

2019 Medica Prime Solution® (Cost)

Medical-only Plan Options

If you want to supplement your Original Medicare with a Prime Solution medical-only plan, you're on the right track.

It's a great way to keep your doctor and health care costs affordable.

	PRIME SOLUTION MEDICAL-ONLY PLAN OPTIONS		
	Thrift	Focus	Total
Monthly Medical Only Premium	\$49	\$89	\$179
Medical Deductible	\$50	\$0	\$0
Medical Benefits	YOU PAY		
Primary Care	20%	\$10	\$0
Specialist Office Visit	20%	\$20	\$10
Urgent Care	\$25	\$10 - \$20	\$0 - \$10
Chiropractic*	20%	\$20	\$10
Eye & Hearing Exams - Routine Annual	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	\$10	\$0
Diagnostic & Therapeutic Radiology	20%	\$30	\$10
Diabetes Supplies	20%	20%	\$0
Durable Medical Equipment	20%	20%	\$0
Part B Drugs	20%	20%	20%
Outpatient Surgery	20%	\$100	\$20
Ambulance (Ground)	20%	\$50	\$0
Emergency Care	\$50	\$50 Worldwide	\$50 Worldwide
Inpatient Hospital	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-8: \$150/day Days 9-90: \$0/day	Days 1-8: \$100/day Days 9-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$167.50/day†	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day
Annual Maximum Out-of-Pocket	\$6,700	\$4,000	\$3,000
SilverSneakers® Fitness Membership	n/a	Included	Included

*Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part)

†This amount is for 2018 and is subject to change in 2019.

Prime Solution is available in select counties in western Wisconsin. Visit medica.com/Medicare for the complete list of counties.

This information is not a complete description of benefits. Call Medica at 1-800-918-2143 (TTY: 711) for more information.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.



2019 Medica Prime Solution® (Cost) Medical + Part D Drug Plan Options

Take advantage of the convenience of combining your medical and Part D drug coverage in one plan for 2019. Prime Solution gives you a range of coverage levels to choose from so it's easy to find your best match.

See medical-only plan options on other side.



	2018 Original Medicare	PRIME SOLUTION MEDICAL + PART D BUNDLED PLAN OPTIONS		
		Thrift with Rx	Focus with Rx	Total with Rx
Monthly Premium		\$80.90	\$121.60	\$216
Medical Deductible		\$50	\$0	\$0
Medical Benefits	YOU PAY	YOU PAY		
Primary Care	20%	20%	\$10	\$0
Specialist Office Visit	20%	20%	\$20	\$10
Urgent Care	20%	\$25	\$10 - \$20	\$0 - \$10
Chiropractic*	20%	20%	\$20	\$10
Eye & Hearing Exams - Routine Annual	100%	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	20%	\$10	\$0
Diagnostic / Therapeutic Radiology	20%	20%	\$30	\$10
Diabetes Supplies / Durable Medical Equipment	20%	20%	20%	\$0
Part B Drugs	20%	20%	20%	20%
Outpatient Surgery	20%	20%	\$100	\$20
Ambulance (Ground)	20%	20%	\$50	\$0
Emergency Care	20%	\$50	\$50 Worldwide	\$50 Worldwide
Inpatient Hospital	Days 1-60: \$1,340 total Days 61-90: \$335/day Days 91-150: \$670/day	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-8: \$150/day Days 9-90: \$0/day	Days 1-8: \$100/day Days 9-90: \$0/day
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$167.50/day Days 101+: 100%	Days 1-20: \$0/day Days 21-100: \$167.50/day [†]	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day
Annual Maximum Out-of-Pocket (medical)	n/a	\$6,700	\$4,000	\$3,000
SilverSneakers® Fitness Membership		n/a	Included	Included
Part D Prescription Drug Coverage		YOU PAY (30-Day Retail)		
Part D Deductible	n/a	\$305	\$340	\$260
Level One - Initial Coverage (Shared drug costs \$0 to \$3,820)				
Tier 1 - Commonly Prescribed Generic	100%	Up to \$2	Up to \$2	Up to \$2
Tier 2 - Low-Cost Generic	100%	Up to \$6	Up to \$8	Up to \$8
Tier 3 - More Expensive Generic & Brand	100%	Up to \$28	Up to \$30	Up to \$28
Tier 4 - Higher-Priced Generic & Brand	100%	50%	50%	50%
Tier 5 - Generic or Brand for Complex Conditions	100%	27%	26%	28%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$5,100)		Generic at 37% and Covered Brand at 25% for all plan options		
Level Three - Catastrophic Coverage (Member-only drug costs \$5,100 and up)		Generic at \$3.40 or 5%** and Other Drugs at \$8.50 or 5%** for all plan options		

*Medicare-covered visit for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) / **Whichever is greater / [†]This amount is for 2018 and is subject to change in 2019.

CALL MEDICA FOR MORE INFORMATION: 1-800-918-2143 (TTY: 711), 8 a.m. to 8 p.m. Central, seven days a week. Access to representatives may be limited at times.