Medica Prime Solution® (Cost) Plan Application Supplement

For Wisconsin Residents Only

Both this Application Supplement and the Medica Prime Solution Enrollment Application must be completed and submitted to Medica. You cannot be enrolled if only one form is received.

A IMPORTANT INFORMATION

- You do not need more than one Medicare Supplement, Medicare Cost or Medicare Select policy.
- If you have any questions concerning your application or if you need information in another language or format (like Braille or large print), please contact Medica from 8 a.m.-8 p.m. CT, seven days a week, at 1 (800) 918-2416 (TTY: 711).
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement, Medicare Cost or Medicare Select policy.
- If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement, Medicare Cost or Medicare Select policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement, Medicare Cost or Medicare Select policy or, if that is no longer available, a substantially equivalent policy, will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement, Medicare Cost or Medicare Select policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- If you are eligible for and have enrolled in a Medicare Supplement or Medicare Cost policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement or Medicare Cost policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement or Medicare Cost policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement or Medicare Cost policy or, if that is no longer available, a substantially equivalent policy will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement or Medicare Cost policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- Counseling services may be available in your state or provide advice concerning your purchase of Medicare Supplement or Medicare Cost insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). See the booklet “Wisconsin Guide to Health Insurance for People with Medicare” which you received at the time you were solicited to purchase this plan.

1	PERSONAL INFORMATION			
	Legal First Name	Middle Initial	Last Name	
	Gender ❍ Male ❍ Female		Birthdate __ __ / __ __ / __ __ __ __ (M M / D D / Y Y Y Y)	
	Permanent Residence Address			
	Street			
	City	State	Zip Code	County

2	PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

1. Did you turn age 65 in the last 6 months?
   ❍ Yes
   ❍ No
2. Did you enroll in Medicare Part B in the last 6 months?
   ❍ Yes. What was the effective date? __ __ / __ __ / __ __
   ❍ No
3. Are you covered for medical assistance through the state Medicaid program?
   Note: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.
   ❍ Yes
   ❍ No

If you answered **YES**, please answer the following questions.

3a. Will you pay your premiums for this Medicare Cost policy?
❍ Yes
❍ No

3b. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?
❍ Yes
❍ No

4. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare health maintenance organization or preferred provider organization), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.
   START __ __ / __ __ / __ __ END __ __ / __ __ / __ __

2	PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

Please answer the following questions.

4a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Cost policy?
❍ Yes
❍ No

4b. Was this your first time in this type of Medicare plan?
❍ Yes
❑ No

4c. Did you drop a Medicare Supplement, Medicare Cost or Medicare Select policy to enroll in the Medicare plan?
❍ Yes
❍ No

5. Do you have another Medicare Supplement, Medicare Cost or Medicare Select policy in force?
❍ Yes
❍ No

If you answered **YES**, please answer the following questions.

Company	Plan Name

Was this your first time in this type of Medicare plan?
❍ Yes
❍ No

6. Have you had coverage under any other health insurance within the past 63 days? (For example an employer, union or individual plan)?
❍ Yes
❍ No

If you answered **YES**, please answer the following questions.

Company	Policy

What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.)
START __ __ / __ __ / __ __ END __ __ / __ __ / __ __

3	SIGNATURE

I acknowledge I received the Medica Prime Solution Summary of Benefits and the Wisconsin Addendum to the Medica Prime Solution Summary of Benefits.

X ____ __ __ / __ __ / __ __
Applicant or Authorized Representative Today's Date

PO Box 9310, Minneapolis, MN 55440-9310

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