



2019 MAPE Medicare Plans from Medica			
	Choice	Standard Plus	Standard
Monthly Premium			
	\$350	\$138	\$93
Benefits (Outpatient)			
Preventive Services	\$0 copay	\$0 copay	\$0 copay
Primary Office Visit	\$0 copay	\$0 copay	\$10 copay
Specialist Office Visit	\$0 copay	\$10 copay	\$30 copay
Chiropractic Services	\$0 copay	\$10 copay	\$20 copay
Physical, Speech & Occupational Therapy	\$0 copay	\$10 copay	\$30 copay
Diagnostic Tests (e.g., X-rays, etc.)	\$0 copay	\$10 copay	10% coinsurance
Lab Services	\$0 copay	\$0 copay	\$0 copay
Ambulance Services	\$0 copay	\$25 copay	\$50 copay
Emergency Care	\$0 copay	\$50 copay	\$50 copay
Outpatient Hospital & Surgery Center	\$0 copay	\$50 copay	\$125 copay
Durable Medical Equipment	\$0 copay	20% coinsurance	20% coinsurance
Health & Wellness	Yes Including SilverSneakers	Yes Including SilverSneakers	Yes Including SilverSneakers
Eyewear Allowance	Up to \$150 per year	Up to \$75 per year	n/a
Hearing Aid & Services Allowance	Up to \$500 per year	Up to \$400 per year	n/a
Benefits (Inpatient)			
Inpatient Hospital	\$0 copay	\$100 copay	\$300 copay
Skilled Nursing Facility	Days 1-100: \$0 copay	Days 1-100: \$0 copay	Days 1-20: \$0 copay Days 21-100: \$80/day copay
Mental Health Hospital	\$0 copay	\$100 copay	\$300 copay
Annual Maximum Out-of-Pocket			
Medical	n/a – 100% medical coverage	\$3,000	\$3,350
Rx	Medicare Limit	Medicare Limit	Medicare Limit
Prescription Copayment/Coinsurance			After \$315 Rx Deductible
Open Formulary — Includes Part D	<b>Tier 1:</b> \$10 copay <b>Tier 2:</b> \$20 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> \$65 copay <b>Tier 5:</b> 25% coinsurance Mail Order (2 copayments for 90-Day Supply) Coverage thru “Donut Hole”	<b>Tier 1:</b> \$2 copay <b>Tier 2:</b> \$8 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> 50% coinsurance <b>Tier 5:</b> 33% coinsurance Mail Order (2 copayments for 90-Day Supply)	<b>Tier 1:</b> \$4 copay <b>Tier 2:</b> \$10 copay <b>Tier 3:</b> \$45 copay <b>Tier 4:</b> 50% coinsurance <b>Tier 5:</b> 26% coinsurance Mail Order (2 copayments for 90-Day Supply)

\*You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

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

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