Medica Prime Solution Fact Sheet

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. Members retain their Medicare benefits, although Medica pays for most Medicare deductibles and Part B services in network. Medicare is responsible for payment of Part A services except deductibles. Members enrolled in Medica Prime Solution do not have out-of-network benefits unless they activate their extended absence option, in which case Medica would continue to provide in-network benefits while the members traveled. Otherwise, Medicare would be responsible for payment for services received from a non-network provider.

Identification Card Examples

MEDICA®
Payer ID: 94265
ID: 9999999901 Group: 70926
Name: JOHN Q SUBSCRIBER
Care Type: Medica Prime Solution Focus w/Rx (Cost)
SVC Type: Medical, Part D Rx

MedicareRx
Prescription Drug Coverage
Rx BIN: 004336
Rx PCN: MEDADV
Rx Group: RX0951

In case of EMERGENCY go to the nearest Emergency Room or call 911.

CMS: Hxxxx-xxx

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:
800-206-8517 or 800-266-0133
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 52136, Phoenix, AZ 85072-2136

MEDICA®
Payer ID: 94265
ID: 9999999901 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

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

CMS: Hxxxx-xxx

Visit Medica at www.medica.com
Card Issued: 11/06/18
Customer Service: 952-992-2300 or 800-234-8755
TTY: 711
Pharmacists: 866-364-6331
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 52136, Phoenix, AZ 85072-2136
Group Numbers

Individual:  70200-702XX  
             704XX  
             709XX  

Group:  70101-701XX  
        70500-70699  
        708XX  

Plan Options

Individual Medica Prime Solution is offered through eleven 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 – NE 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.
- Medica Prime Solution Premier* has no cost-sharing for most services – IA only.
- Medica Prime Solution Premier* has no cost-sharing for most services – NE only.

*The Prime Solution Premier plans in ND and SD, IA, and NE are distinct plans with distinct cost-sharing schedules.
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 2018**
  - Provide coverage for prescription drugs
  - Some medical plans offer two different Part D rider options – prescription drug benefits are not identical across plan types.
  - 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 $3,750; then 35% of the price of brand name drugs and 44% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $5,000; then the greater of 5% of the cost of the drug or (1) $3.35 copay for generic drugs or (2) $8.35 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 $3,750; then 35% of the price of brand name drugs and 44% of the price of generic drugs until year to date out of pocket cost (member’s payments) reaches a total of $5,000; then the greater of 5% of the cost of the drug or (1) $3.35 copay for generic drugs or (2) $8.35 copay for brand drugs. Part D w/Rx 2 is only available with Prime Solution Value, Basic and Enhanced plans.

- **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 Premier 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.
• Wisconsin Rider
  ○ Required to be offered by State of Wisconsin
  ○ Only available to Medica Prime Solution Total members
  ○ Provides additional coverage for Part B cost-sharing, kidney disease and additional skilled nursing services

**Specialty Network**
- OptumHealth℠ Care Solutions, Physical Health (chiropractic network)
- Medica Behavioral Health℠ (Medicare certified providers)
- OptumHealth℠ Complex Care Solution (for transplants)
- CVS Caremark Part D Services (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

**Additional Information** See the following documents on medica.com at Providers>Administrative Resources>Claim Tools> **Product Information:**

- [Product Grid - Medicare in Minnesota](#)
- [Product Grid - Medicare in North Dakota/South Dakota](#)
- [Medicare Paid in Error Process Flow (Part I)](#)
- [Medicare Paid in Error Process Flow (Part II)](#)