

2020 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 2020. 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 the next page.

		MEDICA PRIME SOLUTION MEDICAL + PART D BUNDLED PLAN OPTIONS											
		Thrift		Value		Basic				Enhanced			
		with Rx		with Rx		with Rx		with Rx2		with Rx		with Rx2	
Monthly Premium	2019 Original Medicare	\$88.70	\$88.70	\$101.90	\$101.90	\$104.40	\$104.40	\$132.90	\$132.90	\$199.80	\$199.80	\$231.10	\$231.10
Medical Deductible		\$50	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL BENEFITS		YOU PAY		YOU PAY									
Preventive Services		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care		20%	20%	\$10	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
virtuwell eVisits		n/a	n/a	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit		20%	20%	\$30	\$30	\$20	\$20	\$20	\$20	\$10	\$10	\$10	\$10
Urgent Care		20%	20%	\$25	\$25	\$10 - \$30	\$10 - \$30	\$0 - \$20	\$0 - \$20	\$0 - \$10	\$0 - \$10	\$0 - \$10	\$0 - \$10
Chiropractic		20%	20%	\$20	\$20	\$20	\$20	\$20	\$20	\$10	\$10	\$10	\$10
Eye & Hearing Exams - Routine Annual		100%	100%	\$30	\$30	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Tests / X-Ray		20%	20%	10%	10%	\$10	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Diagnostic / Therapeutic Radiology		20%	20%	10%	10%	\$25	\$25	\$25	\$25	\$10	\$10	\$10	\$10
Lab Services		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diabetes Supplies / Durable Medical Equipment		20%	20%	20%	20%	20%	20%	20%	20%	\$0	\$0	\$0	\$0
Part B Drugs		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Outpatient Surgery		20%	20%	\$125	\$125	\$50	\$50	\$50	\$50	\$0	\$0	\$0	\$0
Ambulance (Ground)		20%	20%	\$50	\$50	\$25	\$25	\$25	\$25	\$0	\$0	\$0	\$0
Emergency Care		20%	20%	\$50	\$50	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide
Inpatient Hospital		Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-4: \$300/day Days 5-90: \$0/day	Days 1-4: \$300/day Days 5-90: \$0/day	\$500 per stay	\$500 per stay	\$300 per stay	\$300 per stay	\$300 per stay	\$300 per stay	\$0 per stay	\$0 per stay
Skilled Nursing Facility		Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0/day Days 21-100: \$170.50 [†] /day	Days 1-20: \$0/day Days 21-100: \$170.50 [†] /day	Days 1-20: \$0/day Days 21-100: \$75/day	Days 1-20: \$0/day Days 21-100: \$75/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day	Days 1-20: \$0/day Days 21-100: \$25/day	Days 1-20: \$0/day Days 21-100: \$25/day
Annual Maximum Out-of-Pocket (medical)		n/a	n/a	\$6,700	\$6,700	\$4,000	\$4,000	\$3,400	\$3,400	\$3,400	\$3,000	\$3,000	\$3,000
PART D DRUG COVERAGE		YOU PAY (30-Day Retail)											
Part D Deductible		n/a	n/a	\$300	\$300	\$395	\$395	\$400	\$400	\$0	\$0	\$400	\$400
Level One - Initial Coverage (Shared drug costs \$0 to \$4,020)													
				Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic		100%	100%	\$4	\$10	\$2	\$10	\$0	\$10	\$2	\$10	\$0	\$10
Tier 2 - Generic		100%	100%	\$12	\$20	\$10	\$20	\$10	\$20	\$8	\$20	\$10	\$20
Tier 3 - Preferred Brand		100%	100%	\$40	\$47	\$30	\$47	\$33	\$47	\$35	\$47	\$33	\$47
Tier 4 - Non-Preferred Drug		100%	100%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug		100%	100%	27%	27%	25%	25%	25%	25%	33%	33%	25%	25%
Level Two - Coverage Gap "Donut Hole" (Member drug costs up to \$6,350)				Generic and Covered Brand at 25% for all plan options									
Level Three - Catastrophic Coverage (Member drug costs \$6,350 and up)				Generic at \$3.60 or 5%* and Other Drugs at \$8.95 or 5%* for all plan options									

*Whichever is greater / [†]This amount is for 2019 and is subject to change in 2020.

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.

2020 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				
	Standard	Thrft	Value	Basic	Enhanced
Monthly Medical Only Premium	\$25	\$49	\$67	\$79	\$157
Medical Deductible	\$0	\$50	\$0	\$0	\$0
Medical Benefits	YOU PAY				
Primary Care	\$10	20%	\$10	\$0	\$0
Specialist Office Visit	20%	20%	\$30	\$20	\$10
Urgent Care	\$10 - 20%	\$25	\$10 - \$30	\$0 - \$20	\$0 - \$10
Chiropractic	20%	20%	\$20	\$20	\$10
Eye & Hearing Exams - Routine Annual	100%	100%	\$30	\$0	\$0
Diagnostic Tests / X-Ray	10%	20%	10%	\$10	\$0
Diagnostic & Therapeutic Radiology	10%	20%	10%	\$25	\$10
Diabetes Supplies	20%	20%	20%	20%	\$0
Durable Medical Equipment	20%	20%	20%	20%	\$0
Part B Drugs	20%	20%	20%	20%	20%
Outpatient Surgery	20%	20%	\$125	\$50	\$0
Ambulance (Ground)	20%	20%	\$50	\$25	\$0
Emergency Care	\$100 Worldwide	\$50	\$50 Worldwide	\$50 Worldwide	\$50 Worldwide
Inpatient Hospital	\$600 per stay	Days 1-4: \$300/day Days 5-90: \$0/day	\$500 per stay	\$300 per stay	\$0 per stay
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$150/day	Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0/day Days 21-100: \$75/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day
Annual Maximum Out-of-Pocket	\$6,000	\$6,700	\$4,000	\$3,400	\$3,000

[†]This amount is for 2019 and is subject to change in 2020.

Prime Solution is available in select counties in Minnesota.

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

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You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

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Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

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Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

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