



## SUMMARY OF COVERAGE AND DISCLOSURE OF INFORMATION

**Medica Signature Solution<sup>SM</sup> Basic Plan, Medica Signature Solution<sup>SM</sup> Extended Basic Plan  
Medica Signature Solution<sup>SM</sup> Medicare Supplement Plan with High Deductible Coverage (Plan HDF)  
Medica Signature Solution<sup>SM</sup> Medicare Supplement Plan with \$20 and \$50 Co-Payment  
Medicare Part B Coverage (Plan N)**

Medica Health Plans (“Medica”) offers four plans that fill in “gaps” to supplement your Medicare coverage. Medica’s Signature Solution Basic, Extended Basic, High Deductible Coverage (Plan HDF) and \$20/\$50 Co-Payment (Plan N) are standard Medigap or Medicare Supplement plans. Coverage is available from any provider who accepts Medicare assignment.

This document is an outline, which describes most of the plan’s benefits but not all. Read it before you buy or change your Medicare insurance. There are five parts to this outline: a cover page, the charts summarizing the benefits you can buy, a description of items excluded, required disclosures and premium information.

**Read Your Policy Very Carefully.** It is a legally binding agreement between you and Medica. You must read it to understand all of the rights and duties of both you and us. The plan may not fully cover all of your medical costs. Neither Medica nor its agents are connected with Medicare. Contact your local Social Security office or consult the Medicare Handbook, Medicare & You, for more details.

**Replacement of Contract.** If you are replacing another health insurance policy or contract, do NOT cancel it until you have actually received your new contract and are sure you want to keep it.

**THIS MEDICARE SUPPLEMENT PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES; READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.**

**THIS CONTRACT DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS CONTRACT DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR CONTRACT.**

**Right to Return the Policy.** If you are not satisfied with your coverage, you may cancel it by midnight of the 30th day after you receive it. Return it to Medica Customer Service, Route CP520, P.O. Box 9310, Minneapolis, Minnesota 55440-9310 or your agent. Mail must be postmarked by midnight of the 30th day, postage prepaid and properly addressed to us. We will return all payments (including any fees or charges if applicable) made within 10 days after we receive the returned contract and cancellation notice. The contract will then be considered void from the beginning. If we pay any claims for you before we process your request, we have the right to recover what we paid. We will reduce the premium returned to you by the amount of the claims paid. If the amount we paid for your claims is more than the premium you paid, you will not receive a premium refund.

**NOTICE TO BUYER:** This contract does not cover prescription drugs. Prescription drugs can be a very high percentage of your medical expenses. Coverage for prescription drugs may be available to you by enrolling in Medicare Part D. Please ask for further details.

**Premium Information.** To keep your Medicare Supplement plan in force, pay your monthly premium when it is due. We will not cancel your coverage or refuse renewal because of the deterioration of your health.

Premiums are subject to change based on premium rate filing approval by the commissioner of commerce. We will not make any change that affects only you. We will apply any change we make to everyone with this contract who resides in your state.

If you change your primary residence, your contract will remain in force; however, we may adjust your premium. Your new premium will be the premium we are then charging for this contract in the state where your new primary residence is located.

**Discrimination is Against the Law**

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.**

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntwav no, hu rau tus xov tooj nyob hauv daim ntwav no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမူနာအတွက်: တစ်ကျိုးထံ စာပို့ကလေးနဲ့ နှုတ်ပေးတဲ့ ကျိအံလေးအကလေးနဲ့ . ကိလိတ်စီနီဂါလေးအပတ်ယှက်လေးလိတ်တီလိတ်စီအပူအံလေးတစ်ဖန်နဲ့ နီငါးခလေးအုတ်သီးခင်းက အလီခံတကပ၊ အဖီခိန်နဲ့တက့်.

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá júik'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néiho' dítzinígí bine'déé' namboo bikí' ágíjít' béésh bee hodílnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

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Original Medicare Covers	Signature Solution Basic Covers:
<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>• 60 days of hospital inpatient care at 100% after your Medicare Part A deductible</li> <li>• Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount</li> </ul>	<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>• Medicare Part A coinsurance</li> <li>• Medicare eligible services in full after Medicare benefits are exhausted</li> <li>• Optional coverage of Medicare Part A deductible available</li> </ul> <p>You pay Part A deductible unless optional coverage is purchased</p>
<p><b>Skilled Nursing Facility Care</b></p> <ul style="list-style-type: none"> <li>• The first 20 days at 100%</li> <li>• Days 21-100 at 100% after Part A daily coinsurance amount</li> <li>• NO COVERAGE after the 100th day</li> </ul>	<p><b>Skilled Nursing Care</b></p> <ul style="list-style-type: none"> <li>• Medicare Part A coinsurance</li> </ul> <p>You pay all charges after the 100th day</p>
<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses except limited coinsurance on outpatient drugs and inpatient respite care</li> <li>• You must get care from a Medicare-certified hospice</li> </ul>	<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>• Any remaining Medicare eligible expenses covered in full</li> </ul> <p>You pay nothing</p>
<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses</li> </ul>	<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>• Covered in full by Medicare</li> </ul> <p>You pay nothing</p>
<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>• Same as hospital and medical services</li> <li>• 80% of Medicare eligible expenses after annual Part B deductible.</li> <li>• Not covered outside the U.S.</li> </ul>	<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>• 20% of Medicare eligible expenses in U.S.</li> <li>• 80% of charges that would otherwise be Medicare eligible expenses when outside the U.S.</li> <li>• Optional coverage for Part B deductible available</li> </ul> <p>You pay all remaining charges</p>
<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>• 80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>• 20% of Medicare eligible expenses</li> <li>• Optional coverage for Part B deductible available</li> <li>• Optional rider for remaining balances on Part B Excess charges</li> </ul> <p>You pay Part B deductible unless optional coverage is purchased</p>

Original Medicare Covers	Signature Solution Basic Covers:
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>20% of Medicare eligible expenses</li> <li>Also covers court ordered treatment provided by a licensed psychiatrist or doctoral level licensed psychologist</li> <li>Optional coverage for Part B deductible available</li> <li>Optional rider for remaining balances on Part B Excess charges</li> </ul> <p>You pay Part B deductible unless optional coverage is purchased</p>
<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses for glucose monitors, test strips, lancets, lancet devices, blood sugar control solutions, and therapeutic shoes (in some cases)</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p><b>Note:</b> There is no coverage for insulin, syringes, or needles unless you enroll in a Medicare Part D prescription drug plan.</p> <ul style="list-style-type: none"> <li>No coverage for other diabetic equipment and supplies</li> </ul>	<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>20% of Medicare eligible expenses</li> <li>80% of charges for diabetic equipment and supplies that are not covered under Medicare or eligible under Medicare Part D</li> <li>20% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p>You pay all remaining charges</p>
<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>100% coverage for “Welcome to Medicare” physical exam within first 12 months of Medicare Part B coverage</li> <li>100% coverage for yearly “wellness” exam after 12 months of Medicare Part B coverage and a “Welcome to Medicare” physical exam</li> <li>No coverage for other preventive care</li> </ul>	<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Optional coverage for up to \$120 maximum annually, which includes annual eye exam, hearing screenings, etc.</li> </ul> <p>You pay all remaining charges</p>

Original Medicare Covers	Signature Solution Basic Covers:
<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>• 100% of Part B eligible expenses (e.g. pneumonia, flu, hepatitis B)</li> </ul>	<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>• 100% of charges not covered by Medicare</li> </ul> <p><b>Note:</b> Part D eligible immunizations are not covered</p> <p>You pay nothing for Part B eligible expenses</p>
<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses (e.g. mammograms, pap test, pelvic and breast exams, colorectal cancer, PSA)</li> </ul>	<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• 100% of charges for surveillance tests for women who are at risk for ovarian cancer</li> </ul> <p>You pay nothing for Medicare eligible expenses</p>
<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>• One scalp hair prosthesis worn for hair loss due to alopecia areata. Coverage is limited to one prosthesis per calendar year.</li> </ul> <p>You pay nothing</p>
<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>• 80% of charges</li> </ul> <p><b>Note:</b> Includes reconstructive surgery, surgical and non-surgical treatment of temporomandibular joint syndrome (TMJ), craniomandibular disorders, care provided in an ambulatory surgical center, and treatment for Lyme disease.</p> <p>You pay all remaining charges</p>
<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>• Up to 120 hours of a private duty nurse or personal care assistant during a hospital admission.</li> </ul>

<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution Extended Basic Covers:</b>  This plan covers 100% of eligible expenses after you pay an annual out-of-pocket maximum of \$1,000.</p>
<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>• 60 days of hospital inpatient care at 100% after your Medicare Part A deductible</li> <li>• Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount</li> </ul>	<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses including:</li> <li>• Medicare Part A coinsurance</li> <li>• Medicare eligible services in full after Medicare benefits are exhausted</li> </ul> <p>You pay nothing</p>
<p><b>Skilled Nursing Facility Care</b></p> <ul style="list-style-type: none"> <li>• The first 20 days at 100%</li> <li>• Days 21-100 at 100% after Part A daily coinsurance amount</li> <li>• No coverage after the 100th day</li> </ul>	<p><b>Skilled Nursing Care</b></p> <ul style="list-style-type: none"> <li>• Medicare Part A coinsurance</li> <li>• 80% of eligible charges for days 101 through 120</li> </ul> <p>You pay 20% coinsurance for days 101 through 120, then you pay all charges</p>
<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses except limited coinsurance on outpatient drugs and inpatient respite care</li> <li>• You must get care from a Medicare-certified hospice</li> </ul>	<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>• Any remaining Medicare eligible expenses covered in full</li> </ul> <p>You pay nothing</p>
<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses</li> </ul>	<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>• Covered in full by Medicare</li> </ul> <p>You pay nothing</p>
<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>• Same as hospital and medical services</li> <li>• 80% of Medicare eligible expenses after annual Part B deductible.</li> <li>• Not covered outside the U.S.</li> </ul>	<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>• Part B deductible</li> <li>• 20% of Medicare eligible expenses</li> <li>• 80% of charges that would otherwise be Medicare eligible expenses when outside the U.S. i</li> </ul> <p>You pay all remaining charges</p>
<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>• 80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>• Part B deductible</li> <li>• 20% of Medicare eligible expenses</li> </ul> <p>You pay nothing</p>



<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution Extended Basic Covers:</b>  This plan covers 100% of eligible expenses after you pay an annual out-of-pocket maximum of \$1,000.</p>
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>Part B deductible</li> <li>20% of Medicare eligible expenses</li> <li>Also covers court ordered treatment provided by a licensed psychiatrist or doctoral level licensed psychologist</li> </ul> <p>You pay nothing</p>
<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Not covered, except under limited circumstances</li> </ul>	<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Part B deductible</li> <li>80% of Medicare eligible non-emergency services</li> </ul> <p>You pay all remaining charges</p>
<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses for glucose monitors, test strips, lancets, lancet devices, blood sugar control solutions, and therapeutic shoes (in some cases)</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p><b>Note:</b> There is no coverage for insulin, syringes, or needles unless you enroll in a Medicare Part D prescription drug plan.</p> <ul style="list-style-type: none"> <li>No coverage for other diabetic equipment and supplies</li> </ul>	<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>20% of Medicare eligible expenses</li> <li>80% of charges for diabetic equipment and supplies that are not covered under Medicare or eligible under Medicare Part D</li> <li>20% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p>You pay all remaining charges</p>
<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>100% coverage for “Welcome to Medicare” physical exam within first 12 months of Medicare Part B coverage</li> <li>100% coverage for yearly “wellness” exam after 12 months of Medicare Part B coverage and a “Welcome to Medicare” physical exam</li> <li>No coverage for other preventive care</li> </ul>	<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Coverage for up to \$120 maximum annually, which includes annual eye exam, hearing screenings, etc.</li> </ul> <p>You pay all remaining charges</p>

<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution Extended Basic Covers:</b>  This plan covers 100% of eligible expenses after you pay an annual out-of-pocket maximum of \$1,000.</p>
<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>• 100% of Part B eligible expenses (e.g. pneumonia, flu, hepatitis B)</li> </ul>	<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>• 100% of charges unless covered by Part D</li> </ul> <p><b>Note:</b> Part D eligible immunizations are not covered</p> <p>You pay nothing for Part B eligible expenses</p>
<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses (e.g. mammograms, pap test, pelvic and breast exams, colorectal cancer, PSA)</li> </ul>	<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• 100% of charges for surveillance tests for women who are at risk for ovarian cancer</li> </ul> <p>You pay nothing for Medicare eligible expenses</p>
<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>• One scalp hair prosthesis worn for hair loss due to alopecia areata. Coverage is limited to one prosthesis per calendar year.</li> </ul> <p>You pay nothing</p>
<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>• 80% of charges</li> </ul> <p><b>Note:</b> Includes reconstructive surgery, surgical and non-surgical treatment of temporomandibular joint syndrome (TMJ), craniomandibular disorders, care provided in an ambulatory surgical center, and treatment for Lyme disease.</p> <p>You pay all remaining charges</p>
<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>• Up to 120 hours of a private duty nurse or personal care assistant during a hospital admission.</li> </ul>

<p><b>Original Medicare Covers</b></p>	<p><b>High Deductible Coverage (Plan HDF) Covers:</b> This plan covers 100% of eligible expenses after you pay an annual deductible of \$&lt;2,240.00&gt;.</p>
<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>• 60 days of hospital inpatient care at 100% after your Medicare Part A deductible</li> <li>• Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount</li> </ul>	<p><b>Inpatient Hospital Services</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses including:</li> <li>• Medicare Part A coinsurance</li> <li>• Medicare eligible services for 365 days after Medicare benefits are exhausted and reserve days are used.</li> </ul> <p>You pay nothing</p>
<p><b>Skilled Nursing Facility Care</b></p> <ul style="list-style-type: none"> <li>• The first 20 days at 100%</li> <li>• Days 21-100 at 100% after Part A daily coinsurance amount</li> <li>• No coverage after the 100th day</li> </ul>	<p><b>Skilled Nursing Care</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p> <ul style="list-style-type: none"> <li>• 100% Medicare Part A coinsurance for days 21-100</li> <li>• No Coverage after the 100th day.</li> </ul>
<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses except limited coinsurance on outpatient drugs and inpatient respite care</li> <li>• You must get care from a Medicare-certified hospice</li> </ul>	<p><b>Hospice</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p> <ul style="list-style-type: none"> <li>• Any remaining Medicare eligible expenses covered in full</li> </ul> <p>You pay nothing</p>
<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>• 100% of Medicare eligible expenses</li> </ul>	<p><b>Home Health Care</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p>
<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>• Same as hospital and medical services</li> <li>• 80% of Medicare eligible expenses after annual Part B deductible.</li> <li>• Not covered outside the U.S.</li> </ul>	<p><b>Emergency Services</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p>
<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>• 80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b> Medicare covered benefits are covered at 100% after the annual deductible is met.</p>

<p><b>Original Medicare Covers</b></p>	<p><b>High Deductible Coverage (Plan HDF) Covers:</b>  This plan covers 100% of eligible expenses after you pay an annual deductible of \$&lt;2,240.00&gt;.</p>
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Behavioral Health Services</b>  Medicare covered benefits are covered at 100% after the annual deductible is met</p> <ul style="list-style-type: none"> <li>Also covers court ordered treatment provided by a licensed psychiatrist or doctoral level licensed psychologist.</li> </ul>
<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Not covered, except under limited circumstances</li> </ul>	<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Plan pays 100% of medically necessary services for medical emergencies when traveling outside of the United States.</li> </ul> <p>You pay any remaining charges not covered by the plan.</p>
<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses for glucose monitors, test strips, lancets, lancet devices, blood sugar control solutions, and therapeutic shoes (in some cases)</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p><b>Note:</b> There is no coverage for insulin, syringes, or needles unless you enroll in a Medicare Part D prescription drug plan.</p> <ul style="list-style-type: none"> <li>No coverage for other diabetic equipment and supplies</li> </ul>	<p><b>Diabetes Self-Management Training, Services and Supplies</b>  After the annual deductible is met:</p> <ul style="list-style-type: none"> <li>80% of charges for diabetic equipment and supplies that are not covered under Medicare or eligible under Medicare Part D</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p>You pay all remaining charges not covered by Medicare or the plan.</p>

<b>Original Medicare Covers</b>	<b>High Deductible Coverage (Plan HDF) Covers:</b> This plan covers 100% of eligible expenses after you pay an annual deductible of \$<2,240.00>.
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>100% coverage for “Welcome to Medicare” physical exam within first 12 months of Medicare Part B coverage</li> <li>100% coverage for yearly “wellness” exam after 12 months of Medicare Part B coverage and a “Welcome to Medicare” physical exam</li> <li>No coverage for other preventive care</li> </ul>	<b>Preventive Care</b> Medicare covered benefits are covered at 100% after the annual deductible is met.
<b>Immunizations</b> <ul style="list-style-type: none"> <li>100% of Part B eligible expenses (e.g. pneumonia, flu, hepatitis B)</li> </ul>	<b>Immunizations</b> Medicare covered benefits are covered at 100% after the annual deductible is met.  <b>Note:</b> Part D eligible immunizations are not covered  You pay nothing for Part B eligible expenses
<b>Cancer Screenings</b> <ul style="list-style-type: none"> <li>100% of Medicare eligible expenses (e.g. pap test, mammograms, pelvic and breast exams, colorectal cancer, PSA)</li> </ul>	<b>Cancer Screenings</b> Medicare covered benefits are covered at 100% after the annual deductible is met.  100% of charges for surveillance tests for women who are at risk for ovarian cancer  You pay nothing for Medicare eligible expenses
<b>Scalp Hair Prosthesis</b> <ul style="list-style-type: none"> <li>Not covered</li> </ul>	<b>Scalp Hair Prosthesis</b> After the annual deductible is met plan covers 80% for eligible expenses.  One scalp hair prosthesis worn for hair loss due to alopecia areata. Coverage is limited to one prosthesis per calendar year.  You pay nothing

<p><b>Original Medicare Covers</b></p>	<p><b>High Deductible Coverage (Plan HDF) Covers:</b>  This plan covers 100% of eligible expenses after you pay an annual deductible of \$&lt;2,240.00&gt;.</p>
<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Additional Benefits</b>  After the annual deductible is met plan covers 80% for eligible expenses.</p> <p><b>Note:</b> Includes reconstructive surgery, surgical and non-surgical treatment of temporomandibular joint syndrome (TMJ), craniomandibular disorders, care provided in an ambulatory surgical center, and treatment for Lyme disease.</p> <p>You pay any remaining charges not covered by the plan.</p>
<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p><b>Ventilator Dependent Persons</b>  After the annual deductible is met plan covers 80% for eligible expenses.</p> <p>Up to 120 hours of a private duty nurse or personal care assistant during a hospital admission.</p> <p>You pay any remaining charges not covered by the plan.</p>

<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution \$20/\$50 Co-Payment (Plan N) Covers:</b></p> <p>This plan offers a basic level of coverage.</p> <ul style="list-style-type: none"> <li>You must first meet your Original Medicare Part B deductible before plan coverage begins.</li> <li>You pay some cost sharing including doctor office visits and emergency copayments.</li> </ul>
<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>60 days of hospital inpatient care at 100% after your Medicare Part A deductible</li> <li>Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount</li> </ul>	<p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Medicare Part A deductible</li> <li>Medicare Part A coinsurance</li> <li>Medicare eligible services for 365 days after Medicare benefits are exhausted</li> </ul>
<p><b>Skilled Nursing Facility Care</b></p> <ul style="list-style-type: none"> <li>The first 20 days at 100%</li> <li>Days 21-100 at 100% after Part A daily coinsurance amount</li> <li>No coverage after the 100th day</li> </ul>	<p><b>Skilled Nursing Care</b></p> <ul style="list-style-type: none"> <li>You pay \$0 days 1-100</li> <li>Medicare Part A coinsurance days 21-100</li> </ul> <p>You pay all charges after the 100th day</p>
<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>100% of Medicare eligible expenses except limited coinsurance on outpatient drugs and inpatient respite care</li> <li>You must get care from a Medicare-certified hospice</li> </ul>	<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>Any remaining Medicare eligible expenses covered in full</li> </ul> <p>You pay nothing</p>
<p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>100% of Medicare eligible expenses</li> </ul>	<p><b>Home Health Care</b></p> <p>After you pay the Medicare Part B deductible</p> <ul style="list-style-type: none"> <li>Covered in full by Medicare</li> </ul>
<p><b>Emergency Services</b></p> <ul style="list-style-type: none"> <li>Same as hospital and medical services</li> <li>80% of Medicare eligible expenses after annual Part B deductible.</li> <li>Not covered outside the U.S.</li> </ul>	<p><b>Emergency Services</b></p> <p>After you pay the Medicare Part B deductible</p> <ul style="list-style-type: none"> <li>You pay the lesser of a \$50 copay or Medicare Part B coinsurance or co-payment for each covered emergency room visit</li> <li>Plan pays 100% of Medicare part B cost sharing after \$50 copay</li> </ul>
<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Medical Services, Outpatient Services and Supplies, and Durable Medical Equipment</b></p> <p>After you pay the Medicare Part B deductible</p> <ul style="list-style-type: none"> <li>You pay a \$20 copay per office visit</li> <li>Plan pays 100% of Medicare Part B cost sharing after \$20 copay per office visit</li> </ul>

<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution \$20/\$50 Co-Payment (Plan N) Covers:</b></p> <p>This plan offers a basic level of coverage.</p> <ul style="list-style-type: none"> <li>You must first meet your Original Medicare Part B deductible before plan coverage begins.</li> <li>You pay some cost sharing including doctor office visits and emergency copayments.</li> </ul>
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses after annual Part B deductible</li> </ul>	<p><b>Behavioral Health Services</b></p> <p>After you pay the Medicare Part B deductible</p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses</li> <li>Also covers court ordered treatment provided by a licensed psychiatrist or doctoral level licensed psychologist</li> </ul>
<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Not covered, except under limited circumstances</li> </ul>	<p><b>Foreign Medical Services</b></p> <ul style="list-style-type: none"> <li>Plan pays 80% of medically necessary services for medical emergencies when traveling outside of the United States.</li> </ul> <p>You pay any remaining charges not covered by the plan.</p>
<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>80% of Medicare eligible expenses for glucose monitors, test strips, lancets, lancet devices, blood sugar control solutions, and therapeutic shoes (in some cases)</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p><b>Note:</b> There is no coverage for insulin, syringes, or needles unless you enroll in a Medicare Part D prescription drug plan.</p> <ul style="list-style-type: none"> <li>No coverage for other diabetic equipment and supplies</li> </ul>	<p><b>Diabetes Self-Management Training, Services and Supplies</b></p> <ul style="list-style-type: none"> <li>80% of charges for diabetic equipment and supplies that are not covered under Medicare or eligible under Medicare Part D</li> <li>80% coverage for outpatient self-management training &amp; education, including medical nutrition therapy</li> </ul> <p>You pay any remaining charges not covered by the plan.</p>



<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution \$20/\$50 Co-Payment (Plan N) Covers:</b></p> <p>This plan offers a basic level of coverage.</p> <ul style="list-style-type: none"> <li>You must first meet your Original Medicare Part B deductible before plan coverage begins.</li> <li>You pay some cost sharing including doctor office visits and emergency copayments.</li> </ul>
<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>100% coverage for “Welcome to Medicare” physical exam within first 12 months of Medicare Part B coverage</li> <li>100% coverage for yearly “wellness” exam after 12 months of Medicare Part B coverage and a “Welcome to Medicare” physical exam</li> <li>No coverage for other preventive care</li> </ul>	<p><b>Preventive Care</b></p> <p>After you pay the Medicare Part B deductible</p> <ul style="list-style-type: none"> <li>100% of Medicare Part B eligible preventive services</li> </ul>
<p><b>Immunizations</b></p> <p>100% of Part B eligible expenses (e.g. pneumonia, flu, hepatitis B)</p>	<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>100% of charges not covered by Medicare</li> </ul> <p><b>Note:</b> Part D eligible immunizations are not covered</p> <p>You pay nothing for Part B eligible expenses</p>
<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>100% of Medicare eligible expenses (e.g. mammograms, pap test, pelvic and breast exams, colorectal cancer, PSA)</li> </ul>	<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>100% of charges not covered by Medicare</li> <li>100% of charges for surveillance tests for women who are at risk for ovarian cancer</li> </ul> <p>You pay nothing for Medicare eligible expenses</p>
<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>Not covered</li> </ul>	<p><b>Scalp Hair Prosthesis</b></p> <ul style="list-style-type: none"> <li>Plan covers 80% of one scalp hair prosthesis worn for hair loss due to alopecia areata. Coverage is limited to one prosthesis per calendar year.</li> </ul> <p>You pay any remaining charges not covered by the plan.</p>

<p><b>Original Medicare Covers</b></p>	<p><b>Signature Solution \$20/\$50 Co-Payment (Plan N) Covers:</b></p> <p>This plan offers a basic level of coverage.</p> <ul style="list-style-type: none"> <li>You must first meet your Original Medicare Part B deductible before plan coverage begins.</li> <li>You pay some cost sharing including doctor office visits and emergency copayments.</li> </ul>
<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>Not covered</li> </ul>	<p><b>Additional Benefits</b></p> <ul style="list-style-type: none"> <li>80% of charges</li> </ul> <p><b>Note:</b> Includes reconstructive surgery, surgical and non-surgical treatment of temporomandibular joint syndrome (TMJ), craniomandibular disorders, care provided in an ambulatory surgical center, and treatment for Lyme disease.</p> <p>You pay any remaining charges not covered by the plan.</p>
<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>Not covered</li> </ul>	<p><b>Ventilator Dependent Persons</b></p> <ul style="list-style-type: none"> <li>80% of eligible expenses for up to 120 hours of a private duty nurse or personal care assistant during a hospital admission.</li> </ul> <p>You pay any remaining charges not covered by the plan.</p>

## I. EXCLUSIONS

THE CONTRACT DOES NOT COVER ALL SKILLED NURSING HOME CARE OR HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND HOME CARE EXPENSES ARE COVERED BY YOUR CONTRACT, AND WHAT PROCEDURES YOU MUST FOLLOW TO RECEIVE THOSE BENEFITS.

We do not pay for the following, unless allowed by Medicare or otherwise covered by this plan:

- Services not allowed by Medicare as benefits, except as stated in the "Medicare Part A Supplemental Coverage", "Medicare Part B Supplemental Coverage" or "Additional Benefits" sections of this contract;
- Services denied by Medicare, except as stated in the "Medicare Part A Supplemental Coverage", "Medicare Part B Supplemental Coverage" or "Additional Benefits" sections of this contract;
- Services that would duplicate benefits provided by Medicare; and,
- All costs above Medicare's approved amounts.

If you have any questions after reading *Medicare & You* and this contract, please call Customer Service at the phone number shown on the back of your ID card.

## II. OTHER INFORMATION

### A. Completing Your Application for Coverage

When you fill out the enrollment application, be sure to answer all questions about your medical and health history truthfully and completely. Medica may cancel your contract and refuse to pay claims if you leave out or provide us with false information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. **Keep a copy of your application for your records.**

### B. Guaranteed Issue

If a Medicare beneficiary loses health coverage under the circumstances listed below, the beneficiary is guaranteed the right to purchase certain Medicare Supplement policies.

In Minnesota, an eligible individual is a person who is eligible for Medicare and who:

- (a) is enrolled in an employee welfare benefit plan that provides health benefits that supplement Medicare, and the plan terminates or ceases to provide all such supplemental benefits;
- (b) is enrolled in a Medicare Advantage, Medicare Cost, Medicare Select, or a Health Care Prepayment plan, and any of the following circumstances apply:
  - i. the plan's certification under Medicare has been terminated or the plan discontinues providing benefits in the area in which the individual resides;
  - ii. the individual is no longer eligible for the plan because the individual changes residence; or
  - iii. the individual demonstrates that the plan substantially violated a material provision of the contract or that the organization materially misrepresented the plan's provisions in marketing the plan to the individual.
- (c) is enrolled under a Medicare Supplement policy, and the enrollment ends because:
  - i. the insurer becomes insolvent or other involuntary termination of coverage occurs;
  - ii. the insurer substantially violated a material provision of the policy or materially misrepresented the policy's provisions in marketing the policy to the individual.
- (d) was enrolled under a Medicare Supplement policy and terminates that enrollment to enroll for the first time in a Medicare Advantage, Medicare Cost, or Medicare Select plan, and the individual then disenrolls from that plan within the first 12 months; or
- (e) after first enrolling in Medicare Part B, enrolls in a Medicare Advantage plan and then disenrolls from that plan within 12 months.

Eligible individuals in (a) through (c) above are entitled to a Basic Medicare Supplement policy from any Minnesota issuer. Eligible individuals in (d) above are entitled to the same Medicare Supplement policy in which the individual was most recently enrolled, if available, from the same issuer. If the policy is not available, the individual is entitled to a Basic Medicare Supplement policy offered by any issuer. Eligible individuals in (e) above are entitled to any Medicare Supplement policy offered by any issuer.

In most cases, you must apply for a new Medica Medicare Supplement policy within 63 days of the date your coverage terminates in order for Medica to determine if guarantee issue of coverage applies to you. If you apply after this 63-day period, you may be required to complete health history questions, unless you are otherwise eligible for guarantee issue of coverage.

### **C. Guaranteed Renewal**

We will not cancel your coverage or refuse renewal because of the deterioration of your health. You may renew your contract for further terms by paying us the proper premium. Payments must be made before the end of the grace period. We will cancel this plan if you do not pay your premium timely or if you made false statements or omitted facts on your application.

**D. Suspension of Coverage:** You may become eligible for benefits under other health insurance after enrolling in this Medicare Supplement. If so, you may be able to suspend this plan for a period of time. Contact your agent or Medica Customer Service for more information (our phone numbers are on the back of this document). There are rules you must follow. Upon reinstatement, the coverage provided will be substantially equivalent to coverage in effect before the date of suspension.

### **E. Important Member Information and Bill of Rights**

#### **As a member of our plan, you have the right to:**

1. Be treated with dignity and respect at all times.
2. Not be discriminated against based on race, ethnicity, national origin, disability, religion, gender or age.
3. Protect the privacy of your personal health information.
4. Be provided information in a way that works for you (e.g., Braille, large print).
5. Receive timely access to providers, including emergency care services, 24 hours a day, seven days a week.
6. Get information about the plan and your covered services.
7. Know all your treatment options and participate fully in discussions and decisions about your health care.
8. Refuse any treatment recommended to you by any provider.
9. File a complaint, ask for a coverage decision, or ask us to reconsider decisions we have made.
10. Get help if you believe you are being treated unfairly or your rights have not been respected.

#### **As a member of our plan, you have the responsibility to:**

1. Help your doctors and other providers help you by giving them the necessary information, asking questions and following through on your care.

2. Practice self-care by knowing how to recognize common health problems and what to do when they occur.
3. Practice preventive care by having the appropriate tests and immunizations and engaging in healthy lifestyle choices (e.g., exercise, diet).
4. Tell your doctor and other health care providers that you are enrolled in our plan.
5. Present your Medicare card when you request health services. Failure to show your Medicare card will delay the processing of your claims for health services.
6. Get familiar with your covered services and the rules you must follow to get these covered services.
7. Tell us if you have any other insurance coverage in addition to our plan.
8. Tell us if you move. If you move outside the plan's service area please contact Medica Customer Service to provide your new permanent address.
9. Pay your portion of benefits that are not paid by Medica, as well as charges for services that are not eligible for coverage under the plan.

#### F. Loss Ratio

For Medica Signature Solution plans, our contract provides an anticipated loss ratio of 73%. This means that, on average, you may expect that \$73 of every \$100 in premium will be returned as benefits to you over the life of the contract.

### III. Premium Information

#### 2018 Premiums

	Tobacco-Free	Tobacco
Extended Basic Premium	\$228.00	\$262.20
Basic Premium	\$163.60	\$190.50
Rider 1: Part A Deductible	\$38.90	\$44.70
Rider 2: Part B Deductible	\$15.10	\$15.10
Rider 3: Part B Excess Charges	\$0.90	\$1.00
Rider 4: Preventive Care	\$2.20	\$2.50
<b>Total premium if all optional riders are purchased with</b>	<b>\$220.70</b>	<b>\$253.80</b>
High Deductible Coverage (Plan HDF)	\$89.30	\$102.70

\$20/\$50 Co-Payment (Plan N)	\$181.60	\$ 208.80
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## Contact us

- If you are a member of this plan, call (952) 992-2457 or 1-866-810-5032 (toll-free).
- If you are not a member of this plan, call 1-800-918-2151 (toll-free).

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