



2020 MAPE Medicare Plans from Medica

Choice	Standard Plus	Standard
Monthly Premium		
\$385	\$148	\$99

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
Dental Reimbursement	Up to \$500 per year	Up to \$500 per year	Up to \$500 per year

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

Open Formulary — Includes Part D	Preferred Pharmacy		Standard Pharmacy		After \$315 Rx Deductible	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1:	\$5	\$10	\$2	\$6	\$2	\$6
Tier 2:	\$15	\$25	\$5	\$12	\$5	\$12
Tier 3:	\$30	\$35	\$30	\$35	\$40	\$45
Tier 4:	\$60	\$65	50% coinsurance		50% coinsurance	
Tier 5:	25% coinsurance Mail Order (2 copayments for 90-Day Supply) Coverage thru “Donut Hole”		33% coinsurance Mail Order (2 copayments for 90-Day Supply)		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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CHA55201-701019A