

**Medica Group Prime Solution<sup>SM</sup> w/Rx (Cost)  
Plan 5**



**Summary of Benefits**

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

**You have choices about how to get your Medicare benefits**

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare Cost plan (such as **Medica Group Prime Solution w/Rx (Cost)**). You may have other options. You may be able to join or leave a plan only at certain times. Please call your Group Administrator or Medica to discuss your options.

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **Medica Group Prime Solution w/Rx (Cost)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Sections in this booklet**

- Things to Know About **Medica Group Prime Solution w/Rx (Cost)**
- Monthly Premium, Deductible, and Maximums on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D Prescription Drug Benefits
- Additional Benefits and Services

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us toll-free at 1 (855) 844-6395 (TTY: 711).

## Things to Know About Medica Group Prime Solution w/Rx (Cost)

### Hours of Operation

- From Oct. 1 – March 31, you can call us from 8 a.m. – 8 p.m. CT, 7 days a week.
- From April 1 – Sept. 30, you can call us from 8 a.m. – 8 p.m. CT, Monday – Friday.

### Medica Group Prime Solution w/Rx (Cost) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1 (800) 575-2330 (TTY: 711).
- If you are not a member of this plan, call toll-free 1 (855) 844-6395 (TTY: 711).
- Our website: [Medica.com/Medicare](http://Medica.com/Medicare)

### Who Can Join?

To join **Medica Group Prime Solution w/Rx (Cost)**, you must meet eligibility requirements established by the group plan administrator, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in:

**Iowa:** Adair, Adams, Allamakee, Audubon, Boone, Carroll, Cass, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Howard, Kossuth, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Palo Alto, Plymouth, Shelby, Sioux, Union, Winnebago, and Worth;

**Kansas:** Barber, Butler, Chase, Chautauqua, Coffey, Cowley, Elk, Graham, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewel, Kingman, Lincoln, Lyon, Marion, Mitchell, Morris, Norton, Osage, Ottawa, Phillips, Pottawatomie, Republic, Smith, Stafford, Wabaunsee, Washington, and Woodson;

**Minnesota:** Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, and Yellow Medicine;

**Missouri:** Barry, Barton, Jasper, McDonald, Newton, and Vernon;

**Nebraska:** Adams, Antelope, Banner, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Cedar, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dixon, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Johnson, Kearney, Keya Paha, Kimball, Knox, Logan, Loup, Madison, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Thayer, Thurston, Valley, Wayne, Webster, Wheeler, and York;

**North Dakota:** Adams, Barnes, Benson, Billings, Bowman, Burleigh, Cass, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Richland, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Ward, Wells, and Williams;

**Oklahoma:** Adair, Alfalfa, Delaware, Grant, Kay, Major, Noble, and Ottawa;

**South Dakota:** Aurora, Beadle, Bennett, Bon Homme, Brookings, Brown, Brule, Buffalo, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Custer, Davison, Day, Deuel, Dewey, Douglas, Edmunds, Fall River, Faulk, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Hyde, Jackson, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Lyman, Marshall, McCook, McPherson, Meade, Mellette, Miner, Minnehaha, Moody, Oglala Lakota, Pennington, Perkins, Potter, Roberts, Sanborn, Spink, Stanley, Sully, Todd, Tripp, Turner, Union, Walworth, Yankton, and Ziebach;

**Wisconsin:** Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn;

**Wyoming:** Crook, Goshen, Niobrara, Platte, and Weston.

### **Which doctors, hospitals, and pharmacies can I use?**

**Medica Group Prime Solution w/Rx (Cost)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Out-of-network/non-contracted providers are under no obligation to treat Medica members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You may search for network providers and pharmacies on our website at [Medica.com/Members](https://www.Medica.com/Members). Or, call us and we will send you a copy of the provider and pharmacy directories.

### **What do we cover?**

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). Or, call us and we will send you a copy of the formulary.

### **How will I determine my drug costs?**

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**If you have any questions about this plan’s benefits or costs, please contact your Group Administrator or Medica Insurance Company for details.**

## SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

### Medica Group Prime Solution w/Rx (Cost)

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#### MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES

|   |   |
|---|---|
| Monthly Plan Premium  | \$85 per month  |
| Medical Deductible  | No deductible   |
| Maximum Out-Of-Pocket Responsibility<br>(does not include prescription drugs) | You pay no more than \$3,250 annually for services you receive from in-network providers. |

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#### COVERED MEDICAL AND HOSPITAL BENEFITS

|  |  |
|--|--|
| Inpatient Hospital Coverage  | \$150 copay per stay<br><br>Our plan covers an unlimited number of days for an inpatient hospital stay   |
| Outpatient Hospital Coverage   | Outpatient surgery: \$175 copay<br><br>Observation services: \$175 copay per stay  |
| Ambulatory Surgery Center  | \$175 copay  |
| Doctor Visits (Primary Care Providers and Specialists)   | Primary care physician visit: \$0 copay<br><br>Specialist visit: \$25 copay  |
| Preventive Care<br>(e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings) | \$0 copay<br><br>Other preventive services are available. There are some covered services that have a cost.  |
| Emergency Care   | \$90 copay (worldwide)   |
| Urgently Needed Services   | Convenience care/retail clinic: \$0 copay<br><br>Traditional urgent care clinic: \$25 copay  |
| Diagnostic and Therapeutic Services/Labs/Imaging   | Diagnostic and therapeutic radiology services: 10% of the cost<br><br>Diagnostic tests and procedures: 10% of the cost up to a maximum of \$75 per service<br><br>X-rays: 10% of the cost<br><br>Lab services: \$0 copay |

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### Hearing Services

Exam to diagnose and treat hearing and balance issues:

Primary care physician visit: \$0 copay

Specialist visit: \$25 copay

Routine hearing exam (up to 1 every year):

Primary care physician visit: \$0 copay

Specialist visit: \$25 copay

### Dental Services

Medicare-covered dental services: 20% of the cost

Our plan will reimburse up to \$750 for non-Medicare-covered dental services every calendar year from any licensed dentist within the U.S. and its territories

### Vision Services

Exam to diagnose and treat diseases and conditions of the eye:

Primary care physician visit: \$0 copay

Specialist visit: \$25 copay

Medicare-covered glaucoma and diabetic retinopathy screening: \$0 copay

Routine eye exam (up to 1 every year): \$0 copay

Eyeglasses or contact lenses after cataract surgery: \$50 copay for Medicare-covered eyewear per calendar year

Contact lenses, eyeglasses (frames and lenses):

Our plan will reimburse up to \$200 toward non-Medicare-covered eyewear per calendar year

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|--|---|
| Mental Health Services (including inpatient) | Inpatient visit:<br>Medicare-covered hospital stay: \$150 copay<br><br>For services provided by a psychiatrist:<br>Individual therapy/group therapy visits: \$25 copay<br><br>For services provided by other mental health care providers:<br>Individual therapy/group therapy visits: \$0 copay  |
| Skilled Nursing Facility (SNF)               | \$0 copay per day for days 1 through 20<br>\$188 copay per day for days 21 through 100<br>Our plan covers up to 100 days in a SNF   |
| Physical Therapy                             | \$25 copay per visit  |
| Ambulance                                    | Per trip: \$265 copay   |
| Transportation                               | Not covered   |
| Medicare Part B Drugs                        | For chemotherapy drugs: 20% of the cost<br>Other Part B drugs: 20% of the cost<br><br>Coinsurance for certain Part B rebatable drugs may be subjected to a lower coinsurance beginning on April 1, 2023<br><br>For Part B insulin furnished through an Insulin Pump, you will pay no more than a \$35 copay per a one month supply effective July 1, 2023 |

**PART D PRESCRIPTION DRUG BENEFITS**

**Deductible** \$315 (Does not apply to Tier 1, Tier 2 or Tier 3 drugs)

**Initial Coverage** You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

|                             | <b>Preferred Retail Cost Sharing</b> |   |
|-----------------------------|--------------------------------------|---|
| <b>Tier</b>                 | <b>One-month (30-day) supply</b>     | <b>Three-month (90-day) supply</b>                      |
| Tier 1 (Preferred Generic)  | \$0 copay                            | \$0 copay   |
| Tier 2 (Generic)            | \$8 copay                            | \$24 copay  |
| Tier 3 (Preferred Brand)    | \$47 copay                           | \$141 copay   |
| Tier 4 (Non-Preferred Drug) | 50% of the total cost                | 50% of the total cost                                   |
| Tier 5 (Specialty Tier)     | 29% of the total cost                | A long-term supply is not available for drugs in Tier 5 |

|                             | <b>Standard Retail Cost Sharing</b> |   |
|-----------------------------|-------------------------------------|---|
| <b>Tier</b>                 | <b>One-month (30-day) supply</b>    | <b>Three-month (90-day) supply</b>                      |
| Tier 1 (Preferred Generic)  | \$10 copay                          | \$30 copay  |
| Tier 2 (Generic)            | \$20 copay                          | \$60 copay  |
| Tier 3 (Preferred Brand)    | \$47 copay                          | \$141 copay   |
| Tier 4 (Non-Preferred Drug) | 50% of the total cost               | 50% of the total cost                                   |
| Tier 5 (Specialty Tier)     | 29% of the total cost               | A long-term supply is not available for drugs in Tier 5 |

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|                             | <b>Preferred Mail-Order Cost Sharing</b>                |
|-----------------------------|---|
| <b>Tier</b>                 | <b>Three-month (90-day) supply</b>                      |
| Tier 1 (Preferred Generic)  | \$0 copay   |
| Tier 2 (Generic)            | \$16 copay  |
| Tier 3 (Preferred Brand)    | \$94 copay  |
| Tier 4 (Non-Preferred Drug) | 50% of the total cost                                   |
| Tier 5 (Specialty Tier)     | A long-term supply is not available for drugs in Tier 5 |

|                             | <b>Standard Mail-Order Cost Sharing</b>                 |
|-----------------------------|---|
| <b>Tier</b>                 | <b>Three-month (90-day) supply</b>                      |
| Tier 1 (Preferred Generic)  | \$30 copay  |
| Tier 2 (Generic)            | \$60 copay  |
| Tier 3 (Preferred Brand)    | \$141 copay   |
| Tier 4 (Non-Preferred Drug) | 50% of the total cost                                   |
| Tier 5 (Specialty Tier)     | A long-term supply is not available for drugs in Tier 5 |

### **Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches \$4,660.

After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.



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### **Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$7,400, you pay the greater of:

- 5% of the total cost, or
- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs.

Cost sharing may differ based on type of pharmacy (retail, mail-order, long-term care (LTC)), whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (one-month) or long-term (three-month) supply.

**ADDITIONAL BENEFITS AND SERVICES**

|  |   |
|--|---|
| Chiropractic Care  | Medicare-covered chiropractic services: \$20 copay  |
| Diabetes Self-Management Training  | \$0 copay   |
| eVisits by Amwell®   | \$0 copay   |
| Foot Care ( <i>podiatry services</i> )   | Medicare-covered podiatry services: \$25 copay  |
| Home Health Care   | \$0 copay   |
| Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies) | Diabetic testing supplies: \$0 copay<br>Medicare-covered therapeutic shoes and inserts: 20% of the cost<br>Durable medical equipment and prosthetic devices and related medical supplies: 20% of the cost<br>Surgical supplies, splints or casts: \$0 copay |
| Outpatient Substance Abuse   | Group/Individual therapy visit: \$25 copay  |
| Over-The-Counter (OTC) Drugs and Supplies  | You are eligible for a \$75 credit every quarter to be used toward the purchase of OTC health and wellness products from the catalog.   |
| Renal Dialysis   | 20% of the cost   |
| Wellness Programs ( <i>fitness, nurseline</i> )  | HealthAdvocate <sup>SM</sup> 24-hour NurseLine: \$0 copay<br>One Pass <sup>TM</sup> Fitness Program: \$0 copay  |

## MULTI-LANGUAGE INSERT

# Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1 (866) 745-9919**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (866) 745-9919**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (866) 745-9919** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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