

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

Annual Notice of Changes for 2023

You are currently enrolled as a member of Medica Prime Solution Standard. Next year, there will be changes to the plan's costs and benefits. ***Please see page 8 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which 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*.

- **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.**

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.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
 - 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- 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, 2022, you will stay in our plan.
- To change to a Medicare Advantage health plan or Medicare prescription drug plan, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with our plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Medica Customer Service number at 1 (800) 234-8755 (toll-free) for additional information (TTY users should call 711). Hours are from Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday.
- This information 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 document).

About Medica Prime Solution Standard

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

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:
TTYcommunication
- 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, civilrightscordinator@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>.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Medica Prime Solution Standard in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (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	\$5,000
Doctor office visits	Primary care visits: \$0 copay per visit. Specialist visits: \$35 copay per visit.	Primary care visits: \$10 copay per visit. Specialist visits: \$40 copay per visit.
Inpatient hospital stays	For Medicare-covered hospital stays: \$280 copay per day for days 1 through 5. \$0 copay per day for days 6 through 90.	For Medicare-covered hospital stays: \$325 copay per day for days 1 through 4. \$0 copay per day for days 5 through 90.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (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

Medicare requires all health plans to limit how much you pay “out-of-pocket” for 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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$4,500	\$5,000
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.		Once you have paid \$5,000 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

Updated directories are also located on our website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). You may also call Medica Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 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), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Medica Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p>Acupuncture for chronic low back pain</p>	<p>You pay a \$0 copay for Medicare-covered acupuncture service received from a primary care doctor.</p> <p>You pay a \$35 copay for Medicare-covered acupuncture service received from a specialist visit.</p>	<p>You pay a \$10 copay for Medicare-covered acupuncture service received from a primary care doctor.</p> <p>You pay a \$40 copay for Medicare-covered acupuncture service received from a specialist visit.</p>
<p>Cardiac rehabilitation services</p>	<p>You pay a \$35 copay.</p>	<p>You pay a \$40 copay.</p>
<p>Dental services</p>	<p>Our plan will reimburse up to \$500 for non-Medicare-covered dental services.</p> <p>You pay a \$0 copay for dental services provided by a primary care doctor.</p> <p>You pay a \$35 copay for dental services provided by a specialist.</p>	<p>Our plan will reimburse up to \$400 for non-Medicare-covered dental services.</p> <p>You pay a \$10 copay for dental services provided by a primary care doctor.</p> <p>You pay a \$40 copay for dental services provided by a specialist.</p>
<p>Diabetes self-management training, diabetic services and supplies</p>	<p>You pay 20% of the total cost for diabetic testing supplies up to a maximum of \$35 per item.</p>	<p>You pay a \$35 copay per item.</p>
<p>Emergency care</p>	<p>You pay a \$90 copay for emergency care throughout the U.S. and worldwide.</p>	<p>You pay a \$110 copay for emergency care throughout the U.S. and worldwide.</p>
<p>Hearing services</p>	<p>You pay a \$35 copay for a Medicare-covered diagnostic hearing exam.</p> <p>You pay a \$0 copay for a primary care doctor visit or</p>	<p>You pay a \$40 copay for a Medicare-covered diagnostic hearing exam.</p> <p>You pay a \$10 copay for a primary care doctor visit or</p>

Cost	2022 (this year)	2023 (next year)
Hearing services (continued)	a \$35 copay for a specialist visit for 1 routine hearing exam per calendar year.	a \$40 copay for a specialist visit for 1 routine hearing exam per calendar year.
Inpatient hospital care	You pay a \$280 copay per day for days 1 through 5. You pay a \$0 copay per day for days 6 through 90.	You pay a \$325 copay per day for days 1 through 4. You pay a \$0 copay per day for days 5 through 90.
Inpatient services in a psychiatric hospital	You pay a \$280 copay per day for days 1 through 5. You pay a \$0 copay per day for days 6 through 90.	You pay a \$325 copay per day for days 1 through 4. You pay a \$0 copay per day for days 5 through 90.
Outpatient diagnostic tests and therapeutic services and supplies	You pay a \$0 copay for tests and x-rays in a primary care doctor's office and a \$35 copay in a specialist's office or outpatient facility. You pay a \$35 copay for diagnostic and therapeutic radiology services received in an office setting and a \$150 copay for services received in an outpatient facility.	You pay a \$10 copay for tests and x-rays in a primary care doctor's office and a \$40 copay in a specialist's office or outpatient facility. You pay a \$40 copay for diagnostic and therapeutic radiology services received in an office setting and a \$150 copay for services received in an outpatient facility.
Outpatient hospital observation	You pay a \$200 copay per stay.	You pay a \$250 copay per stay.
Outpatient hospital services	You pay a \$200 copay per stay for observation services. You pay a \$200 copay per visit for outpatient surgery at an outpatient hospital facility.	You pay a \$250 copay per stay for observation services. You pay a \$250 copay per visit for outpatient surgery at an outpatient hospital facility.
Outpatient mental health care	For services provided by a psychiatrist: You pay a \$35 copay for individual or group therapy visits.	For services provided by a psychiatrist: You pay a \$40 copay for individual or group therapy visits.

Cost	2022 (this year)	2023 (next year)
Outpatient rehabilitation services	You pay a \$35 copay.	You pay a \$40 copay.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	<p>You pay a \$200 copay per visit for outpatient surgery at an hospital outpatient facility.</p> <p>You pay a \$150 copay for outpatient services at an ambulatory surgical center.</p>	<p>You pay a \$250 copay per visit for outpatient surgery at an hospital outpatient facility.</p> <p>You pay a \$150 copay for outpatient services at an ambulatory surgical center.</p>
Part B drugs	Please see page 16 for additional information and an update to your Medicare Part B drug benefit for 2023.	
Partial hospitalization services	You pay a \$35 copay per day.	You pay a \$40 copay per day.
Physician/Practitioner services, including doctor's office visits	<p>You pay a \$0 copay for each primary care office visit.</p> <p>You pay a \$35 copay for each specialist office visit.</p>	<p>You pay a \$10 copay for each primary care office visit.</p> <p>You pay a \$40 copay for each specialist office visit.</p>
Podiatry services	You pay a \$35 copay.	You pay a \$40 copay.
Urgently needed services	<p>You pay a \$35 copay for each visit to a traditional urgent care clinic.</p> <p>You pay a \$0 copay for each visit to a convenience care/retail clinic.</p>	<p>You pay a \$40 copay for each visit to a traditional urgent care clinic.</p> <p>You pay a \$10 copay for each visit to a convenience care/retail clinic.</p>
Vision care	You pay a \$0 copay for primary care provider visits and \$35 copay for specialist visits for Medicare-covered diagnosis and treatment of diseases and injuries of the eye.	You pay a \$10 copay for primary care provider visits and \$40 copay for specialist visits for Medicare-covered diagnosis and treatment of diseases and injuries of the eye.

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 plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *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, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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 so.
 - – *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 so.

- – *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, 2023.

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, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin Board on Aging & Long Term Care.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Wisconsin Board on Aging & Long Term Care 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 Wisconsin Board on Aging & Long Term Care at 1 (800) 242-1060 (toll-free). You can learn more about Wisconsin Board on Aging & Long Term Care by visiting their website (<http://longtermcare.wi.gov>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called Wisconsin SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

SECTION 6 Questions?

Section 6.1 – Getting Help from Medica Prime Solution Standard

Questions? We’re here to help. Please call Medica Customer Service at 1 (800) 234-8755 (TTY only, call 711). We are available for phone calls from Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. Calls to these numbers are free.

Read your 2023 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 2023. For details, look in the 2023 *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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

Medicare Part B Drug Update per the Inflation Reduction Act

Beneficiary coinsurance for certain Part B rebatable drugs may be subjected to a lower coinsurance beginning on April 1, 2023.

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.

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