Overview
The Medica Prime Solution® product is governed primarily by Centers for Medicaid and Medicare Services (CMS) rules and regulations. This is a Medicare Cost product that utilizes a subset of the Medica Choice® provider network. While enrolled, members retain their Medicare benefits, although Medica is primary payer for in-network Part B services. For in-network Part A services, Medicare is the primary payer and Medica is the secondary payer.

Medicare is the primary payer for all services received from non-network providers. Members enrolled in Medica Prime Solution have very few out-of-network benefits unless they activate their extended absence option. On extended absence, Medica supplements Medicare’s payment to provide in-network benefit levels while the member travels. Otherwise Medicare is the sole payer for services received from non-network providers.

2019 ID Card Examples

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**MEDICA®**

Payer ID: 94265
ID: 999999901 Group: 70200

Name: JOHN Q SUBSCRIBER

Care Type: Medica Prime Solution Basic (Cost)

SVC Type: Medical

Rx BIN: 004336
Rx PCN: ADV
Rx Group: RX0295

Visit Medica at www.medica.com  
Card issued: 11/06/18

Customer Service: 952-992-2300 or 800-234-8755
TTY: 711
Pharmacists: 866-693-4620
Office of the Commissioner of Insurance: 800-236-8517 or 608-266-0103
Providers: 800-458-5512 or www.medica.com
Health Advocate Nurseline: 866-668-6548 TTY: 711
Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130
Rx Claims: CVS, PO Box 52066, Phoenix, AZ 85072-2066

In case of EMERGENCY go to the nearest Emergency Room or call 911. 
Medicare Part B Pharmacy Services Only

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Group Numbers
- Individual: 70200-702XX, 704XX, 709XX
- Group: 70101-701XX, 70500-70699, 708XX

Plan Options
Individual Medica Prime Solution is offered through thirteen plans that vary by coverage level and service area:

- Medica Prime Solution Thrift which has coinsurance and copayments that closely matches original Medicare
- Medica Prime Solution Value includes coinsurance and copayments, but for a reasonable premium – MN only.
- Medica Prime Solution Basic also has coinsurance and copayments for some services – MN only
- Medica Prime Solution Enhanced has no copayments for primary care doctor office visits, cost-sharing for certain services, and has the highest member premium – MN only.
- Medica Prime Solution Standard is a low-cost plan with copays and coinsurance – N.E. MN only.
- Medica Prime Solution Core* includes coinsurance and copayments for services – ND and SD only.
- Medica Prime Solution Premier* has no cost-sharing for most services – ND and SD only.
- Medica Prime Solution Focus includes coinsurance and copayments for services – WI only.
- Medica Prime Solution Total has no copayments for primary care doctor office visits and cost-sharing for certain services – WI only.
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- Medica Prime Solution Core* includes coinsurance and copayments for services – IA only.
- Medica Prime Solution Premier* has no cost-sharing for most services – IA only.
- Medica Prime Solution Core* includes coinsurance and copayments for services – NE only.
- Medica Prime Solution Premier* has no cost-sharing for most services – NE only.

*The Prime Solution Core and Premier plans in ND and SD, IA, and NE are distinct plans with distinct cost-sharing schedules.

Part D Coverage
With most plans, members have the option to purchase an optional rider which provides the following additional benefits for services performed by a participating provider or participating pharmacy:

- **Medicare Part D optional riders for 2019**
  - Provide coverage for prescription drugs
  - Some medical plans offer two different Part D rider options – prescription drug benefits are not identical across plan types.
  - No Part D rider is available for Prime Solution Standard, or the NE and IA Prime Solution plans.
  - Member’s cost sharing amounts will vary depending on the rider.
    - Part D “w/Rx” – each plan with this rider has a deductible. The deductible amount varies by medical plan elected; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is $3,820; then 25% of the price of brand name drugs and 37% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $5,100; then the greater of 5% of the cost of the drug or (1) $3.40 copay for generic drugs or (2) $8.50 copay for brand drugs.
    - Part D “w/Rx 2” – No deductible; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is $3,820; then 25% of the price of brand name drugs and 37% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $5,100; then the greater of 5% of the cost of the drug or (1) $3.40 copay for generic drugs or (2) $8.50 copay for brand drugs. Part D w/Rx 2 is only available with Prime Solution Basic and Enhanced plans.

- **Medicare Part D optional riders for 2020**
  - Provide coverage for prescription drugs
  - Some medical plans offer two different Part D rider options – prescription drug benefits are not identical across plan types.
  - Network pharmacies are designated as either Preferred or Standard, with Preferred Pharmacies offering lower copays for drugs in Tiers 1-3.
  - No Part D rider is available for Prime Solution Standard, or the NE and IA Prime Solution plans.
  - Member’s cost sharing amounts will vary depending on the rider.
- Part D w/Rx – each plan with this rider has a deductible. The deductible amount varies by medical plan elected; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is $4,020; then 25% of the price of brand name drugs and 25% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $6,350; then the greater of 5% of the cost of the drug or (1) $3.60 copay for generic drugs or (2) $8.95 copay for brand drugs.

- Part D w/Rx 2 – No deductible; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is $4,020; then 25% of the price of brand name drugs and 25% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $6,350; then the greater of 5% of the cost of the drug or (1) $3.60 copay for generic drugs or (2) $8.95 copay for brand drugs. Part D w/Rx 2 is only available with Prime Solution Basic and Enhanced plans.

Wisconsin Rider
- Required to be offered by State of Wisconsin
- Only available to Medica Prime Solution Total members
- Provides additional coverage for home health care visits and skilled nursing facility stays

Specialty Networks
- OptumHealthSM Care Solutions, Physical Health (chiropractic network)
- Medica Behavioral HealthSM (Medicare certified providers)
- OptumHealthSM Complex Care Solution (for transplants)
- CVS Caremark (pharmacy network) through 12/31/19; Express Scripts® effective 1/1/20 (if optional rider is purchased)

Claim Submission

Claims should be submitted to:
Medica
PO Box 30990
Salt Lake City, UT 84130

Electronic payer ID 94265