



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	Focus with Rx	YOU PAY		Total with Rx	
Monthly Premium		\$88.70	\$116.30			\$226.90	
Medical Deductible		\$50	\$0			\$0	
MEDICAL BENEFITS		YOU PAY		YOU PAY			
Preventive Services	\$0	\$0	\$0			\$0	
Primary Care	20%	20%	\$10			\$0	
virtuwell eVisits	n/a	n/a	\$0			\$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	
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			\$20	
Ambulance (Ground)	20%	20%	\$50			\$0	
Emergency Care	20%	\$50	\$50 Worldwide			\$50 Worldwide	
Inpatient Hospital	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-4: \$300/day Days 5-90: \$0/day	\$500 per stay			\$300 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: \$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	
PART D DRUG COVERAGE		YOU PAY (30-Day Retail)					
Part D Deductible	n/a	\$300	\$370			\$380	
Level One - Initial Coverage (Shared drug costs \$0 to \$4,020)							
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$4	\$10	\$2	\$10	\$0	\$10
Tier 2 - Generic	100%	\$12	\$20	\$10	\$20	\$10	\$20
Tier 3 - Preferred Brand	100%	\$40	\$47	\$40	\$47	\$40	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	27%	27%	26%	26%	26%	26%
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.

