for urgent care in a traditional urgent care setting, and a \$30 co-pay for each specialist visit, for Medicare covered benefits.	\$10 co-pay for each primary care doctor visit, \$10 co-pay for convenience care/retail clinic visit, \$30 co-pay for urgent care in a traditional urgent care setting, and a \$30 co-pay for each specialist visit, for Medicare covered benefits.
Emergency Services/ Urgent Care	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$10 to \$30 co-pay for Medicare covered Urgent Care visits in the U.S.	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$10 to \$30 co-pay for Medicare covered Urgent Care visits in the U.S.
Preventive Services	Preventive services are covered at 100% with no cost to you.	Preventive services are covered at 100% with no cost to you.
Diagnostic Tests, X-rays and Lab Services	0% of the cost for Medicare covered lab services. 10% of the cost for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.	0% of the cost for Medicare covered lab services. 10% of the cost for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$30 co-pay for each Medicare covered visit.	\$30 co-pay for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$300 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$30 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.	Inpatient: \$300 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital). \$0 co-pay for additional hospital days. Outpatient: \$30 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$300 co-pay for each Medicare covered stay in a hospital. Outpatient: \$30 co-pay for each individual or group therapy visit for Medicare-covered benefits.	Inpatient: \$300 co-pay for each Medicare covered stay in a hospital. Outpatient: \$30 co-pay for each individual or group therapy visit for Medicare-covered benefits.
Skilled Nursing Care	Days 1-20: \$0 co-pay per day. Days 21-100: \$80 per day. Plan covers up to 100 days each benefit period for Medicare-covered stays.	Days 1-20: \$0 co-pay per day. Days 21-100: \$80 per day. Plan covers up to 100 days each benefit period for Medicare-covered stays.
Durable Medical Equipment	20% of the cost for Medicare covered items.	20% of the cost for Medicare covered items.

Dental	In general, preventive dental benefits (such as cleaning) are not covered. You pay 20% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.	In general, preventive dental benefits (such as cleaning) are not covered. You pay 20% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.
Chiropractic	\$20 co-pay for each Medicare covered visit. Medicare covered chiropractic visits are for manual manipulation of the spine to correct displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	\$20 co-pay for each Medicare covered visit. Medicare covered chiropractic visits are for manual manipulation of the spine to correct displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
Travel Benefit	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide Emergency Care up to a plan limit of \$20,000 per year.
Part B Drugs	20% of the cost for Part B-covered drugs, including Part B-covered chemotherapy drugs.	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 co-pays may apply.	Part D co-pays 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	\$320	\$0
Tier 1 Retail pharmacy:	Does not apply.	Generic Drugs: \$10 co-pay for one-month (31-day) supply; \$30 for a three-month (90-day) supply.
Tier 1 Mail Order:	Does not apply.	Generic Drugs: \$20 for a three-month (90-day) supply.
Tier 2 Retail pharmacy:	Does not apply.	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:	Does not apply.	Preferred Brand Drugs: \$68 co-pay for a three-month (90-day) supply.

Tier 3 Retail pharmacy:	Does not apply.	Non-Preferred Brand Drugs: \$74 co-pay for a one-month (31-day) supply; \$222 co-pay for a three-month (90-day) supply.
Tier 3 Mail Order:	Does not apply.	Non-Preferred Brand Drugs: \$148 co-pay for a three-month (90-day) supply.
Tier 4 Retail pharmacy:	Does not apply.	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:	Does not apply.	Specialty Tier Drugs: 25% co-insurance for a three-month (90-day) supply.
Preferred Generic Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Generic Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Generic Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Generic Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Brand Name Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Preferred Brand Name Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Brand Name Drug Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Non-preferred Brand Name Drug Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Specialty Drugs Retail pharmacy:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
Specialty Drugs Mail Order:	After your \$320 yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.	Does not apply.
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. Plan covers one routine hearing test and one routine eye exam per year.	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. Plan covers one routine hearing test and one routine eye exam per year.
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 Medica CallLink NurseLine.	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 Medica CallLink NurseLine.
Number of Providers In-Network	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.

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	All 87 Minnesota counties.
Counties in Plan Area	All 87 Minnesota counties.
Hospital Inpatient	\$300 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	\$10 co-pay for each primary care doctor visit, \$10 co-pay for convenience care/retail clinic visit, \$30 co-pay for urgent care in a traditional urgent care setting, and a \$30 co-pay for each specialist visit, for Medicare covered benefits.
Emergency Services/ Urgent Care	\$50 co-pay for each Medicare covered emergency room visit inside or outside the U.S. \$20,000 plan coverage limit for emergency services outside the U.S. each year. \$10 to \$30 co-pay for Medicare covered urgent care visits in the U.S.
Preventive Services	\$0 co-pay for all Medicare covered preventive services.
Diagnostic Tests, X-rays and Lab Services	0% of the cost for Medicare covered lab services. 10% of the cost for Medicare covered diagnostic procedures and tests, x-rays, diagnostic radiology services, and therapeutic radiology services.
Physical/Speech/ Occupational Therapy	\$30 co-pay for each Medicare covered visit.
Home Health Care	\$0 co-pay for Medicare covered home health visits.
Mental Health	Inpatient: \$300 co-pay for each Medicare covered hospital stay (up to 190 days in a psychiatric hospital), \$0 co-pay for additional hospital days. Outpatient: \$30 co-pay for each Medicare covered individual or group therapy visit, or partial hospitalization program services.
Chemical Dependency	Inpatient: \$300 co-pay for each Medicare covered stay in a hospital. Outpatient: \$30 co-pay for each individual or group therapy visit for Medicare covered benefits.
Skilled Nursing Care	Days 1-20: \$0 co-pay per day. Days 21-100: \$80 per day. Plan covers up to 100 days each benefit period for Medicare covered stays. 20% of the cost for Medicare covered items.
Durable Medical Equipment	
Dental	In general, preventive dental benefits (such as cleaning) are not covered. You pay 20% of the cost for Medicare covered dental benefits. A Medica Senior Dental Rider is available for an additional premium of \$42.50 per month which provides \$0 co-pay for up to 2 oral exams per year, up to 2 cleanings per year, and up to 1 dental x-ray per year. The Plan offers additional comprehensive benefits with a \$50 deductible each year. \$1000 plan coverage limit for preventive and comprehensive dental benefits. Does not require use of a network dental provider. You may seek dental services from any licensed dentist.
Chiropractic	\$20 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	Out of Service Area: Plan covers you when you travel in the U.S. It also covers you for worldwide emergency care up to a plan limit of \$20,000 per year.
Part B Drugs	20% co-insurance 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 co-pays may apply.
Donut Hole Coverage	Some
Donut Hole Coverage Additional Info	Generic drugs: \$10 for a 31 day supply; \$30 for a 90 day supply (retail); \$20 for a 90 day supply (mail order).
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.
Tier 1 Mail Order:	Generic Drugs: \$20 for a three-month (90-day) supply.
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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. Plan covers one routine hearing test and one routine eye exam per year.
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 Medica CallLink NurseLine.
Number of Providers In-Network	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.
Enrollment Status/Health Screening	You may enroll in the Medica Prime Solution Value (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B only, and live in the service area. No health screening. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medica Prime Solution Value (Cost) unless they are members of Medica and have been since their dialysis began.
Referrals Needed	No
Annual Out-of-Pocket Maximum	\$3,350 out-of-pocket limit. This limit includes only Medicare Part A and B-covered services.
Monthly Premium	Plan Only (No Part D): \$59 Plan with Part D Premium: \$161.20