

# 2024 EVIDENCE OF COVERAGE (EOC)

**Your Medicare Health Benefits and Services as a  
Member of**

**Medica Prime Solution® Total (Cost)**

**Medica Prime Solution® Total w/Rx (Cost)**

**(H2450-040 & H2450-041)**

**Wisconsin Rider**

This mailing gives you the details about your Medicare health coverage from January 1 - December 31, 2024 and explains how to get the health care you need. This is an important legal document. Please keep it in a safe place.

**Medica Member Services:**

For help or information, please call Medica Member Services or go to our plan website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs).

**CALL: 1 (800) 234-8755 (toll-free)**

**TTY: 711**

We are available from Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. On Saturdays, Sundays and holidays, you can leave a voicemail message, and we'll get back to you within one business day.

This plan is offered by Medica Insurance Company ("Medica"), referred to throughout the Rider as "we" "us" or "our." Medica Prime Solution Total and Total w/Rx is referred to as "plan" or "our Plan".

Medica Member Services has free language interpreter services available for non-English speakers (phone numbers are listed above).

This information may be available in large print or other alternate formats. Please call Medica Member Services if you need plan information in another format.

Benefits, premium, copayments, and coinsurance may change on January 1, 2025.

## Introduction

This Wisconsin Rider is to be used in conjunction with the Medica Prime Solution Total and Total w/Rx Evidence of Coverage (EOC). This Rider is an additional benefit rider **available only to those Wisconsin residents who are enrolled in Medica Prime Solution Total or Total w/Rx**. The Rider is an optional benefit that you have chosen to buy. Please refer to the Medica Prime Solution Total or Total w/Rx (EOC) for all information not included in this rider.

**NOTE: This Rider is only available during the plan's annual enrollment period of each year and for 30 days following a member's initial plan enrollment. For the 2024 plan year the annual enrollment period is October 15th through December 7th, 2023.**

**Premium:** The \$39.00 monthly premium for this Rider is in addition to the premium that you are paying for the Medica Prime Solution Total or Total w/Rx coverage. You must also continue to pay your Medicare Part B plan premium.

**Paying Your Premiums:** To find out more about how to pay your premium, see the Chapter titled, "Getting started as a member" in the Medica Prime Solution Total or Total w/Rx EOC. Because you have chosen to enroll in this Rider, your premium payment to Medica must include the premium for the Wisconsin Rider and the Medica Prime Solution Total or Total w/Rx product option(s) you have selected. If you make a partial payment of the total amount due, Medica will first apply your payment to your medical coverage. Any remaining amount will be applied to the optional rider(s). If your premiums are not made current on the Wisconsin Rider, you will be disenrolled from this Rider at the end of the grace period.

**Ending Your Coverage:** To find out more about how to end your coverage, see the Chapter titled, "Ending your membership in the plan" in the Medica Prime Solution Total or Total w/Rx EOC. You may submit your request to end coverage under the Wisconsin Rider at any time during the year. Please be aware that your disenrollment will be effective the first of the month following the receipt of your request. Ending your coverage under the Wisconsin Rider does NOT affect coverage of any benefits under the Medica Prime Solution Total or Total w/Rx EOC.

**Enrollment:** To find out more about how to enroll in this Rider, see the Chapter titled, "Getting started as a member" in the Medica Prime Solution Total or Total w/Rx EOC. Medica restricts the periods when members may enroll in the Wisconsin Rider. These periods include when a member first enrolls in Medica Prime Solution or during the annual enrollment period. For the plan year 2024 this period is from October 15<sup>th</sup> through December 7<sup>th</sup>, 2023. A new member has 30 days after their initial enrollment effective date to enroll in the Wisconsin Rider.

**Appeals and Grievances:** Medicare Appeal and Grievance procedures apply to the Wisconsin Rider. To find out more about these procedures, please see the Chapter titled, "What to do if you have a problem or complaint (coverage decisions, appeals, complaints)" in the Medica Prime Solution Total or Total w/Rx EOC.

**If you have questions about any of the information in this Rider, you may call Medica Member Services at the telephone numbers shown on page one of this document.**

Many words used in this Rider have special meanings. These words are defined for you in the Chapter titled, "Definitions of important words" in the Medica Prime Solution Total or Total w/Rx EOC. Use these definitions to best understand this Rider. The following defined word is to be included as an addition to that Chapter.

**Investigative\*:** As determined by Medica, a drug, device, diagnostic or screening procedure, or medical treatment or procedure is investigative if reliable evidence does not permit conclusions concerning its safety, effectiveness or effect on health outcomes. Medica will make its determination based upon an examination of the following reliable evidence, none of which shall be determinative in and of itself:

1. Whether there is final approval from the appropriate government regulatory agency, if required, including whether the drug or device has received final approval to be marketed for its proposed use by the United States Food and Drug Administration (FDA), or whether the treatment is the subject of ongoing Phase I, II or III trials;
2. Whether there are consensus opinions and recommendations reported in relevant scientific and medical literature, peer-reviewed journals or the reports of clinical trial committees and other technology assessment bodies; and
3. Whether there are consensus opinions of national and local health care **providers** in the applicable specialty or subspecialty that typically manages the condition as determined by a survey or poll of a representative sampling of these **providers**.

\*Notwithstanding the above definition, a drug being used for an indication or at a dosage that is an accepted off-label use for the treatment of cancer will not be considered by Medica to be **investigative**. Medica will determine if a use is an accepted off-label use based on published reports in authoritative peer-reviewed medical literature, clinical practice guidelines or parameters approved by national health professional boards or associations and entries in the following drug compendia: *The American Hospital Formulary Service Drug Information* and the *United States Pharmacopeia Dispensing Information*.

**The following benefits comprise the Wisconsin Rider.**

This is an optional supplemental benefits rider as defined by the Centers for Medicare and Medicaid Services (CMS) standards and benefits. They are available even when Medicare does not cover the claim.

**Skilled Nursing Facility Services**

This Rider provides coverage for 30 days of skilled nursing care that is not covered by Medicare (per Medicare benefit period). No prior hospital stay is required, but the services must be medically necessary, as certified by your attending network provider every seven days. The facility must be a licensed skilled care nursing facility and a network provider.

<b>Services that are covered for you</b>	<b>What you must pay when you get these services in-network:</b>
Copayment amounts for all Medicare covered stays at a skilled nursing facility approved for coverage under your Medica Prime Solution Total or Total w/Rx plan.	\$0 copayment
30 days of skilled nursing facility care that is not covered by Medicare (per Medicare benefit period).	\$0 copayment

**Skilled nursing facility services, supplies, and associated expenses NOT Covered:**

1. Custodial supportive care and other non-skilled services.
2. Self-care or self-help training (non-medical).
3. Private room except for conditions of pre-eclampsia, radium implants, contagion, or immunosuppression that require isolation, as determined by Medica.
4. There may be additional exclusions from coverage listed in the EOC. These can be found in the Chapter titled, "Medical Benefits Chart (what is covered and what you pay)" in the Medica Prime Solution Total or Total w/Rx EOC.
5. Investigative drugs and Durable Medical Equipment (DME)

**Additional Home Health Care Services**

This Rider provides coverage for up to 365 home care visits per calendar year. The 365 visits include those paid by Medicare.

Home care services include:

1. Part-time or intermittent home nursing care provided or supervised by a registered nurse;
2. Part-time or intermittent home health aide services supervised by a registered nurse or medical social worker and which consist solely of caring for the patient;
3. Physical therapy, occupational therapy, speech therapy, or respiratory care;
4. Medical supplies prescribed by a physician, and laboratory services provided by or on behalf of a hospital, if the services and supplies would be covered if the patient were hospitalized;
5. Nutrition counseling provided or supervised by a registered or certified dietitian; and
6. Evaluation of the need for home care and development of a home care plan by a registered nurse, physician extender, or medical social worker, when approved or requested by the attending physician.

Coverage is limited to cases where hospitalization or skilled nursing facility confinement would be necessary if home care were not provided, and the necessary care cannot be provided by immediate family members without undue hardship to the patient's family. Only state licensed or Medicare-certified home health agencies that are part of the Medica Prime Solution network are covered. The home health care services do not have to satisfy current Medicare guidelines in order to be covered under this Rider. Each consecutive 4-hour period within 24 hours will be considered one visit. You must obtain prior approval for Home Health Care Services.

<b>Services that are covered for you</b>	<b>What you must pay when you get these services in-network:</b>
365 home care visits per calendar year. This is a combined benefit of Medicare and non-Medicare-covered services.	\$0 copayment

**Home Health Care services, supplies, and associated expenses NOT covered:**

1. Companion and housekeeping services.
2. Services provided by a member of your family.
3. Custodial supportive care and other non-skilled services.
4. Home health care and supplies for ventilator-dependent members unless a skilled nursing facility bed is not available. Refer to the Chapter titled, "Using the plan for your medical services" in the Medica Prime Solution Total or Total w/Rx EOC for more information.
5. Services primarily educational in nature.
6. Vocational and job rehabilitation.
7. Recreational therapy.
8. Self-care and self-help training (non-medical).
9. Correction of speech impediments (stuttering or lisps) and assistance in the development of verbal clarity.
10. Voice training and voice therapy.
11. Outpatient rehabilitation services when no medical diagnosis related to the rehabilitation need is present.
12. There may be additional exclusions from coverage listed in the EOC. These can be found in the Chapter titled, "Medical Benefits Chart (what is covered and what you pay)" in the Medica Prime Total Solution or Total w/Rx EOC.

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