

**2022 ADDENDUM TO:
The Medica Prime Solution® Thrift (Cost),
Medica Prime Solution® Standard (Cost),
Medica Prime Solution® Focus (Cost) and
Medica Prime Solution® Total (Cost)
EVIDENCE OF COVERAGE**

**MEDICA INSURANCE COMPANY
Medicare Cost Insurance**

FOR WISCONSIN MEMBERS ONLY

Notice

The Wisconsin Insurance Commissioner has set minimum standards for Medicare Cost insurance. The Medica Prime Solution Thrift, Medica Prime Solution Standard, Medica Prime Solution Focus or Medica Prime Solution Total Evidence of Coverage (EOC), this Addendum and the Wisconsin Benefit Rider meet these standards. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you bought this policy. Do not buy this policy if you did not get this guide.

Problems with your Insurance

If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**Medica Insurance Company
Customer Service, Route CP520
PO Box 9310
Minneapolis, MN 55440-9310**

**Medica Customer Service:
1 (800) 234-8755 (toll free)
TTY please call 711**

From **October 1 through March 30**, we are open from 8 a.m. to 8 p.m. Central Time, **seven days a week**. You'll speak with a representative. From **April 1 to September 30**, call us 8 a.m. to 8 p.m. Central Time, **Monday through Friday** to speak with a representative. On weekends and holidays, you can leave a voicemail message, which will be returned within 1 business day.

You can also contact the Office of the Commissioner of Insurance, a state agency that enforces Wisconsin insurance laws, and file a complaint.

You can contact the Office of the Commissioner of Insurance by contacting:

**Office of Commissioner of Insurance
Complaints Department
PO Box 7873
Madison, WI 53707-7873**

**1-800-236-8517 (toll free)
(608) 266-0103
www.oci.wi.gov**

Please read this EOC Addendum right away.

Right to Disenroll

You may disenroll from the Medica Prime Solution plan at any time for any reason. However, it may take up to 60 days to return you to the Original Medicare program. Your disenrollment will become effective on the day you return to Original Medicare. We will notify you of the date on which your disenrollment becomes effective. We will return any unused premium to you on a pro rata basis. Please refer to the chapter titled “*Ending your membership in the plan*” in the Medica Prime Solution EOC for further details.

Plan Renewal

Your Medica Prime Solution coverage is issued in accordance with the contract between Medica Insurance Company (Medica) and the Centers for Medicare and Medicaid Services (CMS). The contract between Medica and CMS is renewed on a calendar year basis and can be ended by either Medica or CMS at the end of the contract year. Your plan is renewable unless Medica or CMS decides not to renew Medica’s Cost plan.

Payment of Premium

You will be responsible for payment of premium to Medica. The monthly and annual premium for the different benefits package(s) and riders are below. Your monthly premium is dependent on the Medica Prime Solution benefit package and the benefit riders or optional supplemental benefits that you chose to purchase. Please note, you must continue to pay your Medicare Part B plan premium.

Please refer to Chapter 1 Section 4.1 titled “*How much is your plan premium?*” in the Medica Prime Solution EOC for further information about the premium process.

Product	Monthly Premium	Annual Premium
Medica Prime Solution Thrift	\$34.00	\$408.00
Medica Prime Solution Thrift w/Rx	\$78.40	\$940.80
Medica Prime Solution Standard	\$0	\$0
Medica Prime Solution Focus	\$79.00	\$948.00
Medica Prime Solution Focus w/Rx	\$131.90	\$1582.80
Medica Prime Solution Total	\$185.00	\$2220.00
Medica Prime Solution Total w/Rx	\$249.80	\$2997.60
Wisconsin Benefits Rider	\$34.00	\$408.00

Medica Prime Solution Riders / Optional Supplemental Benefits

Please contact Medica Customer Service if you would like further information about these riders.

- Medica Prime Solution Thrift w/Rx Part D Rider**
 For an additional premium of \$44.40 per month, Medica Prime Solution Thrift members can purchase the Medica Prime Solution Thrift w/Rx Part D Rider. Through this rider, a member can purchase an approved Medicare Part D benefit package.
- Medica Prime Solution Focus w/Rx Part D Rider**
 For an additional premium of \$52.90 per month, Medica Prime Solution Focus members can purchase the Medica Prime Solution Focus w/Rx Part D Rider. Through this rider, a member can purchase an approved Medicare Part D benefit package.
- Medica Prime Solution Total w/Rx Part D Rider**
 For an additional premium of \$64.80 per month, Medica Prime Solution Total members can purchase the Medica Prime Solution Total w/Rx Part D Rider. Through this rider, a member can purchase an approved Medicare Part D benefit package.
- Wisconsin Rider**
 The Wisconsin Rider is an additional benefit rider available only to Wisconsin residents enrolled in Medica Prime Solution Total. The rider includes health plan benefits required to be offered by the State of Wisconsin. The rider premium is \$34.00 per month. You can enroll in this rider at the point of initial application or 30 days after you have enrolled in Medica Prime Solution Total or during the Annual Enrollment Period (October 15 through December 7) of each year.

Continuity of Care

If Medica terminates its contract with your current Wisconsin network provider without cause, you will be able to continue care with that provider under the following circumstances.

- For Primary Care Physician, you will be able to seek services from that physician until the end of the calendar year. Primary Care Physician is defined as a medical practitioner who assumes “primary responsibility” for a patient’s care including regular checkups, preventive care, referral to specialists and coordination of care. Family Practice, Internal Medicine and Gerontology doctors will be considered as primary care physicians.
- For non-Primary Care Physicians, you can continue care with a provider for the lesser of 90 days or the remainder of your course of treatment for which care was being received at the time of termination, provided that in either case, coverage will not extend beyond the end of the calendar year.

If a physician certifies that the member has an expected lifetime of 180 days or less, authorization to continue to receive services, otherwise covered under Medica Prime Solution EOC, may extend to the remainder of the member’s life.

Coverage will not be provided for services or treatment that would not otherwise be covered under Medica Prime Solution.

Independent Review of Adverse and Experimental Treatment Determinations

As a Medica Prime Solution member you have the right to file an appeal if you disagree with a health care coverage decision made by Medica. This process is outlined in the chapter titled “*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*” in the Medica Prime Solution EOC. If Medica denies any part of your appeal, it will automatically be sent on for review by the Medicare government-contracted independent review organization. As a Wisconsin resident you also have the right to a Wisconsin Independent External Review (IER) in certain circumstances. The following outlines this procedure.

Definitions

For purposes of this section the following terms have these meanings:

Adverse Determination: A determination by or on behalf of Medica to which all of the following apply:

1. Medica received and reviewed a request for an admission to or a continued stay at a health care facility, or for other care or treatment that is a covered benefit.
2. Based on the information received, Medica determined the requested treatment does not meet Medica’s coverage requirements for medical necessity, appropriateness, health care setting, or level of care.
3. Medica reduced, denied, or terminated coverage or payment for the treatment.
4. The cost or expected cost of the denied or terminated course of treatment exceeds, or would exceed, \$250 during the course of the treatment.

Experimental Treatment Determination: A determination by or on behalf of Medica to which all of the following apply:

1. Medica received and reviewed a request for a proposed treatment.
2. Based on the information provided, Medica determined that the treatment is investigative under the terms of this contract.
3. Medica denied coverage or payment for the treatment.
4. The cost or expected cost of the denied treatment exceeds, or would exceed, \$250 during the course of the treatment.

Treatment: A medical service, diagnosis, procedure, therapy, drug, or device.

Independent Review

If you consider a decision by Medica to be partially or wholly adverse to you and the decision involves an Adverse Determination or an Experimental Treatment Determination, you or your authorized representative may request a review of Medica's decision by an Independent Review Organization (IRO).

To request an independent review you must:

1. Complete Medica's appeals process as outlined in the chapter titled "*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*" in the Medica Prime Solution EOC. Medica will make a decision as to whether to overturn its decision to deny coverage for the treatment. If Medica does not overturn its decision complete the following procedure.
2. Choose an IRO from a list of IROs certified by the Office of the Commissioner of Insurance (OCI). To obtain a list of IROs, please contact Medica Customer Service at the telephone numbers shown on page 1 of this Addendum.
3. Submit your request to Medica in writing, along with the name of the IRO you have chosen. Please submit your request to:

**Medica Prime Solution
Customer Service
Route CP520
PO Box 9310
Minneapolis, MN 55440-9310**

4. Submit your request for an independent review to Medica within 4 months of receiving Medica's appeals determination. You can bypass Medica's internal appeals procedures if the reason for your IRO request is urgent.

You may submit your case directly to the IRO as an expedited independent review in the following situations:

- a. If you need immediate medical treatment either at an urgent care or emergency room and the time period for completing Medica's appeals process will cause a delay that could jeopardize your life or health; or
- b. Medica agrees to waive its appeals process.

For both regular and expedited review, the IRO's decision is binding on both you and Medica. However, a decision of an IRO regarding rescission of a policy or certificate is not binding on you.

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PO Box 9310, Minneapolis, MN 55440-9310

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