

Welcome to Medica Central Health Plan!

Thanks for choosing us.

Your 2024 Medica Advantage plan comes with a healthy supply of benefits, including ones you won't get with Original Medicare. These steps will help you get started — and help you get the most out of your plan.

- **Schedule your \$0 annual wellness visit and \$0 annual physical exam**
Make appointments with your doctor so they can learn how to best care for you. You can schedule them on the same day.
- **Transfer your medical records**
(For members new to SSM Health Clinics)
Once you've scheduled your appointment(s), transfer your records to your new clinic.
- **Complete your health assessment survey**
It'll help us provide you with more personalized health care.
- **Tell us if you have other health insurance**
Contact the Customer Care Center to let us know. We'll help you figure out how your other insurance works with your Medicare Advantage plan.
- **Complete the Appointment of Representative Form**
It'll ensure your authorized representative can speak with Medica Central Health Plan on your behalf.

Make the most of your time with your primary care physician



Talk about preventive care

to determine which immunizations and cancer screenings are appropriate for you.



Bring your medications

and other over-the-counter medications and supplements.



Ask questions

if you don't understand something.



Be open and honest

with your physician so they can give you the proper treatment.



Take notes

or ask your physician to do it for you.
Bring a friend or family member to help you remember important information.



2024 Member Plan Guide

Medica Advantage with SSM Value (HMO-POS)
Medica Advantage Salute (HMO-POS) MA-Only

Questions? We're here to help.



Need to know where to go for care?

Call the **Nurse Line**

1 (833) 925-0398 (TTY: 711)

Nurses are available 24 hours a day,
365 days a year.



Questions about your health plan coverage?

Call the **Customer Care Center**

1 (877) 301-3326 (TTY: 711)

8 a.m. - 8 p.m. CT weekdays (year-round)
and weekends (Oct. 1 - March 31)



Need a quick appointment?

Start an **E-Visit** at **Central.Medica.com/Evisit**

Get care from the comfort of home from a
trusted SSM provider.



Your online Member Portal

Access your plan information any time in 2024.

- View personal information
- Order your member ID card
- Download your member benefit documents
- View claims and claim details
- Access pharmacy information
- Get a link to Living Healthy
- Pay your premium

Activate your Member Portal account and sign up for MyChart after January 1 at **Central.Medica.com/Login**. New users can follow the registration steps in this guide.

AT A GLANCE

Medica Advantage Plans

\$0 benefits include

- Primary care visits
- 100 day fills at Costco mail-order pharmacies* for Tier 1 and Tier 2 drugs*
- Tier 1 drugs at preferred pharmacies*
- Routine vision exam with eyewear allowance
- Routine hearing exam with hearing aid allowance
- 14 meals delivered to your door after a hospital stay or skilled nursing facility stay
- Fitness membership through One Pass™

Your plan also features

- Health+ by Medica card for easy access to your benefits
- Additional transportation assistance for medical appointments and the pharmacy - 24 one-way personal rides each year
- Routine footcare visits
- Routine chiropractic visits
- Preventive and comprehensive dental coverage, including dental exams, cleanings, X-rays, and more
- Virtual care for eligible conditions
- Rewards for completing healthy activities

**Doesn't apply to members on the Medica Advantage Salute (HMO-POS) MA-Only plan, which doesn't include drug coverage.*

Review your benefits

Find more information about your benefits at Central.Medica.com/ExtraBenefits24.

GETTING STARTED

Understanding your care + network

COORDINATED CARE NETWORK



Physicians



Health plan



Hospitals

Connect with a network primary care physician

Your plan gives you a Coordinated Care Network that supports collaboration between health care experts, hospital partners, and the Medica Central Health Plan. Working together, we can guide you to health resources in our system, including nutrition services, pharmacy support, community programs, and more. And that means you can get a well-rounded, simpler health care experience. Visit Central.Medica.com/Doctors for an online directory of care providers.

Urgent care*

Need a same-day appointment? Call your primary care clinic first – you can often get an appointment the same day. They may direct you to urgent care if you need attention sooner than a clinic visit. Common reasons to visit urgent care include minor burns, sprains or strains, minor lacerations or rashes, and migraines. Urgent care sites are generally open evenings and weekends.

Emergency care*

Common reasons to seek emergency care include heart attack symptoms (chest pain, shortness of breath, nausea/vomiting), stroke symptoms (slurred speech, sudden weakness, vision loss, and dizziness), head trauma, or sudden confusion. **Call 911 if you think your health problem is life-threatening or could worsen on the way to the hospital.**

**Both urgent and emergency care are covered under your plan if you can't return to the Medica Central Health Plan network for immediate treatment. If you require urgent or emergency care outside the network and can't get to a plan provider, go to the nearest urgent care center or emergency room for treatment. It's important to notify Medica of your out-of-network urgent or emergency visit by calling the Customer Care Center at 1 (877) 301-3326 (TTY: 711). If you are member on a HMO-POS plan any follow up with a non-plan provider will apply to your out-of-network benefits.*



Specialty care

Our network also features a variety of medical specialties. Your primary care physician can help you find the right specialist. Visit Central.Medica.com/Doctors for our provider directory – it has a comprehensive list of specialty providers, behavioral health services, and hospitals.

E-Visit

Go to Central.Medica.com/Evisit to get a diagnosis, a treatment plan and even a prescription, if needed. E-Visits are available to members through age 80. To ensure members get the highest-quality of care, those age 81 and older should be seen at a clinic or doctor's office.



Need to know where to go for care?

Call the **Nurse Line** at **1 (833) 925-0398** (TTY: **711**). Nurses are available 24 hours a day, 365 days a year.

\$0

No-copay care with network providers for these services

Welcome to Medicare office visit

As soon as you enroll in Medicare Part B, you can schedule your welcome to Medicare visit. Your primary care physician will record your medical history, check your vision, blood pressure, and weight and height to measure your body mass index (BMI).

Annual care

Medicare covers one annual wellness visit per calendar year. You also have an additional benefit of an annual physical exam that's more comprehensive.

Preventive care

Talk to your primary care physician to determine which immunizations (influenza, varicella, tetanus, meningococcal, pneumococcal) and cancer screenings (breast cancer mammogram, colon cancer, PAP smear) are appropriate for you.

All preventive services are listed in your Evidence of Coverage. See the Medical Benefits chart in Chapter 4, Section 2.1. You'll see an apple listed next to the preventive services in the benefits chart.

Primary care visits

All in-person and telehealth visits with your primary care physician have no copay. Talk with your primary care physician and ask if a telehealth appointment is right for you for certain health conditions.

GETTING STARTED

Your health plan gives you extra benefits

Designed to help you stay active, manage your emotional well-being, and make good health a priority. Find out more at Central.Medica.com/ExtraBenefits24.



Health+ by Medica card

Your over-the-counter (OTC) allowance, Living Healthy rewards, and eyewear benefit are on your new Health+ by Medica card. This card makes paying for covered items simple. It also includes any FlexSpend benefits your plan offers – plus your Living Healthy Rewards will be automatically added to it as you earn them.

Here's how to activate your card. **(Note: You need to be active on your policy to activate your card.)** Call **1 (833) 684-8472** or go to **MyBenefitsCenter.com** to activate your card. When you call, you'll be prompted to enter the card's 16-digit account number. You'll then need to enter your insurance member ID number, found on your Member ID Card, including the A (A=2 on the phone keypad). Once you get through these steps, the card will be ready to go.



Living Healthy Rewards

You can earn up to \$150 in rewards each year that you can redeem with your Health+ by Medica card.* Just complete the healthy activities of your choice on the Living Healthy Rewards site, and the reward dollars automatically load onto your Health+ by Medica card. You can use them at grocery stores, restaurants, and much more.

Visit Central.Medica.com/Rewards to learn how to earn reward points through your Living Healthy portal, or sign into your Member Portal to access your Living Healthy Rewards and record completed activities.

Note: Living Healthy Rewards expire 12 months after you've earned them.



OTC

Your plan gives you a quarterly allowance to use for eligible OTC health and wellness products. This benefit is available at the beginning of each quarter (January, April, July, October). **Note: Any unused dollars expire at the end of the quarter they're assigned (you can't carry them forward to the next quarter).**

After you get your Health+ by Medica card in the mail, visit **MyBenefitsCenter.com** or download the OTC Network app to see the list of all participating retailers, a full list of covered items, and to check your card balance.

You can shop:

- In-store at participating retailers, including some SSM Health Pharmacies, Walgreens, CVS Pharmacy, Walmart, Dollar General, and Kroger stores
- Online at **MyBenefitsCenter.com**
- Over the phone at **1 (833) 569-2330**
- By mail-order catalog found at **Central.Medica.com/ExtraBenefits24** under the OTC section



Dental

We cover preventive and comprehensive dental benefits through our partner Delta Dental. Our plan has no waiting period or deductibles. Visit Central.Medica.com/ExtraBenefits24 for a link to the Delta Dental Medicare Advantage Network of providers and a list of covered procedures.



\$0 vision exam

We cover one in-network \$0 routine vision exam every year. Find a network provider at Central.Medica.com/Doctors.



Hearing exam

We cover one in-network \$0 routine hearing exam per year. Find a hearing aid provider at Central.Medica.com/Doctors.



FlexSpend: dental, vision, and hearing

We cover an additional \$500 every year to be spent on additional dental, vision (including eyewear), and/or hearing (including hearing aids). You can swipe your Health+ by Medica card like a credit card at any dentist, free-standing vision center, or hearing aid provider.



\$0 fitness memberships through One Pass™

The One Pass fitness program includes access to 20,000+ fitness locations nationwide, including group exercise classes. Rather work out at home? Enjoy on-demand and live-streaming fitness classes. Plus you can redeem one home fitness kit each year. You can also use a personalized online brain training program called BrainHQ. Go to Central.Medica.com/ExtraBenefits24 to register for the One Pass fitness program.



Routine footcare visits

We cover 10 routine footcare visits every calendar year. That includes treatment generally considered preventive — i.e., cutting or removal of corns, warts, calluses or nails. You pay your plan's specialist copay for routine footcare services.



Routine chiropractic visits

We cover 24 routine chiropractic visits every calendar year. You pay a \$20 copay per visit for routine chiropractic services. Find an in-network provider at Central.Medica.com/Doctors.

**You'll need to enter completed activities by Dec. 31, 2024, to be eligible for rewards.*

Understanding your prescription drug coverage*

Preferred retail pharmacy network

Save money by filling prescriptions at preferred retail pharmacies and through our mail order pharmacy. All SSM Pharmacies, Walgreens, Walmart, and CPESN pharmacies are included in the network. The network also includes Costco retail and mail order pharmacies (no Costco membership required).

Need to find a pharmacy near you?

Find preferred and standard retail pharmacies at Central.Medica.com/MAPharmacies.

Standard retail pharmacy network

You also have access to standard retail pharmacies, including most national chains (CVS included), many retail and grocery store pharmacies, and many independent, local community pharmacies.



LIST OF COVERED DRUGS (FORMULARY)**

Learn which drugs your plan covers by viewing our Medicare formulary. Visit Central.Medica.com/MedicareAdvantageMembers and choose **2024 Drug list/Formulary**.

Note: We may make changes annually and throughout the benefit year to the formulary.

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 drugs are placed in based on how much they cost. Generally, the lower the tier number, the lower the cost.

Medicare Advantage diabetes benefits



Your Medicare Advantage plans offer specific benefits for people with diabetes.

Diabetes management

If you have diabetes, take steps to stay healthy:

- Get an HbA1c test at least twice a year to check your average blood glucose level for the past two to three months
- Get an LDL test when you're first diagnosed with diabetes to check your level of "bad" cholesterol, and repeat testing as recommended by your doctor
- Get diabetic kidney disease testing
- Get an eye exam, which may include a dilated retinal exam
- Get a regular foot exam
- Eat a healthy diet and exercise regularly
- Stay active — register for the One Pass™ fitness benefit

Insulin savings

You only pay a \$30 copay per prescription at preferred pharmacies and \$35 at standard retail pharmacies for insulin on our formulary.* These savings apply through the deductible and copay stages and the donut hole.

Diabetic supplies

Your plan covers supplies to help you manage your diabetes, including:**

- \$0 diabetic supplies
- \$0 for all insulin supplies
- \$0 continuous glucose monitors (prior authorization required)
- 20% coinsurance in-network for insulin pumps (brands covered: Minimed, T Slim)†
- 20% coinsurance in-network for therapeutic shoes and inserts; therapeutic shoes and inserts are only available through NPS Foot Health
- Kidney disease education



Struggling to manage your diabetes?

Get help by completing our Care Management form to be connected with a nurse case manager. Visit Central.Medica.com/Care-Management-Help.

*Includes pen injector, injectable solution, injectable suspension, and cartridge.

**Doesn't apply to members on the Medica Advantage Salute (HMO-POS) MA-Only plan, which doesn't include drug coverage.

†You'll pay 20% coinsurance for Minimed testing supplies

Your online Member Portal

Your portal includes information you need to manage your health care and coverage.
You can activate it on or after the effective date of your Medica Advantage membership.

Follow the instructions on this page to activate your account.

Tip: Have your Member ID Card on-hand when registering.

Activate your account

1. Go to **Member.Central.Medica.com**
2. Choose **“Create Account”**
3. Enter your account information:
 - Enter your first and last name as shown on your Member ID Card
 - Enter a valid email address
4. Follow the password requirements to create and confirm your password.
5. Complete the multifactor authentication process:
 - Select either text or call verification
 - Enter your phone number and choose **“Request Code”**
 - The code will be sent to your phone. Once you get it, enter it in the **“Verification Code”** box, click on **“Verify Code”** and then on **“Continue.”**
6. Complete the **“Member Details”** page using the information from your ID card.
7. Read the Terms and Conditions and when finished click on **“Accept Terms & Conditions”** and then choose **“Continue.”**
8. The **“Registration Complete”** screen will appear, letting you know your registration was successful.

FAQs

I forgot my member account password – how do I find out what it is?

Choose Login to Member Portal and select **“Forgot your password?”** to choose a new password.

I forgot my Member Portal User ID – how do I find out what it is?

You'll have to create a new account and re-register your account to access your information.



Need help?

Call the Medica Central Health Plan Customer Care Center at **1 (877) 301-3326 (TTY: 711)**, 8 a.m. – 8 p.m. CT (year-round) and weekends (Oct. 1 – Mar 31).



Your online health record in 2024

Access your health information any time

MyChart is a free service that gives you online access to information in your personal and family health records. To access MyChart, go to **Central.Medica.com/Login** or use the MyChart app. MyChart lets you:

- Communicate with a physician and health care team through secure messaging
- Get answers to medical questions from the comfort of your home
- Get real-time lab and test results — no more waiting for a phone call or letter — view your results and your doctor’s comments within days
- Request a prescription refill from your doctor
- View current medical records
- Schedule your next appointment or view details of your past and upcoming appointments
- Pay medical bills online

Sign up for MyChart in three easy steps:

1. Go to **Central.Medica.com/Login**
2. Under the MyChart section, choose “**MYCHART LOGIN**” and then “**Sign Up Now**” under the “**New User?**” section.
3. Complete the online form to activate your account.
If you need help, call MyChart support at **1 (888) 521-3326 (TTY: 711)**.





Your rights + responsibilities

You deserve the best service and health care possible. Rights and responsibilities help improve cooperation among members, practitioners, and Medica Central Health Plan. Visit Central.Medica.com to view your Notice of Privacy Practices or call the Customer Care Center.

Grievance and appeals

You may have questions or concerns about benefits, claims or services you've received from us. When that happens, reach out to the Customer Care Center. A Medicare Specialist will make every effort to resolve your concern promptly and completely. Your input matters, and we encourage you to call with concerns. As a Medica Advantage Plan member, you also have certain grievance and appeal rights.

You can call the Customer Care Center or visit Central.Medica.com/MedicareAdvantageMembers for more information on how to file a grievance or appeal.

Limitations and exclusions

Reference your Evidence of Coverage, which can be found online at Central.Medica.com, for a list of services and items that aren't covered under any condition or are only covered under specific conditions.

Quality matters

Our Medicare Advantage achievements show our commitment to high-quality care and services to you. Find out more at Central.Medica.com/Quality.

Pharmacy FAQs (for Part D)*

Are my drugs covered by the plan?

Our plan uses a drug formulary to determine how each drug is covered and any requirements for coverage. Visit Central.Medica.com/MedicareAdvantageMember to view our comprehensive drug formulary. The formulary allows you to search by drug name, type, or tier. See your plans Evidence of Coverage to calculate how much you can expect to pay for drugs in each tier.

What's the difference between Part D and Part B drugs?

It's important to understand the difference in coverage as Part D drugs are covered under the drug benefit, while Part B drugs are considered a medical benefit:

- Part D drugs are the more common drugs you get at the pharmacy counter and can be self-administered. See chapters 5 and 6 of your Evidence of Coverage document to learn more about Part D drugs.



- Part B drugs are drugs that are either given in a doctor's office, home infusion, or an outpatient clinic that you can't self-administer. They can also be oral drugs or supplies for certain chronic disease states that you can pick up at your local pharmacy. Some examples of drugs given in a clinic include injectable anticancer drugs, intravenous immune globulin, or injectable dialysis drugs. Drugs that you could pick up at your pharmacy may include oral transplant medication, nebulized drugs, some oral chemotherapy, and diabetic supplies for testing. Please be aware these drugs will have either a cost-sharing amount or a copay.

Can using mail order really provide savings?

The mail order program can provide savings through the Initial Coverage Stage, as we offer discounted copays on a 100-day supply for Tiers 1, 2, 3, and 4, except drugs that are considered specialty or control medications. Using mail order is also convenient. You can avoid taking time to drive to a pharmacy by having your drugs delivered to your home. 100-day supplies of Tier 1 and Tier 2 drugs are available for a \$0 copay only at Costco mail order pharmacies. You don't need to be a Costco member to use this benefit.

Why does my cost sharing for a drug change throughout the year?

The Medicare Part D program has four defined segments of benefit offerings known as the Deductible Stage, Initial Coverage Stage, Coverage Gap and Catastrophic Stage. Each benefit segment may have different member cost sharing amounts. You can find the coverage and description of these benefit segments in Chapter 6 of your Evidence of Coverage document.

Which restrictions and limitations may apply to the drug formulary?

- Prior authorization
- Quantity limit
- Step therapy
- 100-Day supply of drugs
- Limited distribution

Which vaccinations are covered?

Vaccines are covered at a \$0 copay to help you stay healthy. It's important to keep vaccines current: you may not have been vaccinated as a child or your immunity may have faded. Most importantly, vaccines help keep you safe from possible life-threatening, vaccine-preventable diseases.

Part B vaccines

Medicare Part B covers the following vaccines at an in-network retail pharmacy or at your doctor's office at \$0 to you:

- Annual flu shot
- Hepatitis B for intermediate to high risk
- Pneumococcal pneumonia
- Tetanus shot, but only due to an injury

Part D vaccines

Medicare Part D vaccines* can be received at a in network pharmacy or at your in-network physician office at your annual wellness check.

- Hepatitis B for low-risk members
- Shingles
- Td (tetanus and diphtheria) booster
- Tdap (tetanus, diphtheria, and pertussis) booster

* Your plan must include Part D for Part D drug and vaccines to be covered.



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



Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number **1 (877) 301-3326 (TTY: 711)** 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.

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

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