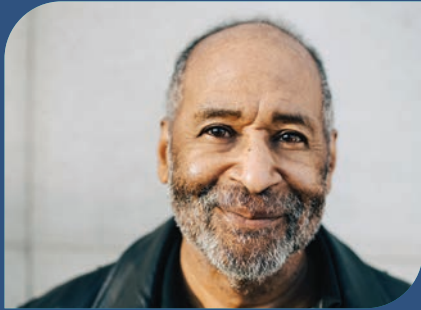


Missouri and Illinois
Greater St. Louis
Metropolitan Area



MEDICARE

2024

Medica AdvantageSM with SSM
(HMO-POS)

Medica AdvantageSM (HMO-POS)

H8019_1003073_M



AT A GLANCE

The coverage you need. At a price you can afford.



\$0 premium on all plans

Part B premium reduction on all plans

Combined medical and prescription drug plan



\$0 copay for primary care visits

\$0 copay for annual vision exam

Worldwide emergency care



\$0 copay for Tier 1 drugs

No Part D deductible

3,400+ prescriptions included on drug list

60,000+ pharmacies nationwide

**EXTRA BENEFITS,
NO EXTRA COST**



Dental



Over-the-counter savings



FREE fitness membership



Expanded telehealth benefits



Hearing

Details starting on page 10.



MEDICA PLANS

What you need to know

Eligibility

You're eligible to enroll in Medica if:

- You have Medicare Part A and Part B
- Your permanent residence is in the service area

Enrollment area

If you live in one of the counties below, you can enroll in the plans in this brochure.

- Madison County, IL
- St. Clair County, IL
- St. Charles County, MO
- St. Louis County, MO
- St. Louis City, MO
- Warren County, MO



Choosing the right care

E-visits

Get care from the comfort of home for issues like: urinary tract infections, lice, yeast infections, and pink eye/conjunctivitis.

Primary Care Provider

Most often your primary care provider should be your first choice for care both because they are familiar with your medical history and because a scheduled office visit is the most cost-effective method of care.

Urgent Care

Urgent care is designed to treat medical problems sooner than a scheduled office visit. Urgent care can treat issues like: bruises or sprains, minor cuts, and minor burns.

ER

Emergency care is for those illnesses or injuries that are life-threatening. Go to emergency care for unconsciousness, severe or unusual bleeding, suspected heart attack, or suspected stroke.

Out-of-network coverage



Emergency and Urgent Care Services

You're always covered for emergency and urgent care with in-network copays for care received in the U.S. and its territories.



Non-Emergency Services

You pay higher cost-sharing for covered non-emergency care when you visit an out-of-network provider.

Our Coordinated Care Network

Our network is a true collaboration between health care experts, hospital partners and your health plan, leading to a more streamlined and simpler experience for members.

Local: Our roots are local. Our health plan employees are your friends and neighbors. You'll find your primary care provider just down the road.

Caring: Community is important to us. Our employees participate in a variety of volunteer efforts throughout the year to make local life a little better for everyone.

Premier Benefits: Our plans offer a suite of premier benefits to give you a Medicare plan that covers your health needs, including dental, over-the-counter benefit and more.



Plan Comparison

Whether you need a plan with medical and prescription drug coverage or a medical-only plan, Medica Advantage has what you need. See drug coverage information on pages 8-9.

See the plan Summary of Benefits for cost-sharing information for all covered medical services.

		Medica Advantage with SSM Value (HMO-POS)	Medica Advantage Salute (HMO-POS)
Coverage		Medical + Drug	Medical Only
Monthly premium		\$0	\$0
Annual out-of-pocket maximum (100% coverage once met)		In Network: \$4,500 Out of Network: \$8,200	In Network: \$5,500 Out of Network: \$10,000
Part B premium reduction		\$15 per month savings	\$65 per month savings
Medical Benefits			
Office Visits	Primary care	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%
	Specialist	In Network: \$35 Out of Network: 40%	In Network: \$40 Out of Network: 40%
	Urgent care	\$35	\$40
	Mental health	In Network: \$0 Out of Network: 40%	In Network: \$30 - \$40 Out of Network: 40%
Preventive Care	Immunizations, screenings, and annual exam	\$0	\$0
Hospital Care	Inpatient stay	In Network: Days 1-7 \$325 then 100% covered Out of Network: 40% then 100% covered	In Network: Days 1-7 \$325 then 100% covered Out of Network: 40% then 100% covered
	Outpatient surgery	In Network: \$300 Out of Network: 40%	In Network: \$325 Out of Network: 40%
Emergency Care	Emergency room	\$120	\$120
	Ambulance (ground and air)	\$300	\$300
Radiology & Tests	Diagnostic tests and radiology	In Network: \$20 - \$150 Out of Network: 40%	In Network: \$20 - \$200 Out of Network: 40%
Dental	Annual coverage amount for preventive and comprehensive dental	\$300 + \$500 FlexSpend benefit member can spend on Dental, Vision, or Hearing	\$300 + \$500 FlexSpend benefit member can spend on Dental, Vision, or Hearing
Vision	Vision exam – routine annual	\$0	\$0
	Hearing exam – routine annual	\$0	\$0
Hearing	Annual hearing aid coverage amount	\$500 FlexSpend benefit member can spend on Dental, Vision, or Hearing	\$750 + \$500 FlexSpend benefit member can spend on Dental, Vision, or Hearing
	Diabetes Supplies	Glucose monitors, test strips, and lancets	\$0

Continued on next page

Plan Comparison

See medical benefits on pages 6-7.

You will pay the lowest retail cost-sharing if you use a Preferred pharmacy.

		Medica Advantage with SSM Value (HMO-POS)	Medica Advantage Salute (HMO-POS)
Part D Drug Coverage			
Annual Part D deductible		\$0	
Insulin program at Preferred Pharmacies		30 Days: \$30 60 Days: \$60 90 Days: \$90	Medical only plan. No coverage for Part D prescription drugs.
Insulin program at Standard Pharmacies		30 Days: \$35 60 Days: \$70 90 Days: \$105	
Initial Coverage (shared drug costs \$0 - \$5,030)			You CANNOT be a member of this plan and enroll in a stand-alone Medicare Part D plan. If you need medical and Part D drug coverage, enroll in our Value plan.
30-Day Preferred Retail	Tier 1: Preferred Generic	\$0	
	Tier 2: Generic	\$8	
	Tier 3: Preferred Brand	\$42	
	Tier 4: Non-Preferred Drug	\$95	
	Tier 5: Specialty Drug	33%	
30-Day Standard Retail	Tier 1: Preferred Generic SSM	\$7	
	Tier 2: Generic SSM	\$13	
	Tier 3: Preferred Brand SSM	\$47	
	Tier 4: Non-Preferred Drug SSM	\$100	
100-Day Mail Order	Tier 1: Preferred Generic	\$0	
	Tier 2: Generic	\$0	
	Tier 3: Preferred Brand	\$117.50	
	Tier 4: Non-Preferred Drug	\$285	
Coverage Gap (member-only drug costs up to \$8,000)		Generic and Covered Brand at 25% for all plans	
Catastrophic Coverage (member-only drug costs \$8,000+)		Plan pays the full cost for your covered Part D drugs	

Extras that make your plan **better**

These extra resources can help you stay healthy.



Free Fitness Membership

Our innovative fitness program through One Pass™ makes staying fit — physically and mentally — convenient and fun. For locations, visit [Medica.com/fitness](https://www.Medica.com/fitness).

- Large network of 24,000+ gyms and fitness centers
- Free home fitness kit
- Enroll in as many facilities as you want
- Live and on-demand fitness classes
- Unlimited access to BrainHQ online activities that support brain speed and memory

Hearing

All plans cover one \$0 routine hearing exam per year, and our Medica Advantage Salute (HMO-POS) MA-Only plan offers a \$750 hearing aid allowance per year.

Transportation

We cover 24 one-way personal rides each year to medical appointments and to the pharmacy.

Telehealth Coverage

Telehealth visits with your primary care, specialist, urgent care, and behavioral health providers from our network have the same low copays as in-person visits.

Chiropractic Care

We cover additional chiropractic benefits to help you stay healthy and active.

Dental

We partnered with Delta Dental to provide dental benefits with no waiting periods or deductibles.

- Covers preventive services like cleanings, exams, x-rays, and fluoride treatments
- Covers fillings, crowns, and other restorative services
- Benefit can be used in and out-of-network
- \$300 per year in dental benefits

Post-Discharge Meals

We cover 14 meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.

Health+ by Medica Card

You will receive a Health+ by Medica card on which your over-the-counter savings, living healthy rewards, and flexible benefit allowance are loaded.

Flexible Benefit

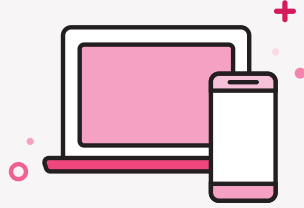
All of our plans offer a \$500 yearly flexible benefit amount that can be used towards additional dental services, vision services, eyewear, hearing services, and hearing aids. This benefit can be spent at any freestanding dental, vision, or hearing facility. You are not restricted to in-network providers.

Living Healthy Rewards

You can earn up to \$150 in rewards for completing healthy activities like receiving a flu shot, going to the dentist, and getting an annual physical. After you have earned your rewards, they will be loaded onto your Health+ by Medica card.

Over-the-Counter (OTC) Savings

You can receive a \$55 quarterly benefit allowance on the Medica Advantage with SSM Value (HMO-POS) plan or a \$40 benefit allowance on the Medica Advantage Salute (HMO-POS) plan. You can use this allowance for eligible OTC health and wellness products.



Ready to enroll?

There are three ways to enroll in a Medica Medicare plan.
Choose the one that works best for you:



Over the phone

Call **1 (866) 458-8162** (TTY: **711**) for fast and easy phone enrollment.



Online with Medica

Go to **Medica.com/SSM2024** to complete your enrollment online.



Through the mail

Complete and sign a paper application form and submit as indicated on the form. (You can call Medica to get a paper application or contact your local Medica agent.)

What happens after you enroll?

Here's what you'll get from us so you can start using your plan.

Member packet

One to three weeks before your effective date, you'll get your member packet. It has your member guide and other important materials you'll want to read and keep for future reference.

ID card

You'll get an ID card one to three weeks before your effective date.

Note: Your ID card isn't included in your member packet – we send it separately.

Confirmation letter

You'll get a letter that confirms Medicare's approval of your enrollment in Medica Advantage.

There are three enrollment periods when you can buy a plan:

Initial Enrollment Period (IEP)

This is when you first become eligible for Medicare at around age 65. You have a seven-month window to sign up for Medicare.

Annual Election Period (AEP)

Medicare open enrollment is Oct. 15–Dec. 7 each year for Jan. 1 coverage. All enrollment options are available at this time.

Special Enrollment Period (SEP)

An SEP lets you make changes to your coverage that you normally can only make during your IEP or AEP. There are many types of events that can trigger an SEP (for example, if you move or your current plan is no longer available).

Discrimination is Against the Law

The Health Plan 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. The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats such as large print, audio, and braille.
- 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 we have 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.

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, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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

Connect with us

Call us toll-free at **1 (866) 458-8162** (TTY: **711**).

Oct. 1 - March 31

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

April 1 - Sept. 30

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

Visit us online or find a broker in your community at [Medica.com/SSM2024](https://www.Medica.com/SSM2024).



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.

Medica Central Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in Medica Central Health Plan depends on contract renewal. Medica Central Health Plan markets under the name Medica.

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