

2020 Medica Prime Solution® (Cost)

Choose between three medical-only plans. Thrift gives you a very affordable premium while Core has lower copays for doctor visits and Premier helps keep costs predictable with <\$0> copays for most covered services.



		PRIME SOLUTION MEDICAL-ONLY		
	2019 Original Medicare	Thrift	Core	Premier
Monthly Medical-only Premium		\$49	\$69	\$125
Medical Deductible		\$50	\$0	\$0
Medical Benefits	YOU PAY	YOU PAY		
Preventive Services	\$0	\$0	\$0	\$0
Primary Care	20%	20%	\$10	\$0
Convenience Care	20%	\$25	\$10	\$0
Specialist Office Visit	20%	20%	\$20	\$0
Urgent Care	20%	\$25	\$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	20%	20%	20%	\$0
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	\$100 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: \$25/day
Annual Maximum Out-of-Pocket	n/a	\$6,700	\$4,000	\$3,400

[†]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.**

ENROLLMENT AREA
 The Prime Solution plan options listed on page 1 are available to residents of the following Nebraska counties: Adams, Antelope, Boone, Boyd, Buffalo, Burt, Cedar, Clay, Colfax, Cuming, Custer, Dawes, Dixon, Filmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Johnson, Kearney, Knox, Loup, Madison, Merrick, Nance, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Rock, Saline, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Wayne, Webster, Wheeler and York.

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.

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.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

နမူနာအဖြစ်: တာဝန်ရှိသူထံသို့ ၂၄ နာရီ တစ်ရက်လုံး အခမဲ့ အကူအညီ နှင့် အခြား အထောက်အကူများကို ရရှိရန်အတွက် ဝန်ဆောင်ခပေးသည့် အကူအညီကို ခေါ်ဆိုပါ။

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 pagsasalin 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 hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

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.

Díj t'áá jíik'e shá ata' hodoonih níńízingo éi ninaaltsoos Medica bee néiho' díłzínigí bine'déé' námbuu biki' ágíjijí' béésh bee hodíłlnih.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ ໃຫ້ ໂທຫາເລກໜ້າຍທິມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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