

**Medica Group Prime Solution<sup>SM</sup> w/Rx (Cost)**  
**Plan 6**

Summary of Benefits  
January 1, 2019 - December 31, 2019

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

**You have choices about how to get your Medicare benefits**

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Cost plan (such as **Medica Group Prime Solution w/Rx (Cost)**). You may have other options. You may be able to join or leave a plan only at certain times. Please call your Group Administrator or Medica to discuss your options.

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **Medica Group Prime Solution w/Rx (Cost)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

**Sections in this booklet**

- Things to Know About **Medica Group Prime Solution w/Rx (Cost)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Benefits and Services

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us toll-free at (800) 906-5432; (TTY 711).

## **Things to Know About Medica Group Prime Solution w/Rx (Cost)**

### **Hours of Operation**

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

### **Medica Group Prime Solution w/Rx (Cost) Phone Numbers and Website**

- If you are a member of this plan, call toll-free (800) 575-2330; (TTY 711).
- If you are not a member of this plan, call toll-free (800) 906-5432; (TTY 711).
- Our website: [medica.com/Medicare](http://medica.com/Medicare)

### **Who can join?**

To join **Medica Group Prime Solution w/Rx (Cost)**, you must meet eligibility requirements established by the group plan administrator, be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in:

**Minnesota:** Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine;

**North Dakota:** Adams, Barnes, Benson, Billings, Bowman, Burleigh, Cass, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Richland, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Ward, Wells, and Williams;

**South Dakota:** Aurora, Beadle, Bennett, Bon Homme, Brookings, Brown, Brule, Buffalo, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Custer, Davison, Day, Deuel, Dewey, Douglas, Edmunds, Fall River, Faulk, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Hyde, Jackson, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Lyman, Marshall, McCook, McPherson, Meade, Mellette, Miner, Minnehaha, Moody, Oglala Lakota, Pennington, Perkins, Potter, Roberts, Sanborn, Spink, Stanley, Sully, Todd, Tripp, Turner, Union, Walworth, Yankton, and Ziebach;

**Wisconsin:** Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn.

### **Which doctors, hospitals, and pharmacies can I use?**

**Medica Group Prime Solution w/Rx (Cost)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You may search for network providers and pharmacies on our website at [medica.com/Members](http://medica.com/Members).

Or, call us and we will send you a copy of the provider and pharmacy directories.

**What do we cover?**

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [medica.com/Members](http://medica.com/Members).

Or, call us and we will send you a copy of the formulary.

**How will I determine my drug costs?**

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**If you have any questions about this plan’s benefits or costs, please contact your Group Administrator or Medica Insurance Company for details.**

## SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

### Medica Group Prime Solution w/Rx (Cost)

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#### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

|   |   |
|---|---|
| Monthly Plan Premium  | Your monthly premium is dependent on the Medica Group Prime Solution w/Rx benefits and plan options that your employer group chose to offer to you. You may be responsible for a portion of the monthly premium. Your employer group sponsor will determine how much of the monthly premium is your responsibility. In addition, you must keep paying your Medicare Part B premium. |
| Medical Deductible  | This plan does not have a deductible.   |
| Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> ) | You pay no more than \$3,000 for services you receive from in-network providers.  |

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#### COVERED MEDICAL AND HOSPITAL BENEFITS

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|--|---|
| Inpatient Hospital Care  | Our plan covers an unlimited number of days for an inpatient hospital stay.<br><br>\$100 copay per stay                                 |
| Outpatient Hospital Coverage   | \$50 copay  |
| Doctor's Office Visits<br>(Primary Care Providers and Specialists)                                       | Primary care physician visit: You pay nothing<br><br>Specialist visit: \$10 copay   |
| Preventive Care<br>(e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings) | You pay nothing<br><br>Other preventive services are available. There are some covered services that have a cost.                       |
| Emergency Care   | \$50 copay<br><br>Copay is waived if you are admitted to the hospital within 24 hours (U.S. only).<br>Coverage is available world-wide. |

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| Urgently Needed Services   | \$0 copay for convenience care or retail clinic.<br>\$10 copay for traditional urgent care clinic.   |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays<br><i>(Costs for these services may vary based on place of service)</i> | Diagnostic radiology services (such as MRIs, CT scans): \$10 copay<br><br>Diagnostic tests and procedures: \$10 copay<br><br>Lab services: You pay nothing<br><br>Outpatient x-rays: \$10 copay<br><br>Therapeutic radiology services (such as radiation treatment for cancer): \$10 copay   |
| Hearing Services   | Exam to diagnose and treat hearing and balance issues:<br>\$0 copay for primary care visit. \$10 copay for specialist visit<br><br>Routine hearing exam (for up to 1 every year): You pay nothing<br><br>Hearing aid fitting/evaluation and hearing aids: Our plan will reimburse up to \$400 every year.  |
| Dental Services  | Limited to Medicare eligible dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing   |
| Vision Services  | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):<br>\$0 copay for primary care visit. \$10 copay for specialist visit.<br><br>Routine eye exam (for up to 1 every year): You pay nothing<br><br>Eyeglasses or contact lenses after cataract surgery: \$30 copay<br><br>Contact lenses, Eyeglasses (frames and lenses): Our plan will reimburse up to \$75 every year for non-Medicare covered eyewear. |
| Mental Health Care   | Outpatient group therapy visit: \$10 copay   |

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Outpatient individual therapy visit: \$10 copay

Skilled Nursing Facility (SNF)

Our plan covers up to 100 days in a SNF.

You pay nothing

Physical Therapy

\$10 copay

Ambulance

\$25 copay

Transportation

Not covered

Medicare Part B Drugs

For Part B drugs such as chemotherapy drugs: 20% of the cost

Other Part B drugs: 20% of the cost



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After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.

## ADDITIONAL BENEFITS AND SERVICES

### Chiropractic Care

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay

### Diabetes Self-Management Training

You pay nothing

### Foot Care (*podiatry services*)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay

### Home Health Care

You pay nothing

### Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)

20% of the cost

### Outpatient Substance Abuse

Group therapy visit: \$10 copay

Individual therapy visit: \$10 copay

### Renal Dialysis

You pay nothing

### Wellness Programs (*fitness, nurseline*)

SilverSneakers® Fitness Program: \$0 annual fee

HealthAdvocate<sup>SM</sup> 24 hour NurseLine \$0 copayment



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This information is not a complete description of benefits. Call 1-800-906-5432 (TTY 711) for more information.

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

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