

Minnesota



MEDICARE

2023 Medica Prime Solution[®]

(Cost)

AT A GLANCE

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



Premiums as low as \$0 a month
\$0 or low copays for doctor visits



Large provider network with no referrals required
Travel and snowbird coverage from any provider
that accepts Medicare
Worldwide emergency care



Part D prescription drug coverage options
\$0 or low copays for Tier 1 drugs
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



Online care



Hearing

Details starting on page 10.



MEDICA PRIME SOLUTION

What you need to know

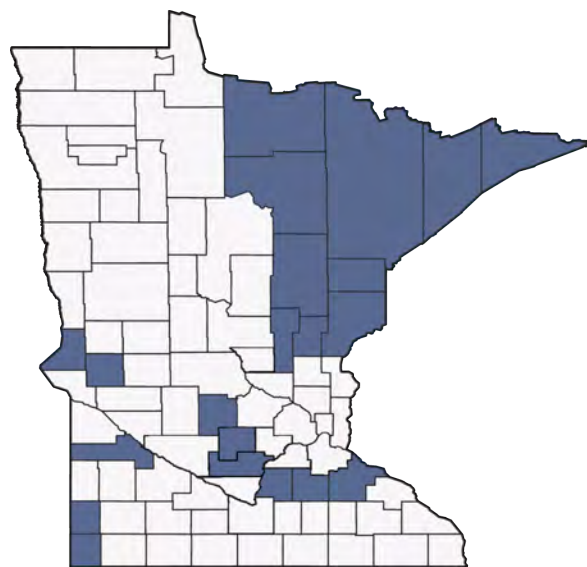
Eligibility

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 one of the counties below, you can enroll in the Prime Solution plans in this brochure.

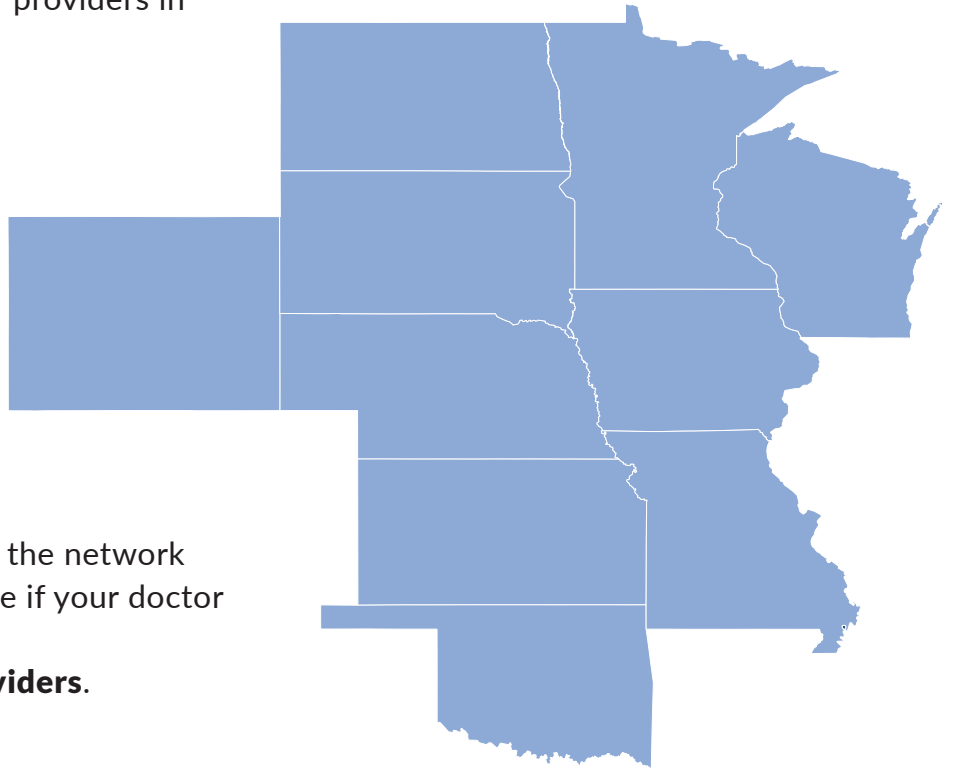


- Aitkin
- Carlton
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Pine
- Pipestone
- Rice
- Rock
- Sibley
- St. Louis
- Stevens
- Traverse
- Yellow Medicine

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 travel and snowbird 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 plans are available as either medical-only plans or medical plus prescription drug plans. See drug coverage information on pages 8-9.

		Standard	Thrift	Basic	Enhanced
Monthly medical-only premium		\$0	\$40	\$86	\$166
Annual out-of-pocket maximum (100% coverage once met)		\$5,000	\$6,700	\$3,400	\$3,000
Medical deductible		\$0	\$50	\$0	\$0
Medical Benefits					
Office Visits	Primary care	\$10	20%	\$0	\$0
	Specialist	\$40	20%	\$15	\$10
	Urgent care	\$10 - \$40	\$25*	\$0 - \$20	\$0 - \$10
	Mental health	\$30 - \$40	20%	\$0 - \$15	\$0 - \$10
Preventive Care	Immunizations and screenings	\$0	\$0	\$0	\$0
Hospital Care	Inpatient stay	Days 1-4: \$325/day Days 5-90: \$0/day	Days 1-4: \$300/day Days 5-90: \$0/day	\$300 per stay	\$0 per stay
	Outpatient surgery	\$250	20%	\$100	\$50
Emergency Care	Emergency room	\$110 worldwide	\$50*	\$50 worldwide	\$50 worldwide
	Ambulance (ground)	\$200	20%	\$25	\$0
Radiology & Tests	Diagnostic tests	\$10 - \$40	20%	\$0 - \$15	\$0 - \$10
	X-rays	\$10 - \$40	20%	\$10	\$0
	Diagnostic radiology	\$40 - \$150	20%	\$25 - \$100	\$10 - \$50
	Therapeutic radiology	\$40 - \$150	20%	\$25	\$10
Dental	Annual reimbursement for preventive and/or restorative care – any licensed dentist	\$400 reimbursement	n/a	\$300 reimbursement	\$400 reimbursement
Vision	Vision exam – routine annual	\$0	n/a	\$0	\$0
	Eyewear reimbursement – annual	\$150 reimbursement	n/a	\$100 reimbursement	\$200 reimbursement
Over-the-Counter (OTC)	Allowance on OTC pharmacy items	\$25 allowance per quarter	n/a	\$50 allowance per quarter	\$50 allowance per quarter
Hearing	Hearing exam – routine annual	\$10 - \$40	n/a	\$0	\$0
	Hearing aid reimbursement – annual	\$600 reimbursement	n/a	\$400 reimbursement	\$400 reimbursement
Diabetes Supplies	Glucose monitors, test strips, and lancets	\$35 maximum per item	20%	\$0	\$0
Skilled Nursing Care	Care in a skilled nursing facility	Days 1-20: \$0/day Days 21-100: \$194.50**/day	Days 1-20: \$0/day Days 21-100: \$194.50**/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day
Part B Drugs	Typically given by a health professional	20%	20%	20%	20%

*Medical deductible does not apply. / **This amount is for 2022 and is subject to change for 2023.

Continued on next page >

Plan Comparison

Prime Solution plans are available as either medical-only plans or medical plus prescription drug plans. See medical services on pages 6-7.

		Standard	Thrft	Basic	Enhanced
Part D Drug Coverage					
		w/Rx	w/Rx	w/Rx	w/Rx 2
Monthly medical + drug premium		\$49.40	\$90.30	\$131.80	\$169.60
Annual Part D deductible		Tiers 1 & 2: \$0 Tiers 3, 4 & 5: \$505	\$505	Tiers 1 & 2: \$0 Tiers 3, 4 & 5: \$505	\$0
Level 1: Initial Coverage (shared drug costs \$0 - \$4,660)					
30-Day Retail*	Tier 1: Preferred Generic	\$0	\$2	\$0	\$2
	Tier 2: Generic	\$15	\$10	\$10	\$8
	Tier 3: Preferred Brand	\$47	\$40	\$35	\$35
	Tier 4: Non-Preferred Drug	50%	50%	50%	50%
	Tier 5: Specialty Drug	25%	25%	25%	33%
90-Day Mail Order*	Tier 1: Preferred Generic	\$0	\$4	\$0	\$4
	Tier 2: Generic	\$30	\$20	\$20	\$16
	Tier 3: Preferred Brand	\$94	\$80	\$70	\$70
	Tier 4: Non-Preferred Drug	50%	50%	50%	50%
Level 2: Coverage Gap (member-only drug costs up to \$7,400)		Generic and Covered Brand at 25% for all plans			
Level 3: Catastrophic Coverage (member-only drug costs \$7,400+)		Generic at \$4.15 or 5%** and Other Drugs at \$10.35 or 5%** for all plans			

*Copays shown are at preferred pharmacy rates. / **Whichever is higher.

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 24,000+ gyms and fitness centers
- Enroll in as many facilities as you want
- Live-streaming and on-demand fitness classes – choose from over 32,000 titles
- Unlimited access to BrainHQ online activities that support brain speed and memory

Dental Reimbursement

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

- No deductible
- Covers preventive services like cleanings, exams, x-rays, and fluoride treatments
- Covers fillings, crowns, and other restorative services

Plan	Annual Benefit
Standard	\$400
Basic	\$300
Enhanced	\$400

Eyewear Reimbursement

Get reimbursed for prescription eyewear each year using any provider. Reimbursement amount varies by plan.

Plan	Annual Benefit
Standard	\$150
Basic	\$100
Enhanced	\$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
Standard	\$25
Basic	\$50
Enhanced	\$50

Hearing Aid Reimbursement

Receive annual reimbursement for hearing aids and evaluations/ fittings.

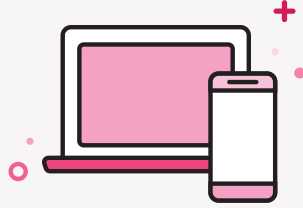
Plan	Annual Benefit
Standard	\$600
Basic	\$400
Enhanced	\$400

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 (866) 488-2441 (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 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 Medica Prime Solution.

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).

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: TTY communication
- 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, civilrightscoordinator@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>.



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

Connect with us

Call us toll-free at **1 (866) 488-2441 (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 Facebook with the handle **@Medica**.



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

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