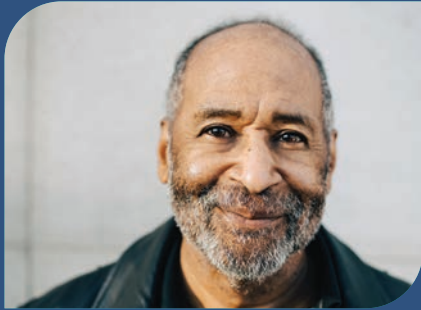


Illinois

Greater Peoria and
Bloomington Area



MEDICARE

2024

OSF with Medica AdvantageSM

(HMO and HMO-POS)

Medica AdvantageSM (HMO-POS)

AT A GLANCE

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



\$0 premium plans available
Part B premium reduction plans available
Combined medical and prescription drug plans available



Fully integrated network; your insurance works with your doctors.
\$0 primary care doctor visits
Worldwide emergency care



\$0 copay for Tier 1 drugs
No Part D deductible on Tier 1 and Tier 2 drugs for most plans
3,400+ prescriptions included on drug list
60,000+ pharmacies nationwide

**EXTRA BENEFITS
NO EXTRA COST**



Dental



Vision



Over-the-counter savings



FREE fitness membership



Expanded telehealth benefits

Details starting on page 12.



MEDICA PLANS

What you need to know

Eligibility

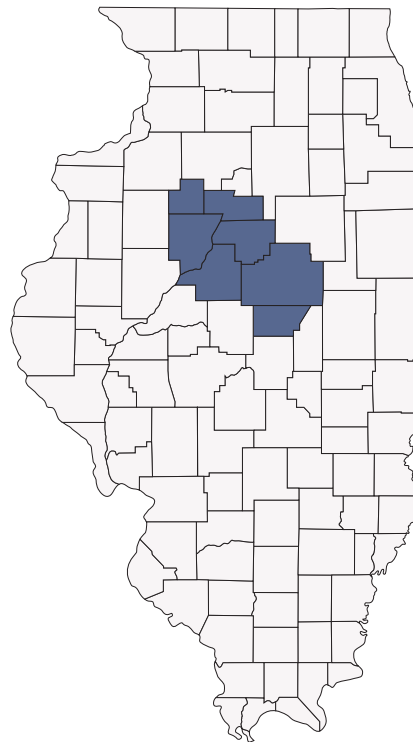
You're eligible to enroll in our plans if:

- You have Medicare Part A and Part B
- Your permanent residence is in our enrollment area

Enrollment area

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

- De Witt
- McLean
- Marshall
- Peoria
- Stark
- Tazewell
- Woodford



Choosing the right care

E-visits

Get care from the comfort of home via a video call. You can use an e-visit 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: trouble breathing, serious broken bones, 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 OSF HealthCare and Medica, leading to a more streamlined and simpler experience for members.

We have partnered together to give our members enhanced access to high-quality, affordable health care through a comprehensive network of physicians, hospitals, and outpatient settings.

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

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

Most plans combine medical and drug coverage for one affordable premium.

See drug coverage information on pages 10-11.

		OSF with Medica Advantage Value (HMO)	OSF with Medica Advantage Select (HMO-POS)	OSF with Medica Advantage Preferred (HMO-POS)	Medica Advantage Salute (HMO-POS)
Coverage		Medical + Drug	Medical + Drug	Medical + Drug	Medical Only
Monthly premium		\$0	\$0	\$160	\$0
Annual out-of-pocket maximum (100% coverage once met)		\$3,500	In Network: \$3,900 Out of Network: \$8,800	In Network: \$0 Out of Network: \$5,000	In Network: \$5,500 Out of Network: \$10,000
Part B premium reduction		\$10	\$0	\$0	\$65
Medical Benefits					
Office Visits	Primary care	\$0	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%
	Specialist	\$40	In Network: \$40 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$40 Out of Network: 40%
	Urgent care	\$40	\$40	\$0	\$40
	Mental health	\$0	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$40 Out of Network: 40%
Preventive Care	Immunizations and screenings	\$0	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%
Hospital Care	Inpatient stay	Days 1-7: \$325 then 100% covered	Days 1-7: In Network \$325 Out of Network: 40% then 100% covered	Days 1-90: In Network \$0 Out of Network: 40% then 100% covered	Days 1-7: In Network \$325 Out of Network: 40% then 100% covered
	Outpatient surgery	\$320	In Network: \$320 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$325 Out of Network: 40%
Emergency Care	Emergency room	\$110	\$110	\$0	\$120
	Ambulance (ground and air)	\$300	\$300	\$0	\$300

Continued on next page

Plan Comparison

Most plans combine medical and drug coverage for one affordable premium.

See drug coverage information on pages 10-11.

		OSF with Medica Advantage Value (HMO)	OSF with Medica Advantage Select (HMO-POS)	OSF with Medica Advantage Preferred (HMO-POS)	Medica Advantage Salute (HMO-POS)
Radiology & Tests	Diagnostic tests and radiology	\$150	In Network: \$150 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$200 Out of Network: 40%
Dental	Annual coverage amount for preventive and comprehensive dental	\$1,000	\$1,000	\$300	\$300 + \$500 Flexible Benefit*
Vision	Vision exam – routine annual	\$0	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	\$0*
	Eyewear coverage amount – every two years	\$250	\$250	\$100	\$500 Flexible Benefit*
Hearing	Hearing exam – routine annual	\$0	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	\$0*
	Annual Hearing aid coverage amount	\$750	\$750	Not covered	\$750 + \$500 Flexible Benefit*
Diabetes Supplies	Glucose monitors, test strips, and lancets*	In Network: \$0 Out of Network: Not covered	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%	In Network: \$0 Out of Network: 40%
Skilled Nursing Care	No prior 3-day hospital stay required	Days 1-20: In Network \$0 Days 21-100: In Network \$203 Days 1-100: Out of Network not covered	Days 1-20: In Network \$0 Days 21-100: \$203 Days 1-100: Out of Network not covered	Days 1-100: In Network \$0 Days 1-100: Out of Network not covered	Days 1-20: In Network \$0 Days 21-100: \$203 Days 1-100: Out of Network 40%

*The Medica Advantage Salute MA – Only plan offers a yearly \$500 Flexible Benefit amount that can be used towards additional dental services, vision services, eyewear, hearing services, and hearing aids.

Continued on next page

Plan Comparison

Most plans combine medical and drug coverage for one affordable premium.

See medical benefits on pages 6-9.

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

		OSF with Medica Advantage Value (HMO)	OSF with Medica Advantage Select (HMO-POS)	OSF with Medica Advantage Preferred (HMO-POS)	Medica Advantage Salute (HMO-POS)
Part D Drug Coverage					
Annual Part D deductible		Tiers 1 & 2: \$0 Tiers 3, 4 & 5: \$0	Tiers 1 & 2: \$0 Tiers 3, 4 & 5: \$0	Tiers 1 & 2: \$0 Tiers 3, 4 & 5: \$200	Medical only plan. No coverage for Part D prescription drugs.
Insulin program at Preferred Pharmacies		30 Days: \$30 60 Days: \$60 90 Days: \$90	30 Days: \$30 60 Days: \$60 90 Days: \$90	30 Days: \$30 60 Days: \$60 90 Days: \$90	
Insulin program at Standard Pharmacies		30 Days: \$35 60 Days: \$70 90 Days: \$105	30 Days: \$35 60 Days: \$70 90 Days: \$105	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 one of our other Medicare plans.
30-Day Preferred Retail	Tier 1: Preferred Generic	\$0	\$0	\$0	
	Tier 2: Generic	\$8	\$8	\$8	
	Tier 3: Preferred Brand	\$42	\$42	\$42	
	Tier 4: Non-Preferred Drug	\$95	\$95	\$95	
	Tier 5: Specialty Drug	33%	33%	30%	
30-Day Standard Retail	Tier 1: Preferred Generic	\$7	\$7	\$7	
	Tier 2: Generic	\$13	\$13	\$13	
	Tier 3: Preferred Brand	\$47	\$47	\$47	
	Tier 4: Non-Preferred Drug	\$100	\$100	\$100	
	Tier 5: Specialty Drug	33%	33%	30%	
100-Day Mail Order	Tier 1: Preferred Generic	\$0	\$0	\$0	
	Tier 2: Generic	\$0	\$0	\$0	
	Tier 3: Preferred Brand	\$117.50	\$117.50	\$117.50	
	Tier 4: Non-Preferred Drug	\$285	\$285	\$285	
Coverage Gap (member-only drug costs up to \$8,000)		Generic & Covered Brand Drugs 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



Chiropractic Care

We cover additional chiropractic benefits to help you stay healthy and active. We offer 12 routine visits and six therapeutic visits per year.



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.



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.



Post-Discharge Meals

We cover 14 meals delivered to your door after you are discharged from the hospital or a skilled nursing facility at no cost to you.



Transportation

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



Dental

We partnered with Delta Dental to provide you 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



Eyewear

You can use any free-standing vision center for prescription eyewear every two years. Allowance amount varies by plan.



Hearing Aids

You can use any in-network provider for hearing aids every year. Allowance amount varies by plan.



Over-the-Counter (OTC) Savings

All plans have a quarterly benefit allowance you can use for eligible OTC health and wellness products. Allowance amount varies by plan.



Flexible Benefit

The Medica Advantage Salute MA – Only plan offers a 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.

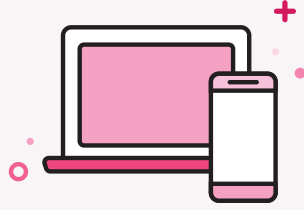


Health+ by Medica Card

You will receive a Health+ by Medica card on which your prepaid eyewear allowance is loaded, and can be spent at any freestanding eyewear retailer. Your OTC savings and Living Healthy Rewards are also loaded on this card. Any eligible flexible benefit allowances are also loaded on your card.

See the table below for benefit amounts by plan.

	Dental Annually	Eyewear Every 2 Years	OTC Quarterly	Hearing Aids Yearly	Flexible Benefit Yearly
Value	\$1,000	\$250	\$65	\$750	Not Covered
Select	\$1,000	\$250	\$60	\$750	Not Covered
Preferred	\$300	\$100	\$30	Not covered	Not Covered
Salute	\$300	Not Covered	\$40	\$750	\$500



Ready to enroll?

There are three ways to enroll in an OSF with Medica Advantage plan. Choose the one that works best for you:



Over the phone

Call **1 (866) 458-8058** (TTY: **711**) for fast and easy phone enrollment.



Online with Medica

Go to **Medica.com/OSF24** 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 OSF with 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).



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

Connect with us

Call us toll-free at **1 (866) 458-8058** (TTY: **711**).

Oct. 1 - March 31

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

April 1 - Sept. 30

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

Visit us online or find a broker in your community at **Medica.com/OSF24**.



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. Other providers are available in our network.

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