

## 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.**

	2019 Original Medicare	MEDICA PRIME SOLUTION MEDICAL + PART D BUNDLED PLAN OPTIONS					
		Thrift with Rx	Core with Rx	Premier with Rx			
Monthly Premium		\$88.70	\$125.50	\$239.60			
Medical Deductible		\$50	\$0	\$0			
<b>MEDICAL BENEFITS</b>	<b>YOU PAY</b>	<b>YOU PAY</b>					
Preventive Services	\$0	\$0	\$0	\$0			
Primary Care	0%	20%	\$10	\$0			
virtuwell eVisits	n/a	n/a	\$0	\$0			
Specialist Office Visit	20%	20%	\$20	\$0			
Urgent Care	20%	\$25	\$10 - \$20	\$0			
Chiropractic	20%	20%	\$20	\$0			
Eye & Hearing Exams - Routine Annual	100%	100%	\$0	\$0			
Diagnostic Tests / X-Ray	20%	20%	\$10	\$0			
Diagnostic / Therapeutic Radiology	20%	20%	\$30	\$0			
Lab Services	\$0	\$0	\$0	\$0			
Diabetes Supplies / Durable Medical Equipment	20%	20%	20%	\$0			
Part B Drugs	20%	20%	20%	20%			
Outpatient Surgery	20%	20%	\$100	\$0			
Ambulance (Ground)	20%	20%	\$50	\$0			
Emergency Care	20%	\$50	\$50 Worldwide	\$0 Worldwide			
Inpatient Hospital	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-4: \$300/day Days 5-90: \$0/day	\$350 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 <sup>†</sup> /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 (medical)	n/a	\$6,700	\$4,000	\$3,000			
<b>PART D DRUG COVERAGE</b>		<b>YOU PAY (30-Day Retail)</b>					
Part D Deductible	n/a	\$300	\$365	\$340			
<b>Level One - Initial Coverage (Shared drug costs \$0 to \$4,020)</b>							
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$4	\$10	\$1	\$10	\$0	\$10
Tier 2 - Generic	100%	\$12	\$20	\$8	\$20	\$7	\$20
Tier 3 - Preferred Brand	100%	\$40	\$47	\$30	\$47	\$28	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	27%	27%	26%	26%	26%	26%
<b>Level Two - Coverage Gap "Donut Hole" (Member drug costs up to \$6,350)</b>		<b>Generic and Covered Brand at 25% for all plan options</b>					
<b>Level Three - Catastrophic Coverage (Member drug costs \$6,350 and up)</b>		<b>Generic at \$3.60 or 5%* and Other Drugs at \$8.95 or 5%* for all plan options</b>					

\*Whichever is greater / <sup>†</sup>This amount is for 2019 and is subject to change in 2020.

# 2020 Medica Prime Solution<sup>®</sup> (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	Core	Premier
Monthly Medical-Only Premium	\$49	\$79	\$189
Medical Deductible	\$50	\$0	\$0
Medical Benefits	YOU PAY		
Primary Care	20%	\$10	\$0
Specialist Office Visit	20%	\$20	\$0
Urgent Care	\$25	\$10 - \$20	\$0
Chiropractic	20%	\$20	\$0
Eye & Hearing Exams - Routine Annual	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	\$10	\$0
Diagnostic & Therapeutic Radiology	20%	\$30	\$0
Diabetes Supplies	20%	20%	\$0
Durable Medical Equipment	20%	20%	\$0
Part B Drugs	20%	20%	20%
Outpatient Surgery	20%	\$100	\$0
Ambulance (Ground)	20%	\$50	\$0
Emergency Care	\$50	\$50 Worldwide	\$0 Worldwide
Inpatient Hospital	Days 1-4: \$300/day Days 5-90: \$0/day	\$350 per stay	\$0 per stay
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$170.50 <sup>†</sup> /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	\$6,700	\$4,000	\$3,000

<sup>†</sup>This amount is for 2019 and is subject to change in 2020.

**Prime Solution is available in most North Dakota counties and all South Dakota counties.**

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

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### Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

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.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

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.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

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နမူနာအားဖြင့် တစ်ချို့ထံ စာကလေး နှင့် တာဝန်ရှိသူတို့အား အကူအညီ နှင့် အားပေးစီမံခန့်ခွဲရန် ရည်ရွယ်ချက်ဖြင့် အကူအညီပေးရန် ဆောင်ရွက်ပါမည်။

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.

Kung nais mo ng libreng tulong sa pagsasalang ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

Odeeffannoo kana gargaarsa tolaan akka isinii hiiikamu 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.

Díí t'áá jíik' e shá ata' hodoonih níńízíngó éí nínaaltsoos Medica bee néího' díłzíníí bine'déé' nāmboo bikí' ágííjí' béésh bee hodíílnih.

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