

## **Medica Prime Solution<sup>®</sup> Focus w/Rx (Cost) offered by Medica Insurance Company**

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Medica Prime Solution Focus w/Rx. 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.**

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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.
    - Review the changes to Medical care costs (doctor, hospital).
    - Review the changes to our drug coverage, including authorization requirements and costs.
    - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
  - 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](http://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 Focus w/Rx**

- 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 Focus w/Rx.
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## 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 साँ या दवा की योजनाके बारे मँ आपके िकसी भी ँकजवाब देने क िलए हमारे पासामँ दुभािषया सेवाँ उपलब्ध है. एक दुभािषया ँाँ करने क िलए, बस हमँ **1 (866) 745-9919** पर फोन करँ. कोई िज्ब जो िहलानी बोलता है आपकी मदद कर सकता है. यह एक मँ 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, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@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 Focus w/Rx in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly plan premium</b></p> <p>Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$131.90	\$140.70
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	\$4,000	\$4,000
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$15 copay per visit.</p>	<p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$15 copay per visit.</p>
<p><b>Inpatient hospital stays</b></p>	\$300 copay per stay.	\$300 copay per stay.

Cost	2022 (this year)	2023 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$480 Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Preferred Pharmacy cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$2</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$40</li> <li>• Drug Tier 4: 46%</li> <li>• Drug Tier 5: 25%</li> </ul> <p><b>Standard cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$10</li> <li>• Drug Tier 2: \$20</li> <li>• Drug Tier 3: \$47</li> <li>• Drug Tier 4: 46%</li> <li>• Drug Tier 5: 25%</li> </ul>	<p>Deductible: \$505 Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Preferred Pharmacy cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$2</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$40</li> <li>• Drug Tier 4: 50%</li> <li>• Drug Tier 5: 25%</li> </ul> <p><b>Standard cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$10</li> <li>• Drug Tier 2: \$20</li> <li>• Drug Tier 3: \$47</li> <li>• Drug Tier 4: 50%</li> <li>• Drug Tier 5: 25%</li> </ul>



**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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$79.00	\$87.00
<b>Medica Part D Rider</b>	\$52.90	\$53.70

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

**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)
<b>Maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,000	\$4,000  Once you have paid \$4,000 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 and Pharmacy Networks

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.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies 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)
<b>Emergency care</b>	You pay a \$50 copay for emergency care throughout the U.S. and worldwide.	You pay a \$75 copay for emergency care throughout the U.S. and worldwide.
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p>You pay a \$10 copay for diagnostic procedures and tests.</p> <p>You pay a \$30 copay for diagnostic radiology services.</p>	<p>You pay a \$0 copay for diagnostic procedures and tests in a primary care doctor's office and a \$15 copay in a specialist's office or outpatient facility.</p> <p>You pay a \$30 copay for diagnostic radiology services received during an office visit and a \$150 copay at an outpatient facility.</p>
<b>Outpatient hospital observation</b>	You pay a \$100 copay per stay.	You pay a \$150 copay per stay.

Cost	2022 (this year)	2023 (next year)
<b>Outpatient hospital services</b>	You pay a \$100 copay per stay for observation services. You pay a \$100 copay per visit for outpatient surgery at an outpatient hospital facility.	You pay a \$150 copay per stay for observation services. You pay a \$150 copay per visit for outpatient surgery at an outpatient hospital facility.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	You pay a \$100 copay per visit for outpatient surgery at a hospital outpatient facility. You pay a \$100 copay for outpatient services at an ambulatory surgical center.	You pay a \$150 copay per visit for outpatient surgery at a hospital outpatient facility. You pay a \$100 copay for outpatient services at an ambulatory surgical center.
<b>Over-the-Counter (OTC) items</b>	\$75 allowance per quarter.	\$50 allowance per quarter.
<b>Part B drugs</b>	<b>Please see page 20 for additional information and an update to your Medicare Part B drug benefit for 2023.</b>	

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Medica Customer Service for more information.

**Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Medica Customer Service and ask for the “LIS Rider.”

There are four “drug payment stages.” The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Preferred Brand, Non-Preferred Drug and Specialty Tier drugs until you have reached the yearly deductible.</p>	<p>The deductible is <b>\$480.</b></p> <p>During this stage, you pay:</p> <p><b>\$2</b> for preferred cost sharing and <b>\$10</b> for standard cost sharing for drugs on <b>Tier 1: Preferred Generic.</b></p> <p><b>\$10</b> for preferred cost sharing and <b>\$20</b> for standard cost sharing for drugs on <b>Tier 2: Generic.</b></p> <p>And the full cost of drugs on <b>Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug,</b> and <b>Tier 5: Specialty Tier</b> until you have reached the yearly deductible.</p>	<p>The deductible is <b>\$505.</b></p> <p>During this stage, you pay:</p> <p><b>\$2</b> for preferred cost sharing and <b>\$10</b> for standard cost sharing for drugs on <b>Tier 1: Preferred Generic.</b></p> <p><b>\$10</b> for preferred cost sharing and <b>\$20</b> for standard cost sharing for drugs on <b>Tier 2: Generic.</b></p> <p>And the full cost of drugs on <b>Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug,</b> and <b>Tier 5: Specialty Tier</b> until you have reached the yearly deductible.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$10</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$2</b> per prescription.</p> <p><b>Tier 2 (Generic):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$20</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$10</b> per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$47</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$40</b> per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$10</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$2</b> per prescription.</p> <p><b>Tier 2 (Generic):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$20</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$10</b> per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b></p> <p><i>Standard cost sharing:</i> You pay <b>\$47</b> per prescription.</p> <p><i>Preferred cost sharing:</i> You pay <b>\$40</b> per prescription.</p>

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<b>Tier 4 (Non-Preferred Drug):</b>	<b>Tier 4 (Non-Preferred Drug):</b>
	<i>Standard cost sharing:</i> You pay <b>46%</b> of the total cost.	<i>Standard cost sharing:</i> You pay <b>50%</b> of the total cost.
	<i>Preferred cost sharing:</i> You pay <b>46%</b> of the total cost.	<i>Preferred cost sharing:</i> You pay <b>50%</b> of the total cost.
	<b>Tier 5 (Specialty):</b>	<b>Tier 5 (Specialty):</b>
	<i>Standard cost sharing:</i> You pay <b>25%</b> of the total cost.	<i>Standard cost sharing:</i> You pay <b>25%</b> of the total cost.
	<i>Preferred cost sharing:</i> You pay <b>25%</b> of the total cost.	<i>Preferred cost sharing:</i> You pay <b>25%</b> of the total cost.
_____ Once your total drug costs have reached <b>\$4,430</b> , you will move to the next stage (the Coverage Gap Stage).	_____ Once your total drug costs have reached <b>\$4,660</b> , you will move to the next stage (the Coverage Gap Stage).	

**SECTION 2 Deciding Which Plan to Choose**

**Section 2.1 – If you want to stay in Medica Prime Solution Focus w/Rx**

**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 Focus w/Rx.

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## Section 2.2 – If you want to change plans

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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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://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) (TTY users should call 711). 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.

Method	Wisconsin’s State Pharmaceutical Assistance Program – Contact Information
CALL	1 (800) 657-2038 (toll-free) (608) 267-6875 (local) Available 8 a.m. – 6 p.m., Monday – Friday.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Wisconsin SeniorCare PO Box 6710 Madison, WI 53716
WEBSITE	<a href="http://www.dhs.wisconsin.gov/seniorcare">www.dhs.wisconsin.gov/seniorcare</a>

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin Department of Health Services. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Wisconsin’s AIDS Drug Assistance Program (ADAP):

Method	Wisconsin’s AIDS Drug Assistance Program (ADAP) – Contact Information
CALL	1 (800) 991-5532 (toll-free) (608) 267-6875 (local)

Method	Wisconsin's AIDS Drug Assistance Program (ADAP) – Contact Information
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Division of Public Health, Attn: ADAP PO Box 2659 Madison, WI 53701
WEBSITE	<a href="http://www.adap.directory/wisconsin">www.adap.directory/wisconsin</a>

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Medica Prime Solution Focus w/Rx

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](http://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](http://Medica.com/Members). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

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## Section 6.2 – Getting Help from Medicare

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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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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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