Medica Signature Solution℠ Fact Sheet

Overview
Medica Signature Solution℠ is a Medicare Supplement or “Medigap” policy. Medicare has primary reimbursement responsibility for all inpatient and outpatient services. Medica reimburses the Medicare coinsurance and copayments, and in some instances, the Medicare deductibles.

Medica Signature Solution:
• Regulated by the State of Minnesota which supplements Medicare coverage.
• All Part A and Part B services are covered but member must use a Medicare contracted provider in order for Medica to supplement Medicare benefits.
• Provides coverage for state mandated benefits.

Plan Types
• Extended Basic (with or without Part B Deductible coverage):
  o Medicare Part A Deductible is covered
  o Plans are available with or without Medicare Part B Deductible
• Basic Plan:
  o Optional coverage of Medicare Part A Deductible
  o Optional coverage of Medicare Part B Deductible
• High Deductible Coverage (Plan HDF)
  o Annual high deductible $2,300 (2019)
  o Medicare Part A and Medicare Part B Deductible’s covered after annual high deductible has been met
• $20/$50 Copayment Plan (Plan N)
  o Medicare Part A Deductible is covered

Because claims will first be billed to Medicare, providers should follow Centers for Medicare and Medicaid Services (CMS) claim submission policies. CMS will apply national and local coverage determinations (NCDs and LCDs).

Sample Identification Cards
Provider Network and Payment Method

- Does not use a network. Members may see any provider that accepts Medicare.
- Claims are paid in coordination with Medicare.

Medica Signature Solution Benefits

- Medicare has primary reimbursement responsibility for all inpatient and outpatient services.
- Depending on plan selection, Medica reimburses for routine or preventive services, if Medicare denies.
- Medica reimburses member coinsurance and in some cases the deductibles and copayments.

Claim Submission

For all policy/group numbers that begin with 72000-72999, claims should be sent to:
Medica
PO Box 30990
Salt Lake City, UT 84130
Electronic payer ID: 94265

For all policy numbers that begin with 230 and are 10 digits long, claims should be sent to:
Medicare Supplement Claims
PO Box 10820
Clearwater, FL 33757-8820