Medica

MAPE
MINNESOTA ASSOCIATION OF PROFESSIONAL EMPLOYEES

2022 MAPE Medicare Plans from Medica

	Choice		Standard Plus		Standard	
	Monthly Premium					
	$369		$149		$85	
Benefits (Outpatient)						
Preventive Services	$0 copay		$0 copay		$0 copay	
Primary Office Visit	$0 copay		$0 copay		$0 copay	
Specialist Office Visit	$10 copay		$25 copay		$25 copay	
Chiropractic Services	$10 copay		$20 copay		$20 copay	
Physical, Speech & Occupational Therapy	$10 copay		$25 copay		$25 copay	
Diagnostic Tests (e.g., X-rays, etc.)	$0 copay		$10 copay		15% coinsurance	
Lab Services	$0 copay		$0 copay		$0 copay	
Ambulance Services	$25 copay		$100 copay		$200 copay	
Emergency Care	$50 copay		$65 copay		$75 copay	
Outpatient Hospital & Surgery Center	$25 copay		$100 copay		$125 copay	
Durable Medical Equipment	20% coinsurance		20% coinsurance		20% coinsurance	
Health & Wellness	Yes Including One Pass®		Yes Including One Pass®		Yes Including One Pass®	
Eyewear Allowance	Up to $150 per year		Up to $75 per year		Up to $200 per year	
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	$100 copay		$200 copay		$300 copay	
Skilled Nursing Facility	Days 1-20: $0 copay Days 21-100: $100/day copay		Days 1-20: $0 copay Days 21-100: $150/day copay		Days 1-20: $0 copay Days 21-100: $165/day copay	
Mental Health Hospital	$100 copay		$200 copay		$300 copay	
Annual Maximum Out-of-Pocket						
Medical	$1,000		$3,350		$3,250	
Rx	Medicare Limit		Medicare Limit		Medicare Limit	
Prescription Copayment/Coinsurance					$315 deductible does not apply to Tier 1 and 2 medications	
Open Formulary — Includes Part D	**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:	28% coinsurance Mail Order (2 copayments for 90-Day Supply) Coverage thru "Donut Hole"		33% coinsurance Mail Order (2 copayments for 90-Day Supply)		28% 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 PPO plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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