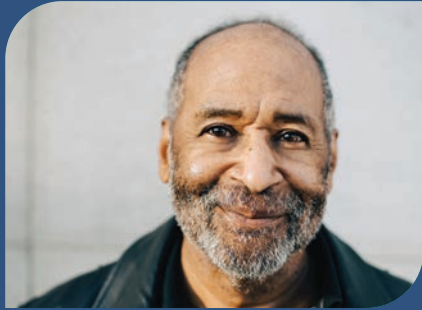


Wyoming



MEDICARE

2022 Medica Prime Solution[®]

(Cost)

Y0088_1001786_M



AT A GLANCE

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



\$0 or low copays for doctor visits

\$0 deductible most plans

Save up to \$1,200 annually on dental, eyewear, hearing aids, and more



Large provider network with no referrals required

Snowbird and travel coverage from any provider that accepts Medicare

Worldwide emergency care



Premium does not increase with age

Guaranteed enrollment — no medical underwriting

**EXTRA BENEFITS,
NO EXTRA COST**



Dental coverage



Eyewear allowance



Over-the-counter (OTC) savings



Free fitness membership



Online care



Hearing benefits

Details starting on page 8.



What you need to know

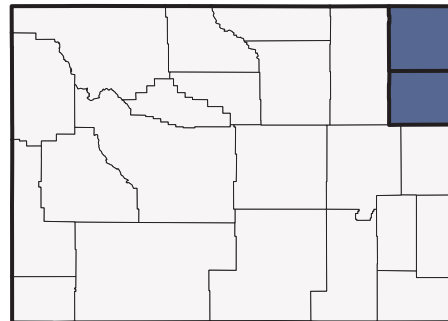
Eligibility

You're eligible to enroll in Medica Prime Solution if:

- You have Medicare Part A and Part B or Part B only
- Your permanent residence is in the Prime Solution enrollment area

Enrollment area

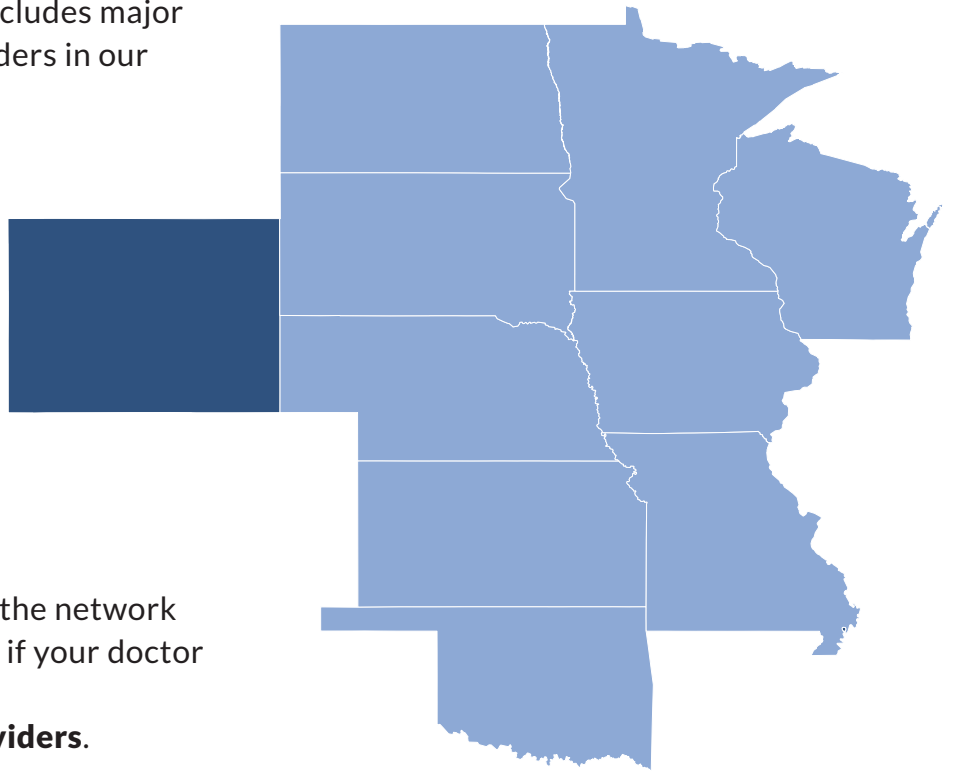
If you live in Crook or Weston county, you can enroll in the Prime Solution plans in this brochure.



Provider network

You can use any provider that is part of the large Prime Solution network, which includes major hospitals, clinics, and other providers in our 10 state service area:

- Iowa
- Kansas
- Minnesota
- Missouri
- Nebraska
- North Dakota
- Oklahoma
- South Dakota
- Wisconsin
- Wyoming



You get access to any provider in the network with no referrals required. To see if your doctor is in our network, visit:

[Medica.com/PrimeSolutionProviders](https://www.Medica.com/PrimeSolutionProviders).



Your plan travels with you

Nationwide snowbird and travel coverage gives you access to full in-network benefits for up to nine consecutive months at a time. Whether it's a quick trip or an extended stay, you're covered.



Plan Comparison

Prime Solution gives you the medical coverage you need at a price you can afford.

Choose the option that best fits your needs.

		Thrift	Core	Premier
Monthly medical-only premium		\$34	\$79	\$189
Annual out-of-pocket maximum (100% coverage once met)		\$6,700	\$4,000	\$3,000
Medical deductible		\$50	\$0	\$0
Medical Benefits				
Office Visits	Primary care	20%	\$0	\$0
	Specialist	20%	\$15	\$0
	Urgent care	\$25*	\$0 - \$20	\$0
	Mental health	20%	\$0 - \$15	\$0
Preventive Care	Immunizations and screenings	\$0	\$0	\$0
Hospital Care	Inpatient stay	Days 1-4: \$300/day Days 5-90: \$0/day	\$300 per stay	\$0 per stay
	Outpatient surgery	20%	\$100	\$0
Emergency Care	Emergency room	\$50*	\$50 Worldwide	\$0 Worldwide
	Ambulance (ground)	20%	\$50	\$0
Radiology & Tests	X-rays and diagnostic tests	20%	\$10	\$0
	Diagnostic and therapeutic radiology	20%	\$30	\$0
Dental	Annual allowance for preventive and/or restorative care – any licensed dentist	n/a	\$300 allowance	\$400 allowance
Vision	Vision exam – routine annual	n/a	\$0	\$0
	Eyewear allowance – annual	n/a	\$100 allowance	\$200 allowance
Hearing	Hearing exam – routine annual	n/a	\$0	\$0
	Hearing aid allowance – annual	n/a	\$400 allowance	\$400 allowance
Diabetes Supplies	Glucose monitors, test strips, and lancets	20%	\$0	\$0
Skilled Nursing Care	Care in a skilled nursing facility	Days 1-20: \$0/day Days 21-100: \$185.50**/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day
Part B Drugs	Administered by a health professional	20%	20%	20%

*Medical deductible does not apply. / **This amount is for 2021 and is subject to change for 2022.

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. It is available with all plans except Thrift.

- Large network of 20,000+ gyms and fitness centers
- Enroll in as many facilities as you want
- Live-streaming and on-demand fitness classes — choose from over 20,000 titles
- Unlimited access to BrainHQ online activities that support brain speed and memory

Dental Coverage

You can see any licensed dentist and get reimbursed for any type of dental care up to an annual amount based on your plan.

- No deductible
- Covers any preventive service, including cleanings, exams, x-rays, and fluoride treatments
- Covers fillings, crowns, and any other restorative service

Plan	Annual Benefit
Core	\$300
Premier	\$400

Eyewear Allowance

Get reimbursed for prescription eyewear each year using any provider.

Reimbursement amount varies by plan.

Plan	Annual Benefit
Core	\$100
Premier	\$200

Online Care

In addition to in-person doctor's office visits, you have access to online care provided by Amwell®.

Amwell is an online medical service staffed by board-certified doctors. They can diagnose and treat common medical conditions, and prescribe medications, if needed. Access them 24/7 via phone, tablet, or computer.

Not available with the Thrift plan.

Over-the-Counter (OTC) Savings

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

Plan	Quarterly Benefit
Core	\$75
Premier	\$50

Savings on Hearing Aids

Receive annual reimbursement for hearing aids and evaluations/ fittings.

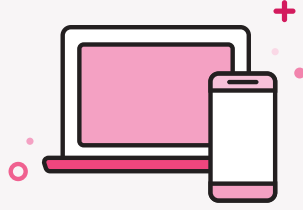
Plan	Annual Benefit
Core	\$400
Premier	\$400

24/7 NurseLine

You and your family have a place to turn for trusted advice and information when you need it most. Highly trained nurses can answer your questions about symptoms, medications, and health conditions.

Personal Health Advocate

HealthAdvocateSM has your back if you have questions about your plan or need help with the medical system. Our trained Personal Health Advocates can help you find the right doctor, resolve claims questions, and much more.



Ready to enroll?

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



Over the phone

Call **1 (800) 918-2143** (TTY: **711**) for fast and easy phone enrollment.



Online with Medica

Go to **Medica.com/Medicare** 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.)

Discrimination is Against the Law

Medica 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. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- 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 Medica has 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, civilrightscordinator@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, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntauwv no, hu rau tus xov tooj nyob hauv daim ntauwv no los yog nyob nraum qab ntauwm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမူနာအားဖြင့်: တာၤကျိးထံၤစၢၤကလိၤန့ၢ်န့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤလၢအကလိၤန့ၢ်, ကိးလိၤတဲၤစီၤနီၣ်ဂီၢ်လၢအပၣ်ယုၣ်လၢလံၣ်တီၢ်လံၣ်မိၤအပူၤအံၤမ့ၢ်တမ့ၢ်ဖဲန့ၢ်န့ၢ်ခၢၣ်လံၣ်အုၣ်သးခးက့ၢ်အလီၢ်ခံတကပၤအဖီခိၣ်န့ၢ်တက့ၢ်.

Kung nais mo ng libreng tulong sa pagsalalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá jíík'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néího' díłzínígí bine'déé' námboo bikí' ágíjít' béésh bee hodíilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.



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

Connect with us

Call us toll-free at **1 (800) 918-2143** (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/Medicare**.

Follow us on social media with the handle **@Medica4Me**.



Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

© 2021 Medica | CHA1001223-7-00621A