

CENTRAL MINNESOTA



# 2022 Member Plan Guide

Medicare Advantage Plan  
Medica Advantage Solution® (HMO-POS)

# Have questions? We're here to help.



## Medica Customer Service

Toll Free: **1 (866) 269-6804** (TTY: **711**)

**Oct. 1-March 31**

8 a.m.-8 p.m. CT, seven days a week

**April 1-Sept. 30**

8 a.m.-8 p.m. CT, Monday-Friday



## Medica billing questions

Have questions about your premium payments or invoices? Contact Medica Billing.

Toll Free: **1 (866) 269-6804** (TTY: **711**)

8 a.m.-6 p.m. CT, Monday-Friday

## Medica member website

Visit our secure Medica member website at **Medica.com/SignIn** using a desktop computer to manage your plan benefits. Or download our free Medica mobile app, Medica Member, to manage your health plan from any device in 2022. Available in iOS and Android.

New users can follow the desktop registration steps in this guide.

Already have an account on our secure Medica member website? Your user ID and password stay the same.



## Using QR codes

This guide includes QR codes (like the one above) to quickly get you to our online information and resources. To use QR codes, follow these three steps:

- 1 Hover your smartphone's camera over the QR code.
- 2 Tap on the link that appears at the top of your screen.
- 3 Read online information.

# Medica Advantage Solution® (HMO-POS)

You've selected a Medicare Advantage plan, which is a type of private insurance plan that administers your Part A and Part B benefits on behalf of Medicare. There are several types of Medicare Advantage plans. You've selected a Medicare Advantage HMO-POS plan.

## Your plan features

- Broad provider networks with no referrals required
- Access to an extended travel benefit when you're continuously outside Minnesota for at least one month, and for up to six consecutive months
- Worldwide emergency care and worldwide emergency transportation
- \$0 eVisits through virtuwell®
- Dental reimbursement for services through any licensed dentist
- Routine hearing exam coverage
- Routine eye exam coverage and prescription eyewear reimbursement
- Free fitness membership through One Pass™
- Over-the-counter benefit allowance on health and wellness products
- Extensive drug formulary with more than 3,400 prescription drugs
- No Part D deductible on Tier 1 and Tier 2 drugs
- \$0 copays on Tier 1 drugs when using preferred mail order for a 90-day supply on H6154-001; \$0 copays on Tier 1 and Tier 2 drugs when using preferred mail order for a 90-day supply on H6154-002



## Review your Evidence of Coverage (EOC)

Review your EOC at **[Medica.com/MyPlanDocs2022](https://medica.com/MyPlanDocs2022)**. Information about what is covered, cost-sharing amounts, network providers, and more is outlined in this important legal document.

# Understanding your care + network

## Network providers are your best option

Your costs are lowest when you visit an in-network provider, but you do have access to out-of-network providers for most Medicare-covered services. Find the right provider for you using the online directory at **Medica.com/AdvantageSolutionProviders**.



## Travel + Snowbird Coverage

You can also use an extended travel benefit if you travel continuously outside Minnesota for at least one month. Coverage kicks in on the first day you travel and lasts up to six consecutive months. During this period, you pay in-network copays or coinsurance for all Medicare-covered services. **You must call Medica Customer Service before you travel to activate the benefit.**

You'll pay your cost-share for emergency care, urgent care, and out-of-service-area renal (kidney) dialysis whether you receive care from an in-network or out-of-network provider. And you don't need a referral for care.



## A Primary Health System for you

A Primary Health System (PHS) is a group of network providers ready to support your total health. A PHS is where you'll generally go for care and is your preferred provider. While you can still get care from any network provider without a referral, we encourage you to use a PHS for consistent care.





### **Non-emergency services**

It's important to use in-network providers for your non-emergency care. If you do need to go out-of-network, keep in mind you'll have to pay out-of-pocket for a portion of the total cost of that care, or full cost if the out-of-network provider doesn't take your insurance. And, out-of-network providers are only obligated to treat you if it's an emergency. Call Medica Customer Service or see your Evidence of Coverage for more information.

### **Emergency services**

If you need emergency services, you'll pay the same percentage of the total cost of care at both in-network and out-of-network facilities across the U.S. and its territories. Outside the U.S. and its territories, you'll pay coinsurance for emergency services.

# \$0

## **NO COPAY CARE WITH NETWORK PROVIDERS FOR THESE SERVICES**

### **Annual care**

You're entitled to a one-time "Welcome to Medicare" preventive visit within the first 12 months of enrolling in Medicare. Each year after that, Medicare covers one Annual Wellness Visit per calendar year. You also have a supplemental benefit of an Annual Physical Exam that's more complete.

### **Preventive care**

This includes many exams, screenings, and immunizations that can help you avoid health problems or catch them early. Refer to your Evidence of Coverage for preventive care benefits and cost-sharing information.

For easy access to recommended preventive screenings for men, women, and children of all ages, visit **[Medica.com/Prevention](https://www.medicare.com/prevention)**.

### **Virtual care**

Online care using virtuwel offers care from anywhere for minor medical services. No appointment necessary.

# Health support when you need it

At Medica, you're not just covered, you're cared for.  
We offer resources to support your health.



## **Health Advocate<sup>SM</sup>, NurseLine + online health information center**

Have questions about your plan coverage? Our personal health advocates will help you with health- and insurance-related questions. Services are strictly confidential and part of your Medica plan.

NurseLine gives you access to highly trained nurses who are available 24/7 at no additional cost to you. They can answer your questions about symptoms, medications and health conditions, and other self-care tips for non-urgent medical issues. Health Advocate's online resource center has many health videos and assessments.

Toll Free: **1 (866) 668-6548** (TTY: **711**)

24 hours a day, seven days a week

Email: **Answer@HealthAdvocate.com**

**HealthAdvocate.com/MedicaMedicare**



## **Behavioral health services**

Learn about substance abuse resources and see a mental health provider in our network. The MBH Crisis Line will guide you toward appropriate treatment options.

Toll Free: **1 (800) 848-8327** (TTY: **711**)

24 hours a day, seven days a week

**LiveAndWorkWell.com**

Click "browse as a guest with a company access code," and enter guest access code: "Medica".



## Case Management

Our Case Management programs serve people with the highest needs as a result of chronic or complex illness or injury. Working alongside your doctor, our team of social workers, nurse care managers, and pharmacists partner with you to set goals and work toward improving your health. Our case managers can also help you and your family understand your individual health care goals, coordinate care across multiple providers and settings, close gaps in your care, and help give you safe transitions from hospital to home.



## Health visits

You may qualify for a no-cost, at-home health visit from a board-certified nurse practitioner. They'll answer health-related questions, give you a general wellness exam, offer suggestions for important screenings and other tests, and review the medications you take. After, we'll give you and your doctor a visit summary for your future appointments.



# Understanding your prescription drug benefits

Your medical and prescription drug coverage is all in one plan with the convenience of one ID card, one premium payment, and one number to call for customer service



## **Prescription and pharmacy information on-the-go**

Find a network pharmacy, price prescriptions, order refills, and more while on-the-go using the Express Scripts® mobile app. Download the app for free from your mobile device's app store. Or visit our pharmacy network online at **Medica.com/AdvantageSolutionProviders**.

You'll pay your lowest prescription copays when you use a preferred pharmacy.



## **Retail pharmacy network**

Our retail pharmacy network includes more than 60,000 pharmacies nationwide, including national chains and independent pharmacies. This gives you access to local pharmacies and broad access when you're away from home.



## **Convenient mail order services**

Save time and money by filling your long-term prescriptions\* through the mail. You can get a 90-day supply of medication from Express Scripts at preferred cost-share with no shipping or handling fees. Access the Express Scripts website through our secure Medica member website, or use the Express Scripts app to get started.

\*A long-term medicine is one you take regularly for chronic conditions or long-term therapy.



## FORMULARY (LIST OF COVERED DRUGS)



Learn which drugs your plan covers by viewing our Medicare formulary at **Medica.com/2022Formulary**. Note: We may make changes annually and throughout the benefit year.

### Understanding drug tiers

The actual amount you'll pay for a drug on this list depends on what your plan covers and which "tier" the drug is in. Tiers are categories that drugs are placed in based on how much they cost. Generally, the lower the tier number, the lower the cost. Our formulary has five tiers.



### Medication Therapy Management

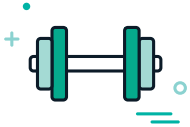
Our Medication Therapy Management (MTM) program helps prevent or reduce drug-related risks, boosts your medication knowledge, and supports good habits. You need to meet three qualifying conditions to be eligible for the program. Visit **Medica.com/MTM** to review conditions. We'll automatically enroll you in the program at no cost to you if you qualify. Participation is voluntary and doesn't affect your coverage. The program isn't a benefit to all members, and it's available by invitation only.



### Part D Senior Savings Program

We may be able to help with your monthly insulin costs. Your share of the costs for select insulins is limited to a \$35 copay for a 30-day supply in the first three phases of your Part D benefit: deductible, initial coverage, and gap coverage. You'll pay the same copay at preferred and non-preferred pharmacies, and it covers multiple forms of insulin. Check your Evidence of Coverage for more details.

# Your health plan gives you extra benefits



## Stay active with One Pass™ — your new \$0 fitness benefit

One Pass replaces SilverSneakers® as the new no-cost, complete fitness solution in 2022. The huge nationwide network of fitness locations and the large digital library of on-demand and livestreaming classes offers more ways to stay active. You can also use a new personalized online brain training program, called Brain HQ.

Steps to get started:

1. Create a One Pass account online or by phone using your name, birthdate, and Medica member ID Number (found on Medica member ID card).



**Medica.com/Fitness**



**1 (877) 504-6830 (TTY: 711)**, 8 a.m.-9 p.m. CT, Monday-Friday

2. Save the One Pass member code assigned to your account. After Jan. 1, 2022, you'll use your code to unlock all One Pass features, including unlimited use of any One Pass fitness facility. Just show your code on your first visit to each location.
3. Explore the One Pass program online at **Medica.com/Fitness**, or by calling the One Pass Support phone number above.



## Healthy Savings® Program

If you meet certain clinical criteria, you can save up to 50% on fresh fruits and vegetables; up to \$65 per quarter at participating retail grocers. The large grocer network includes Cub, Coborn's, Festival, Hy-Vee, Kowalski's, Lund's & Byerly's, Walmart, and many more.

**Medica.com/HealthySavings**



## Over-the-counter drugs + supplies

Your plan has a benefit allowance you can use toward the purchase of eligible over-the-counter (OTC) health and wellness products. The quarterly allowance amount varies by plan.

You can place orders online at **CVS.com/OTCHS/MedicaHealthPlans** or by calling OTC Health Solution at **1 (888) 628-2770 (TTY: 711)**, 9 a.m.-8 p.m. CT, Monday-Friday. Please see the OTC Catalog included with your new member kit for a list of available products.



## Dental reimbursement

Medicare Advantage Solution (HMO-POS) plans include a reimbursement for non-Medicare covered dental services provided by any licensed dentist within the U.S. and its territories. Your annual reimbursement varies by plan and covers preventive and restorative care. Check your Evidence of Coverage for details.



## Coverage for eye care

Medicare Advantage Solution (HMO-POS) plans include routine eye exams at \$0 copay and offer an allowance for prescription eyewear at any provider. Your annual reimbursement varies by plan. See your Evidence of Coverage for details.



## Coverage for hearing aids + exams

These services are covered when you get them from an EPIC Hearing provider:

- \$0 copay for annual routine hearing exam
- Low copays (\$549 or \$799) for EPIC's private label hearing aids in various styles and colors
- Free one-year supply of batteries
- Follow-up care for one year with up to three exams to fit and evaluate your hearing aids at no cost for Reserve-level hearing aids or a \$50 copay for Basic-level hearing aids
- Three-year extended repair/loss and damage warranty

Toll free: **1 (866) 956-5400 (TTY: 711)**

8 a.m.-6 p.m. CT, Monday-Friday

**EpicHearing.com**

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# Discounts to save you money

In addition to your extra benefits, you have access to a number of discounts to help you save money. These programs help with your health and your budget.



## **Senior Care Navigation through Lifesprk**

Senior Care Navigation is a no-cost service that connects Minnesota residents, designed to connect you with community resources and support. Navigators are trained to help you remain as independent as possible.

Toll free: **1 (866) 208-6051**

24 hours a day, seven days a week

**[Lifesprk.com/Medica/](https://Lifesprk.com/Medica/)**

## Hearing Aids

Extensive discounts for digital hearing aids from all major brands like Starkey, Beltone, Widex, and many more through EPIC Hearing.

Toll free: **1 (866) 956-5400** (TTY: **711**)

8 a.m.-6 p.m. CT, Monday-Friday

**EpicHearing.com**

## Medical Alert Systems

Discounts on retail prices for a variety of medical alert service options from Philips Lifeline, a top U.S. medical alert provider. To take advantage of these discounts, contact Philips Lifeline.

Toll free: **1 (866) 674-9900**, ext. **4472**

(TTY: **711**)

6 a.m.-10 p.m., Monday-Friday;

8 a.m.-5 p.m. CT, Saturday

**Offer.Lifelinesys.com/Medica**

## LASIK Vision Correction

Discounts of up to 50% off LASIK vision correction through the Qualsight Laser Vision Correction program. The program lets you choose from a national network of accredited and experienced LASIK surgeons.

Toll free: **1 (877) 298-2010** (TTY: **711**)

7 a.m.-8 p.m., Monday-Friday;

9 a.m.-5 p.m. CT, Saturday

**Qualsight.com/-Medica**





## NEW USERS

# Create an account on our secure member website

Our secure Medica member website offers information to help you manage your medical plan benefits. At **Medica.com/SignIn**, you can:

- Access your member ID card
- Find providers
- Review benefit and coverage details
- Check on the status of submitted claims
- Get a detailed look at charges

You'll need to create an account the first time you visit our secure Medica member website. Visit **Medica.com/SignIn**, type in your member ID, contact info, and date of birth. Then select your user name and password.

For real-time assistance, contact Medica Technical Support toll free at **1 (877) 347-0277** (TTY: **711**) from 8 a.m.-6 p.m. CT, Monday-Friday.



## We're listening

### Medicare Star Ratings

The Centers for Medicare & Medicaid Services (CMS) rates all Medicare health and prescription drug plans each year, based on a plan's quality and performance. These Star Ratings help tell you how well your plan is doing. You can use these Star Ratings to compare our plan's performance with other Medicare plans in your area. Medica's Advantage Solution (HMO-POS) plan currently has a 4-Star Rating (out of 5) for the 2022 plan year\*.

\*Every year, Medicare evaluates plans based on a 5-star rating system.

### Aiming for 5 Stars — your feedback helps

During the year, you may be asked to fill out surveys about your satisfaction with Medica, or about your physical and mental health. Your feedback helps us improve your experience. Responses are confidential and won't affect your Medica membership.

# Medicare programs

## Medicare Savings Programs

Medicaid offers these programs to help people with Medicare pay Medicare costs such as premiums. These “Medicare Savings Programs” help people save money each year.

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums and other cost sharing (like deductibles, coinsurance, and copayments).
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums.
- **Qualified Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

## To find out more about Medicaid and its programs:

### Minnesota Department of Human Services

(651) 431-2670 or toll-free at  
1 (800) 657-3739 (TTY: 711)

Note: Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid.

## Extra Help

Medicare provides “Extra Help” to pay prescription drug costs for people who have limited income and resources. Resources include your savings and stocks, but not your home or car. If you qualify, you get help paying for any Medicare drug plan’s monthly premium, yearly deductible, and prescription copayments. Some people automatically qualify for “Extra Help” and don’t need to apply. Medicare mails a letter to people who automatically qualify.

You may be able to get “Extra Help” to pay for your prescription drug premiums and costs. To see if you qualify, call one of these three options:

### Centers for Medicare & Medicaid Services (CMS)

1 (800) MEDICARE (1 (800) 633-4227)  
TTY: 1 (877) 486-2048  
24 hours a day, seven days a week

### U.S. Social Security Office

1 (800) 772-1213  
TTY: 1 (800) 325-0778  
7 a.m.-7 p.m. CT, Monday-Friday

### Minnesota Department of Human Services

(651) 431-2670 or toll-free at 1 (800) 657-3739  
TTY: 1 (800) 627-3526 or 711



# You're not just covered, you're cared for.



Network providers can change at any time, so be sure to check that your provider is still in the network before obtaining services.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Value-Added Items and Services (VAIS) isn't a plan benefit.

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