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Medica 2024:
MAHU Medicare Summit

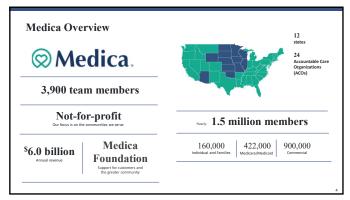
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Agenda

- Why choose Medica?
- 2024 Medicare product preview
 MN MAPD
- Q + A

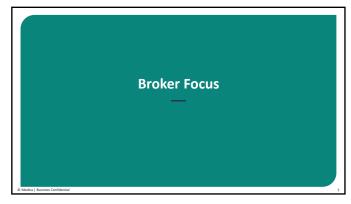
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Why Choose Medica?



THANK YOU THANK YOU THANK YOU THANK YOU









You Asked, We Delivered

Your feedback is invaluable to us, and we use it to enhance our products, services, and experiences.

- Low max out-of-pocket
- ID cards in Broker Client View (BCV)
- Predictable copays for out-network services
- One Pass™ fitness member ID lookup
 No network dental and vision benefits
- Expanded, stable provider network
- Easy to use travel benefit
- Flex card!!

Keep the feedback and ideas coming!

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Service

We pride ourselves on our best-in-class service.

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Exceptional Service

Member-first company

We serve members, not shareholders

Only a phone call away

We pick up the phone every time you call

Outstanding Member Experience team

Our customer service reps live where we do business

Dedicated Broker Experience team

Experienced team with a combined 150+ years of service supporting Medica brokers



Scott Lohman's 400,000th Call Celebration

Scott Lohman has provided exceptional support to members, brokers, and employers since 1989.

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Provider Relationships

- Strong provider relationships allow for a robust network across our service areas
- Providers trust Medica will do the right thing for their patients



- Provider partnerships allow us to expand our product portfolios
- We share the same goal improving the health of our members

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Nonprofit We serve our members, not shareholders.

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Community Focus	
We proudly support the communities we serve.	
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Medica Foundation The charitable giving arm of supports organizations in Minnesota Invests in community-led initiatives to improve health and advance health equity Foundation activities and priorities support Medica's Nearly \$40 million has been granted since 2003 Www.Medicafoundation.org Medicafoundation.org

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- Funding supports Medica's entire service area through strategic investments in organizations, programs and projects that support the communities where our members live and work. - Addresses local needs and empowers Medica growth. - Engages employees, builds relationships and strengthens Medica's brand. - Community Giving program established in 2023.



2024 Medicare Product Preview

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Vou ask, we listen! 2024 Changes Improve access to our supplemental benefits Adding Thrifty White to our preferred pharmacy network Adding ID cards to Broker Client View Ability to look up member's OnePass number Sending out ID card as soon as the plan is approved Replacing coinsurance with copay with OON benefits Replacing coinsurance with copay for our diagnostic test Consolidate to one Summary of benefits

Provider Network

 Same provider network for all of our MA plans in all 5 states, (MN/NE/IA/ND/SD)

Yes, including Mayo ©

- Broad provider network includes major health care systems in service area
- No referral required ever; access to any provider in the network.



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Health+ by Medica Card

New! 2024 supplemental benefits for Dental, Eyewear, and OTC will now be accessed through new Health+ by Medica Visa® card. (MAPD only)

Dental coverage from any licensed dentist within the U.S. and its territories who accepts Visa®

Eyewear allowance at any eyewear location or freestanding vision center that accepts Visa®

OTC allowance on health and wellness products from participating retailers including Walgreens, CVS, Walmart, Family Dollar, and Dollar General Stores

Members can also shop online at mybenefitscenter.com or use a mail-order catalog

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Other Important Highlights Updates on Highly-Shopped Benefits • Add new Health+ by Medica Visa® card for key benefits (Dental/Fyewear/OTC) • Move from coinsurance to copays for most out-of-network benefits • Move from coinsurance with \$Cap to copays for dispays for diag tests, radiology, and x-rays on all PPO plans • Increase Part B premium buy-down to \$60 for Medical-only plan (no Part D prescription drugs) • 50 PCP on all plans • Telehealth: All plans offer services available via telehealth including office visits to primary doctors and specialists, urgent care, and mental health services

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Other Important Highlights Medicare Part B Drugs Eye Refractions changes • Benefits include up to • Will now cover up to 2 \$35 copay for Part B insulin furnished through eye refractions every year Previously covered just 1 eye refraction, however an insulin pump members may get an eye refraction both during • Medicare Part B rebatable drugs may be less than 20% routine eye exams and coinsurance (CMS releases a list of Part B when seeking treatment for Medicare-covered services such as cataracts rebatable drugs updated quarterly)

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One PassTM Fitness & Lifestyle Benefit Program Free fitness membership One Pass TM provides a complete fitness solution for your body and mind. The program includes the following at no additional cost: Access to over 25,000+ participating fitness locations nationally Over 15,000+ on-demand and livestreaming fitness classes as well as individual exercises through an artificial intelligence workout builder to help you create your workout and show you how to perform each exercise A Home Fitness Kra available to members residing 15 miles outside of a participating fitness location or members physically unable to vist a fitness focation or members physically unable to vist a fitness focation A personalized, online brain training program to help improve memory, attention, focus and brain speed Over 75,000+ social activities, community classes, and events nationally for members to participate in, both in-person and online

Enhanced Visitor/Traveler benefit



Easy to use travel benefits. Member can go to any providers that accepts Medicare and willing to bill Medicare Advantage plans

Member calls Customer Service to activate benefit. Start and end dates are entered into Health Rules. During this date range is when OON claims process at INN cost share levels.

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Q + A on Travel Benefit

Q1: What if member forgets to turn it on?
A1: Member can call to retroactively provide date range of out of state tra

Q2: If member turns on the benefit and returns prior to end date, can

turn the benefit off?
A2: Yes, they can call to update the "end date" of their travel.

Q3: If the member returns to the state prior to their end date and if turn it off, would it affect any in network claims we may receive betravel benefit is turned on?
A3: No, the Visitor/Traveler benefits does not impact INN claims.

Q4: How long can someone be gone from the state for this benefit? A4: Member can be gone no more than 6 consecutive months for this b to be applied.

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2024 MA Plan Highlights - Metro Minnesota



- Summary
 7 counties
 7 counties
 S Plans (4 MA-PDs and 1 MA-only)
 Medicare Advantage Plus Network One network across all MA products in the nation
 Healthe by Medica Card
 Easy to use Travel benefit
 Easy to use Dental and vision Benefits- No Network!

Plan	Premium	МООР
Medica Advantage Solution H6154-001 (HMO-POS)	\$0	\$5500/\$7500
Medica Advantage Solution H8889-005 (PPO)	\$0	\$3700/\$6600 Comb
Medica Advantage Solution H8889-001 (PPO)	\$85	\$2800/\$5100 Comb.
Medica Advantage Solution H8889-003 (PPO)	\$195	\$2800/\$5100 Comb
Medica Advantage Solution H8889-009 (PPO)	\$0	\$4900/\$4900 Comb

Notable changes

- FlexCard Health+
 Predictable OON costs set Copay
 Set Co pay for X-Ray / Radiology / Diagnostic Tests

	H8889-005 (PPO)	H8889-001 (PPO)	H8889-003 (PPO)
	In-Network	In-Network	In-Network
Monthly Premium	\$0	\$85	\$195
Maximum Out-of-Pocket	\$3,700	\$2,800	\$2,800
Outpatient Surgery	\$320-395	\$125-\$200	\$50-\$100
Inpatient Hospital	Days 1-5: \$350/day Days 6-90: \$0	\$150 per stay	\$100 per stay
Radiology / Diagnostic Tests	\$0-95	\$0-70	\$0-50
Therapeutic Radiology	\$60	\$60	\$0
X-ray	\$15	\$15	\$0

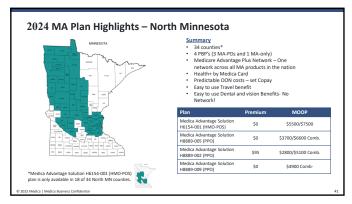
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edica Advantage S	olution [I WIII CILIE	s ivietio	
	H8889-005 (PPO)	H8889-001 (PPO)	H8889-003 (PPO)	
	In-Network	In-Network	In-Network	
Monthly Premium	\$0	\$85	\$195	
Medical Deductible	\$0	\$0	\$0	
Maximum Out-of-Pocket	\$3,700	\$2,800	\$2,800	
Medical Benefit ▼		YOU PAY		
Preventive Services	\$0	\$0	\$0	
Annual Physical Exam	\$0	\$0	\$0	
Primary Care	\$0	\$0	\$0	
Specialist Visit	\$35	\$25	\$10	
Urgent Care	\$0-45	\$0-40	\$0-10	
Chiropractic	\$20	\$20	\$10	
Eye Exam – Routine Annual	\$0	\$0	\$0	
Hearing Exam – Routine Annual*	\$0	\$0	\$0	
Radiology / Diagnostic Tests	\$0-95	\$0-70	\$0-50	
Therapeutic Radiology	\$60	\$60	\$0	
X-ray	\$15	\$15	\$0	

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	H8889-005 (PPO)	H8889-001 (PPO)	H8889-003 (PPO)	
	In-Network	In-Network	In-Network	
Medical Benefit ▼		YOU PAY		
Diabetes Supplies	\$0+	\$0+	\$0+	
urable Medical Equipment	20%	20%	20%	
Part B Drugs	20%	20%	20%	
Outpatient Surgery	\$320-395	\$125-\$200	\$50-\$100	
Ambulance – Ground	\$265	\$265	\$100	
Emergency Room – U.S.	\$120	\$90	\$90	
ergency Room – Worldwide	20%	20%	20%	
Inpatient Hospital	Days 1-5: \$350/day Days 6-90: \$0	\$150 per stay	\$100 per stay	
	Days 1-20: \$0	Days 1-20: \$0	Days 1-20: \$0	
Skilled Nursing Facility	Days 21-39: \$203/day	Days 21-34: \$203/day	Days 21-40: \$150/day	
	Davs 40-100: \$0	5203/day Days 35-100: \$0	Davs 41-100: \$0	

		05 (PPO)		01 (PPO)	Н8889-0	03 (PPO)	
Part D Deductible		ers 1-2 iers 3-5		ers 1-3 iers 4-5	\$0 AI	l tiers	
			O-day Retail)				
Initial Coverage (Shared drug co	osts up to \$5,03	Standard	Preferred	Standard	Preferred	Standard	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	
Tier 1 (Deductible does not apply) Preferred Generic	\$0	\$10	\$0	\$10	\$0	\$10	
Tier 2 (Deductible does not apply) Generic	\$14	\$20	\$10	\$20	\$8	\$20	
Tier 3 (Deductible does not apply – H8889-001 only) Preferred Brand	\$47	\$47	\$47	\$47	\$47	\$47	
Tier 4 Non-Preferred	50%	50%	50%	50%	50%	50%	
Tier 5 Specialty Drugs	28%	28%	29%	29%	33%	33%	
Coverage Gap "Donut Hole" (M	ember-only dr	ug costs up to \$	8,000)				

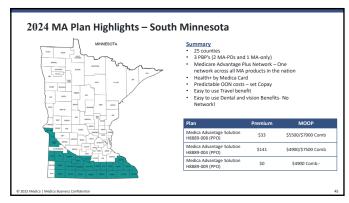


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Notable changes FlexCard Health+ Predictable OON costs – set Copay Set Co pay for X-Ray / Radiology / Diagnostic Tests H8889-005 (PPO) H8889-002 (PPO) Monthly Premium Maximum Out-of-Pocket \$2,800 Days 1-5 \$350/day Days 6-90: \$0 \$320-395 Inpatient Hospital \$200 per stay \$175-250 Outpatient Surgery Radiology / Diagnostic Tests \$0-70 Therapeutic Radiology \$60 \$15 \$60 \$15 X-ray

	H8889-005 (PPO)	H8889-002 (PPO)		H8889-005	H8889-002
	In-Network	In-Network		(PPO)	(PPO)
Monthly Premium	\$0	\$95		In-Network	In-Network
Medical Deductible	\$0	\$0	Medical Benefit ▼	YOU PAY	YOU PAY
	90	30	Diabetes Supplies	\$0+	\$0+
Maximum Out-of- Pocket	\$3,700	\$2,800	Durable Medical Equipment	20%	20%
Medical Benefit ▼	YOU PAY	YOU PAY	Part B Drugs	20%	20%
Preventive Services	\$0	\$0	Outpatient Surgery	\$320-395	\$175-250
Annual Physical Exam	\$0	\$0	Ambulance – Ground	\$265	\$290
Primary Care Specialist Visit	\$0 \$35	\$0 \$25	Emergency Room – U.S.	\$120	\$120
Urgent Care	\$35 \$0-45	\$25 \$0-40		\$120	\$120
Chiropractic	\$20	\$20	Emergency Room – Worldwide	20%	20%
Eye Exam – Routine Annual	\$0	\$0	worldwide	Days 1-5	
Hearing Exam – Routine Annual*	\$0	\$0	Inpatient Hospital	\$350/day Days 6-90: \$0	\$200 per stay
Radiology / Diagnostic Tests	\$0-95	\$0-70		Days 1-20: \$0 Days 21-39:	Days 1-20: \$0 Days 21-34:
Therapeutic Radiology	\$60	\$60	Skilled Nursing Facility	\$203/day	\$196/day
	440	A.F		Days 40-100:	Days 35-100:
X-ray	\$15	\$15		\$0	\$0

	H8889-0	05 (PPO)	H8889-0	02 (PPO)
Part D Deductible		ers 1-2 iers 3-5		ers 1-3 iers 4-5
		PAY ▼ (30-day Retail)		
nitial Coverage (Shared drug costs up t	to \$5,030)			
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmac
Fier 1 (Deductible does not apply) Preferred Generic	\$0	\$10	\$0	\$10
Fier 2 (Deductible does not apply) Generic	\$14	\$20	\$10	\$20
Fier 3 Preferred Brand	\$47	\$47	\$47	\$47
Fier 4 Non-Preferred	50%	50%	46%	46%
Fier 5 Specialty Drugs	28%	28%	29%	29%
overage Gap "Donut Hole" (Member-	only drug costs up to \$8,000)		



Medic	a Advantage So	lution Sou	th Minneso	ta	<u> </u>
	FlexCard Health+ Predictable OON costs - Set Co pay for X-Ray / Ray		Tests		
		H8889-008 (PPO)	H8889-004 (PPO)		
		In-Network	In-Network		
	Monthly Premium	\$33	\$141		
	Inpatient Hospital	Days 1-5: \$395/day Days 6-90: \$0	\$295 per stay		
	Outpatient Surgery	\$350-425	\$220-295		
	Radiology / Diagnostic Tests	\$0-70	\$0-70		
	Therapeutic Radiology	\$60	\$60		
	X-ray	\$15	\$15		
	·w	hen using an EPIC® provider		th all other manufacturers not covered	

	H8889-008 (PPO)	H8889-004 (PPO)		H8889-008 (PPO)	H8889-004 (I
	In-Network	In-Network			
Monthly Premium	\$33	\$141		In-Network	In-Netwo
Medical Deductible	\$0	\$0	Medical Benefit ▼	YOU F	PAY
	**		Diabetes Supplies	\$0†	\$0†
Maximum Out-of- Pocket	\$5,500	\$4,900	Durable Medical Equipment	20%	20%
MEDICAL BENEFIT♥	YOU	I PAY	1.7		
Preventive Services	\$0	\$0	Part B Drugs	20%	20%
Annual Physical Exam	\$0	\$0	Outpatient Surgery	\$350-425	\$220-295
Primary Care	\$0	\$0	Ambulance – Ground	\$265	\$265
Specialist Visit	\$50	\$35	Emergency Room - U.S.	\$120	\$120
Urgent Care	\$30-50	\$0-40	- '		
Chiropractic	\$20	\$20	Emergency Room –	20%	20%
Eye Exam – Routine Annual	\$0	\$0	Worldwide		
Hearing Exam – Routine Annual*	\$0	\$0	Inpatient Hospital	Days 1-5: \$395/day Days 6-90: \$0	\$295 per sta
Radiology / Diagnostic Tests	\$0-70	\$0-70		Days 1-20: \$0	Days 1-20: \$ Days 21-45
Therapeutic Radiology	\$60	\$60	Skilled Nursing Facility	Days 21-48: \$203/day Days 49-100: \$0	\$203/day
X-ray	\$15	\$15		Days 45-100: \$0	Davs 46-100:

	H8889-0	08 (PPO)	H8889-0	04 (PPO)	
Part D Deductible	\$0 Tie \$445 Ti		\$0 Tiers 1-2 \$345 Tiers 3-5		
		'AY ▼ (30-day Retail)			
nitial Coverage (Shared drug costs up t	o \$5,030)				
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmac	
Tier 1 (Deductible does not apply) Preferred Generic	\$0	\$15	\$0	\$10	
Tier 2 (Deductible does not apply) Generic	\$14	\$20	\$10	\$20	
Tier 3 Preferred Brand	\$47	\$47	\$47	\$47	
Tier 4 Non-Preferred	50%	50%	50%	50%	
Tier 5 Specialty Drugs	26%	26%	28%	28%	
Coverage Gap "Donut Hole" (Member-	only drug costs up to \$8,000))			

/ledica Advanta	ige Solution	willinesota		
	H8889-009 (PPO)		H8889-009 (PPO)	
	In-Network		In-Network	
Monthly Premium	\$0	Medical Benefit▼	YOU PAY	
Part B Premium Reduction	\$60/month savings	Diabetes Supplies	\$0†	
Medical Deductible	\$0	Durable Medical Equipment	20%	
Maximum Out-of-Pocket	\$4,900	Part B Drugs	20%	
MEDICAL BENEFIT ▼	YOU PAY			
Preventive Services	\$0	Outpatient Surgery	\$175-\$250	
Annual Physical Exam	\$0	Ambulance - Ground	\$265	
Primary Care	\$0	Ambulance - Ground	,	
Specialist Visit	\$30	Emergency Room – U.S.	\$120	
Urgent Care	\$0-45	5		
Chiropractic	\$20	Emergency Room -	20%	
Eve Exam – Routine Annual	\$0	Worldwide		
Hearing Exam – Routine Annual**	\$0	Inpatient Hospital	Days 1-6: \$245/day Days 7-90: \$0	
Radiology / Diagnostic Tests	\$0-70		Days 1-20: \$0	
Therapeutic Radiology	\$60	Skilled Nursing Facility	Days 21-45: \$203/day	
X-ray	\$15		Davs 46-100: \$0	

Prime Solution —

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wieuica Fiiii	ne Solution	Minnesota		
	Standard	Thrift	Basic	Enhanced
Monthly Premium (Medical Only)	\$0	\$43	\$99	\$183
Total Monthly Premium (Medical + Part D)	Rx: \$49.30	Rx: \$79.70	Rx: \$138 Rx2: \$176.40	Rx2: \$247.40
ivieuica Fiiii		VVISCOIISIII		
Madica Brim	ne Solution	Missonsin		
ivieuica Filii	Standard	Thrift	Focus	Total
Monthly Premium (Medical Only)			Focus \$99	Total \$215
Monthly Premium	Standard	Thrift		





