

2013

Medica Clear SolutionSM (PPO)



MEDICA[®]

Medicare plans made simple.

Medicare facts you should know.

Not everyone realizes that Medicare does not cover all healthcare expenses and there is no maximum limit on the amount you might have to pay out-of-pocket.

If you just have Original Medicare, you are responsible for the following costs:

- Part A and Part B deductibles
- 20% for Part B medical services (with no annual or lifetime maximum out-of-pocket limit)
- Inpatient hospital and skilled nursing care charges above Medicare limits
- Most health care received outside the U.S.

Medica Clear Solution helps lower your out-of-pocket costs with low to no copays and coverage of your Medicare deductibles. It also gives you valuable additional benefits that Original Medicare does not offer like Part D prescription coverage and a maximum out-of-pocket limit. (See page 5 for plan information.)

As you make your important Medicare coverage decisions, Medica’s Center for Healthy Aging is here to support you. Our friendly and knowledgeable Medica Medicare Specialists can answer your questions and help you understand your options.

Call us toll-free at **1-888-347-3606**, 8 a.m. to 8 p.m. Central Time, seven days a week. TTY users, please call the National Relay Center at **1-800-855-2880**. (Access to representatives may be limited on weekends and holidays during certain times of the year.)

Medica has been providing non-profit health coverage in the Midwest for more than 35 years. We have more than 1,000,000 members and over 120,000 Medicare plan members.

- Our plans are sold by independent insurance agents who live in your community and understand your needs.
- Medicare Workshops are regularly scheduled where you can receive the information you need to make the best choice for you. Visit www.medica.com/MedicareWorkshops to locate a workshop near you.
- Helpful information about Medicare and Medica’s plans is also available at: www.medica.com/MedicareandSeniors.

1-888-347-3606;
TTY, call the National Relay
Center at 1-800-855-2880



Medicare Eligibility and Enrollment

Are you eligible for Medicare?

You are eligible for Medicare if at least one of the following applies to you: (1) You are 65 years old, (2) You are disabled, (3) You have been diagnosed with end-stage renal disease (ESRD).

Turning 65

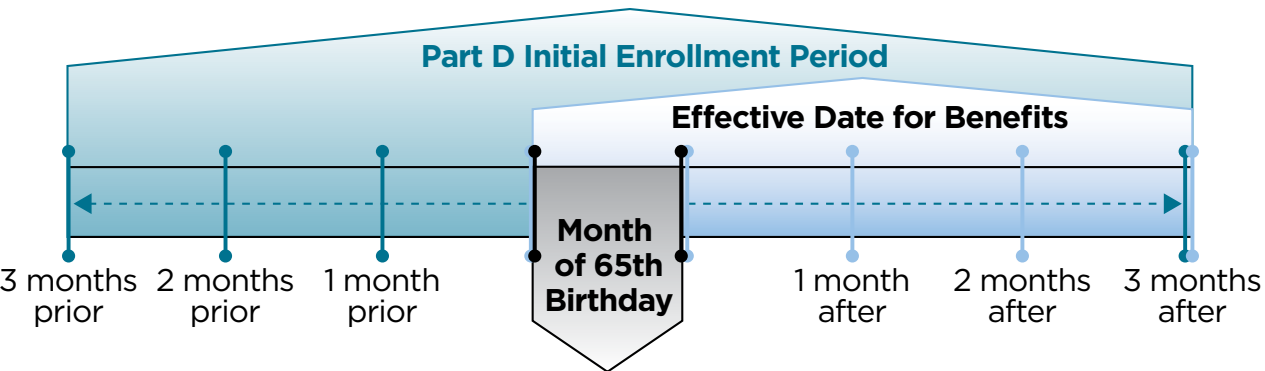
If you are receiving Social Security benefits when you turn 65, your Medicare card should arrive 3 months before your 65th birthday.

If you are not receiving Social Security benefits, then you will need to apply for Medicare through the Social Security Administration. You can go to www.ssa.gov, or visit your local Social Security office, or call 1-800-772-1213, 7 a.m. to 7 p.m., Monday–Friday. TTY users can call 1-800-325-0778.

Medicare Enrollment Periods

Part D Initial Enrollment Period (IEP):

- The seven months in which you may initially enroll in a Medicare Prescription Drug (Part D) plan without penalty



Annual Election Period (AEP): October 15 – December 7

- All Medicare-eligible individuals can make changes to medical and Part D coverage
- All enrollment and disenrollment options are available

Special Enrollment Period (SEP)

- Allows for special circumstances aside from the other periods
- Check with Medica or your agent for specific rules and details

Medicare Advantage Disenrollment Period (MADP)

The Medicare Advantage Disenrollment Period (MADP) is January 1 through February 14 of each year. During this period, a person enrolled in a Medicare Advantage plan may disenroll from that plan and return to Original Medicare.

What is Medicare?

- Medicare provides basic, affordable health coverage for beneficiaries
- You can't be denied Medicare coverage due to pre-existing conditions and coverage can't be cancelled if you get sick
- Medicare is administered by the Centers for Medicare and Medicaid Services (CMS)

Medicare is divided into four “Parts” — A, B, C and D

Part A: Hospital Coverage

- Helps pay for things such as inpatient hospital stays, critical care, skilled nursing facilities, hospice care and some home healthcare
- There is no premium if you have worked a minimum of ten years in Medicare-covered employment, and are eligible for Social Security benefits
- There are deductibles you must pay

Part B: Medical Coverage

- Helps pay for doctors' services, outpatient hospital care, physical and occupational therapy and home healthcare
- There are deductibles you must pay and a monthly Part B premium
- Your premium is deducted from your Social Security benefits

Part C: Medicare Advantage Plans

- Part C gives you the option to choose a Medicare Advantage (MA) plan in which you assign your Medicare Parts A and B benefits to a private health plan that administers your benefits on behalf of Medicare. Medica Clear Solution is a Medicare Advantage plan.

Part D: Prescription Drug Coverage

- Helps pay the cost of prescription drugs that are on the health plan's Part D formulary (list of covered drugs)
- You must choose whether or not to enroll in Part D; there are penalties for late enrollment
- Private health plans offer this coverage under contract with Medicare

How Part D Works

To get Part D prescription coverage, you must enroll in a private Part D plan. You can choose between a stand-alone plan (PDP) that only provides prescription coverage or a plan that combines medical and Part D coverage like Medica Clear Solution.

Most Part D plans have three levels of coverage:

1. Initial Coverage

In this stage, the member and the plan share drug costs – exact cost-sharing amounts vary by plan. Some plans also have a deductible you must pay before the plan covers any prescription costs.

2. Coverage Gap (also known as the “donut hole”)

Once you and your plan together have paid \$2,970 in drug costs, you move into the Coverage Gap. In this stage, you usually pay 79% for generic drugs and 47.5%* for covered brand drugs.

3. Catastrophic Coverage

After your total out-of-pocket drug costs reach \$4,750 you enter the Catastrophic Coverage stage in which you pay the greater of \$2.65 or 5% for generic drugs and \$6.60 or 5% for all other drugs for the remainder of the year.

**In the Coverage Gap (“Donut Hole”), you receive a manufacturer-paid 50% discount on covered brand drugs (unless you are already receiving “Extra Help” – see below). (The plan pays 2.5% of the drug cost.) 97.5% of the drug cost — including both the portion covered by the manufacturer discount and your out-of-pocket cost — counts toward your Drug Costs and helps move you through the Coverage Gap.*

Help for people with limited incomes

You may be able to get Extra Help to pay for your prescription drug premiums and costs. If you qualify, Medicare could pay for up to seventy-five (75) percent of drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.
- Your State Medicaid Office.



Medica Clear Solution combines medical and Part D coverage in one plan with a single, affordable premium and valuable additional benefits.

Medica Clear Solution is a Medicare Advantage (PPO) plan, which means that we manage your Medicare benefits and pay your providers for Medicare-covered services. You select your doctors and other providers from a large network of “preferred” providers. And no referrals are required when you visit network doctors and specialists.

The plan covers important costs not covered by Original Medicare. Since it is not underwritten, there is no health screening, so you cannot be turned away as long as you are Medicare eligible.

There are two Medica Clear Solution plans to choose from — the Part D prescription coverage is the same for both plans but the medical coverage varies so you can choose the plan that best meets your needs. Both plans include an out-of-pocket maximum, so you know the most you might have to pay out-of-pocket each year for medical expenses.

	Medica Clear Solution Plan Options	
	Essential	Premier
Monthly Premium Amount	\$102.00	\$206.70
Medical Deductible	\$200	No Deductible
Maximum Out-of-Pocket Limit	In-Network: \$3,400; Combined In- and Out-of-Network: \$5,100	In-Network: \$2,500; Combined In- and Out-of-Network: \$4,000

Medica Clear Solution Premier also includes unique benefits like acupuncture, nutritional counseling, and transportation and meal benefits following hospital discharge.



Medica Clear Solution Medical Benefit Overview	2012 Original Medicare YOU PAY	Medica Clear Solution	
		Essential YOU PAY	Premier YOU PAY
Premium	\$99.90	\$102.00 [†]	\$206.70 [†]
Benefits ▼	In-Network ^{††}		
Preventive Care	No Cost	No Cost	No Cost
Primary/Convenience Care	20%*	\$15**	\$0
Specialist Office Visit	20%*	\$25**	\$0
Urgent Care	20%*	\$15	\$0
Chiropractic***	20%*	\$20	\$0
Acupuncture	100%	100%	\$0****
Physical & Speech Therapy	20%*	\$25	\$0
Routine Eye Exam	100%	\$25	\$0
Routine Hearing Exam	100%	\$25	\$0
Diagnostic Procedures/Tests	20%*	\$15	\$0
X-Rays/Radiology	20%*	\$15	\$0
Lab Services	\$0*	\$0	\$0
Durable Medical Equipment	20%*	20%	\$0
Diabetes Testing Supplies	20%*	\$0	\$0
Ambulance	20%*	\$25	\$0
Outpatient Hospital	20%*	\$100	\$0
Worldwide Emergency Room	20%*	\$65*****	\$0*****
Inpatient Hospital Days 1 – 60 Days 61 – 90 Days 91 – 150 Days 151+	\$1,156 total \$289/day \$578/day 100%	Days 1 – 7 \$100/day Days 8 – 90 \$0 /day	\$0 per stay for unlimited days
Skilled Nursing Facility Days 1 – 20 Days 21 – 100 Days 101+	\$0 \$144.50/day 100%	\$0± \$80± 100%	\$0 \$0 100%

[†] You must continue to pay your Medicare Part B Premium.

^{††} Out-of-network costs typically are 40% coinsurance for covered services for the Essential plan and 20% for Premier.

* After you pay your Medicare Part B deductible.

** Hospital-based outpatient clinic visits may result in charges for additional copays during the same visit.

*** Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).

**** Limited to 12 in-network visits per year.

***** Yearly \$20,000 plan coverage limit outside the U.S. and its territories.

± 3 day prior hospital stay required.

For detailed coverage information, please refer to the plan Summary of Benefits.

Medica Clear Solution Part D Coverage

Part D prescription drug coverage is included in your Medica Clear Solution plan.

		YOU PAY
Part D Annual Deductible		\$325
		(31-Day Retail)
Level One: Shared drug costs \$0 to \$2,970	Generic	25%
	Preferred Brand	25%
	Non-Preferred Brand	25%
	Specialty	25%
Level Two: Member-only drug costs up to \$4,750	Generic Drug Costs	79%
	Brand Drug Costs	47.5%*
Level Three: Shared drug costs \$4,750 and up	Generic Drug Costs	\$2.65 or 5%**
	Other Drug Costs	\$6.60 or 5%**

**In Level Two/Coverage Gap (“Donut Hole”), you receive a manufacturer-paid discount on covered brand drugs (unless you are already receiving “Extra Help” — see page 4).*
*** Whichever is greater.*

Medica Clear Solution includes a comprehensive drug formulary and convenient access to prescriptions through retail or mail order.

- A large, retail pharmacy network with over 60,000 pharmacies nationwide
- Three-month supplies of eligible drugs



To see if our formulary includes the drugs you take, go to www.medica.com/medicareformularies to check online, or call Customer Service to request that a printed formulary be sent to you. The toll-free number is 1-888-347-3606. TTY users, please call the National Relay Center at 1-800-855-2880.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.

Additional Plan Features

Free Fitness Center Membership through the SilverSneakers® Fitness Program

Medica offers you a basic fitness center membership at no additional cost. Choose from over 9,000 facilities across the country. Amenities include cardio and weight equipment, pools and saunas, senior advisors, and SilverSneakers classes. Visit www.silversneakers.com to locate participating facilities nationwide.



Medication Therapy Management Program

Through this program, you have access to a specially trained pharmacist that can provide personalized guidance to help you obtain the best results from your medications and keep your share of drug costs down.

Medica CallLink® Nurse Line

Medica CallLink Nurse Line is an easy-to-use phone service staffed by registered nurses 24 hours a day, seven days a week. The Medica CallLink telephone number is 1-866-715-0915.

Health Coaching

Work with a health coach who understands your situation and can provide the support and tools you need to help you meet your personal health goals.

Prescription Eyewear and Hearing Aid Allowance

Medica Clear Solution Premier reimburses up to \$250 for prescription eyewear and up to \$1,000 for evaluation, fitting and hearing aids every year.

Nutritional Counseling

One-on-one nutritional counseling with a registered dietician is available with the Premier plan. Maximum of 8 sessions per calendar year.

Transportation Benefit

Medica Clear Solution Premier provides for up to 12 one-way trips per calendar year in a taxi or van from member’s home to a plan approved location for follow-up medical appointments after discharge from (inpatient) hospital confinement.

Meal Benefit

The Premier plan includes up to \$500 for meals delivered to your home within 30 days of discharge from inpatient hospital confinement per calendar year.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medica grievance process.

2013 Medica Clear Solution Plan Service Area

Minnesota Counties: Aitkin, Anoka, Becker, Benton, Brown, Carlton, Carver, Chisago, Clay, Clearwater, Cook, Dakota, Dodge, Goodhue, Hennepin, Isanti, Itasca, Kanabec, Kandiyohi, Kittson, Lac qui Parle, Lake, Le Sueur, Lyon, Mahnomen, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nicollet, Norman, Pennington, Pine, Pipestone, Pope, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, Stearns, Steele, Traverse, Wabasha, Waseca, Washington, Watonwan, Wilkin, Wright

North Dakota Counties: Barnes, Benson, Bottineau, Cass, Cavalier, Dickey, Emmons, Foster, Grand Forks, Grant, Griggs, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Richland, Sargent, Sheridan, Sioux, Steele, Stutsman, Traill, Walsh, Wells

South Dakota Counties: Bon Homme, Brookings, Campbell, Charles Mix, Clay, Day, Deuel, Douglas, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Turner

Medica Clear Solution Plan Eligibility

To enroll in Medica Clear Solution: (1) you must have both Medicare Parts A and B, (2) **you must continue to pay your Medicare Part B premium**, (3) you must live in the plan service area (see below for list of counties), and (4) you must not have End-Stage Renal Disease.

How to Enroll in Medica Clear Solution

It’s easy to enroll in Medica Clear Solution — just follow the three steps below.

Step 1: Review the plan Summary of Benefits

Step 2: Complete the enrollment application

Select the plan you want to enroll in:

- Medica Clear Solution Essential
- Medica Clear Solution Premier

Complete all sections of the application in full.

Be sure to sign and date your application.

Step 3: Submit your completed forms via mail or fax


Mail to:		Fax to:
Medica Medicare Solutions	OR	1-855-250-2166
PO Box 6300		
Eau Claire, WI		
54702-9713		

Members may enroll in the plan only during specific times of the year. Contact Medica for more information.

Enrollment Follow-Up

Once you have submitted your application, you can expect to receive the following communications from us:

- ✓ **Acknowledgement Letter**
Within about a week, you will receive a letter letting you know that your application has been received.
- ✓ **ID Card**
Within 1 – 2 weeks, you will receive your ID card.
- ✓ **Member Packet**
Within 2 weeks, you will receive your member packet, which will contain your Evidence of Coverage and other important materials that you will want to read and keep for future reference.
- ✓ **Verification Call and Letter**
Medicare requires that we call you to verify that you are familiar with the terms of your new plan. If we are unable to reach you the first time we try to call, we are required to send a letter and make two more call attempts.
- ✓ **Confirmation Letter**
This letter confirms Medicare’s approval of your enrollment in Medica Clear Solution.



If you have any questions at any point in the enrollment process, please call Medica’s Center for Healthy Aging and one of our specialists can answer your questions or resolve any issues.

Call toll-free **1-800-906-5432** or **952-992-2345**. TTY users please call the National Relay Center at **1-800-855-2880**, 8 a.m. to 8 p.m. Central Time, seven days a week. Please note that access to a representative may be limited on weekends and holidays during certain times of the year.

The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments, and restrictions may apply. For more information, contact the plan. Benefits, formulary, pharmacy network, premium and/or copays/coinsurance may change on January 1 of each year. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Important Resources

Medica Center for Healthy Aging:

- Toll-free at 1-888-347-3606
- TTY users can call the National Relay Center at 1-800-855-2880
- Hours of operation: 8 a.m. to 8 p.m. Central Time, seven days a week. Access to a representative may be limited on weekends and holidays during certain times of the year.
- www.medica.com

Centers for Medicare & Medicaid Services (CMS):

- Toll-free at 1-800-MEDICARE (1-800-633-4227)
- TTY users can call 1-877-486-2048
- Hours of operation: 24 hours a day, seven days a week
- www.medicare.gov

Social Security Administration:

- Toll-free at 1-800-772-1213
- TTY users can call 1-800-325-0778
- Hours of operation: 7 a.m. to 7 p.m., Monday – Friday
- www.ssa.gov

MEDICA®

Medicare plans made simple.

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Medica is a health plan with a Medicare contract.

All Medicare plans agree to stay in the program for a full calendar year. A plan might not be available to the beneficiary the following contract year because by law, plan sponsors can choose to not renew their contract with CMS or reduce their service area and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. Even if a Medicare plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for the next contract year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

SilverSneakers® is a registered service mark of Healthways, Inc.