

Medica Prime Solution® Standard (Cost) offered by Medica Insurance Company

Annual Notice of Changes for 2022

You are currently enrolled as a member of Medica Prime Solution Standard. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meets your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information see Section 2.2 of this document.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?



- Think about whether you are happy with our plan.
- 2. COMPARE:** Learn about other plan choices
- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 2.2 to learn more about your choices.
 - Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.
- 3. CHOOSE:** Decide whether you want to change your plan
- If you don't join another plan by December 7, 2021, you will be enrolled in Medica Prime Solution Standard.
 - To change to a Medicare Advantage health plan or Medicare prescription drug plan, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change to a Medicare Advantage health plan or Medicare prescription drug plan, join a plan between **October 15** and **December 7, 2021**
- If you don't join another plan by **December 7, 2021**, you will be enrolled in Medica Prime Solution Standard.
 - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Medica Customer Service number at 1 (800) 234-8755 for additional information (TTY users should call 711). From **October 1 through March 31**, 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.
- This document is available in braille, large print, or other alternate formats. Please call Medica Customer Service if you need plan information in another format (phone numbers are in Section 6.1 of this booklet).

About Medica Prime Solution Standard

- Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Medica Insurance Company. When it says “plan” or “our plan,” it means Medica Prime Solution Standard.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Medica Prime Solution Standard in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). You may also call Medica Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| Monthly plan premium See Section 1.1 for details. | \$0.00 | \$0.00 |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.) | \$4,500 | \$4,500 |
| Doctor office visits | Primary care visits: \$0 copay per visit. Specialist visits: \$35 copay per visit. | Primary care visits: \$0 copay per visit. Specialist visits: \$35 copay per visit. |
| Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | \$280 copay per day for days 1 through 5. \$0 copay per day for days 6 through 90. | \$280 copay per day for days 1 through 5. \$0 copay per day for days 6 through 90. |

Annual Notice of Changes for 2022

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2021 (this year) | 2022 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0.00 | \$0.00 |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost | 2021 (this year) | 2022 (next year) |
|--|------------------|--|
| Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount. | \$4,500 | \$4,500 |
| | | Once you have paid \$4,500 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year. |

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). You may also call Medica Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| eVisits | You pay a \$0 copay for online care through Virtuwell. | You pay a \$0 copay for online care through Amwell. |
| Health and wellness education programs - fitness | Fitness program available through SilverSneakers® for \$0 annual fee. | Fitness program available through One Pass™ for \$0 annual fee. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|--|--|
| Health and wellness education programs - fitness (continued) | Physical fitness benefit includes access to 16,000+ fitness locations and at-home kits. | Physical fitness benefit includes access to 20,000+ fitness locations, on-demand and live-streaming fitness classes, and at-home kits. Memory fitness benefit includes BrainHQ online platform with activities that support brain speed, memory and cognitive resilience. |
| Health and wellness education programs - health education | Health education is <u>not</u> covered. | You pay a \$0 copay for a condition specific health education program available for members diagnosed with diabetes or heart disease. |
| Over-the-Counter (OTC) items | Over-the-Counter (OTC) items are <u>not</u> covered. | \$25 allowance per quarter. |
| Vision care | You pay a \$35 copay for glaucoma screening for specialist visits. You pay a \$35 copay for diabetic retinopathy screening for specialist visits. | You pay a \$0 copay for glaucoma screening for specialist visits. You pay a \$0 copay for diabetic retinopathy screening for specialist visits. |

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Medica Prime Solution Standard

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare health plan or change to Original Medicare by December 7, you will automatically be enrolled in our Medica Prime Solution Standard.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR* -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan, if you don't already have one.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **add a Medicare prescription drug plan or change to a different drug plan**, enroll in the new drug plan. You will continue to receive your medical benefits from our plan.
- To **change to Original Medicare with a prescription drug plan**, you must enroll in the new drug plan and ask to be disenrolled from our plan. Enrolling in the new drug plan will not automatically disenroll you from our plan. To disenroll from our plan you must *either*:
 - Send us a written request to disenroll. Contact Medica Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Medica Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different type of plan, like a Medicare Advantage plan, or make a change to your prescription drug coverage for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

If you want to change to a different cost plan, you can do so anytime the plan is accepting members. The new plan will let you know when the change will take effect.

If you want to disenroll from our plan and have Original Medicare for next year, you can make the change up to December 31. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.1 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The State Health Insurance Assistance Program for your state is listed below.

Each state’s SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your state’s SHIP at the number below:

Minnesota Board on Aging/Senior LinkAge Line®:

You can learn more about Minnesota Board on Aging/Senior LinkAge Line by visiting their website (www.mn.gov/board-on-aging/) or call 1 (800) 333-2433 (toll free) (TTY users should call 1 (800) 627-3529).

North Dakota State Health Insurance Counseling Program (SHIC):

You can learn more about North Dakota State Health Insurance Counseling Program (SHIC) by visiting their website (www.nd.gov/ndins/shic-medicare) or call 1 (888) 575-6611 (toll free) (TTY users should call 1 (800) 366-6888).

South Dakota Senior Health Information and Insurance Education:

You can learn more about South Dakota Senior Health Information and Insurance Education by visiting their website (www.shiine.net).

Eastern South Dakota: 1 (800) 536-8197 (toll free) or (605) 333-3314

Central South Dakota: 1 (877) 331-4834 (toll free) or (605) 494-0219
Western South Dakota: 1 (877) 286-9072 (toll free) or (605) 342-8635

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

SECTION 6 Questions?

Section 6.1 – Getting Help from Medica Prime Solution Standard

Questions? We’re here to help. Please contact our Medica Customer Service number at 1 (800) 234-8755 for additional information (TTY users should call 711). From **October 1 through March 31**, 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.

Read your 2022 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). You may also call Medica Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [Medica.com/Members](https://www.Medica.com/Members). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

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