


 NORTH DAKOTA
 SOUTH DAKOTA

MEDICA®

Medicare health plan benefits overview

Medica Prime Solution® (COST)

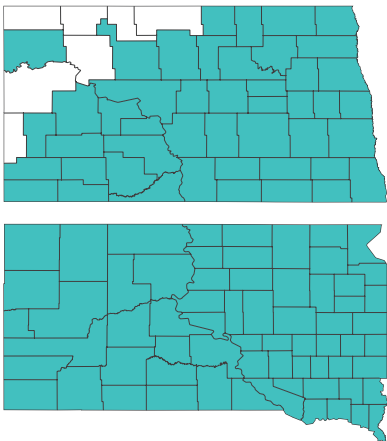
PLAN YEAR: 2021



MEDICA®

PRIME SOLUTION HIGHLIGHTS

- » Large provider network in seven states: Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin
- » Free SilverSneakers® fitness membership
- » Up to \$200 /year prescription eyewear allowance
- » Up to \$500/year dental reimbursement - keep your dentist
- » Up to \$600/year hearing aid savings



Eligibility and Enrollment Area

You are eligible to enroll in Medica Prime Solution if you have Medicare Part A and Part B (or Part B only), you do not have End-Stage Renal Disease (ESRD) and your permanent residence is in the Prime Solution enrollment area.

Prime Solution is available to residents of most counties in North Dakota and all counties in South Dakota. Go to [Medica.com/Medicare](https://www.Medica.com/Medicare) to view the complete list.



COVERAGE YOU NEED AT AN AFFORDABLE PRICE

Medica Prime Solution helps pay costs Medicare doesn't cover and gives you plan options with additional benefits.



Premiums as low as \$0 — choose the coverage level that fits you
\$0 or low copays for doctor visits



No referrals required to see any in-network provider

Nationwide travel and “snowbird” coverage from any provider that accepts Medicare

Worldwide emergency care



Part D prescription drug coverage (optional)

Over 3,500 prescriptions included on drug list

Over 60,000 pharmacies nationwide

Save on your drug costs when you use a preferred pharmacy

\$0 or low copays for Tier 1 drugs

North Dakota plans with medical and drug coverage.

	2020 Original Medicare	MEDICA PRIME SOLUTION MEDICAL + PART D PLAN OPTIONS					
		Thrift with Rx		Core with Rx		Premier with Rx	
Monthly Premium		\$73.20		\$132		\$250.60	
Medical Deductible		\$50		\$0		\$0	
Annual Maximum Out-of-Pocket (medical)	n/a	\$6,700		\$4,000		\$3,000	
MEDICAL BENEFITS	YOU PAY	YOU PAY					
Preventive Services	\$0	\$0		\$0		\$0	
Primary Care	0%	20%		\$0		\$0	
virtuwell eVisits	n/a	n/a		\$0		\$0	
Specialist Office Visit	20%	20%		\$20		\$0	
Urgent Care	20%	\$25		\$0 - \$20		\$0	
Chiropractic	20%	20%		\$20		\$0	
Eye Exams - Routine Annual	100%	100%		\$0		\$0	
Hearing Exams - Routine Annual	100%	100%		\$0		\$0	
Diagnostic Tests / X-Ray	20%	20%		\$10		\$0	
Diagnostic / Therapeutic Radiology	20%	20%		\$30		\$0	
Diabetes Supplies	20%	20%		20%		\$0	
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: \$1,408 total Days 61-90: \$352/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: \$176/day	Days 1-20: \$0/day Days 21-100: \$176 [†] /day		Days 1-20: \$0/day Days 21-100: \$50/day		Days 1-20: \$0/day Days 21-100: \$25/day	
PART D DRUG COVERAGE		YOU PAY (30-Day Retail)					
Part D Deductible	n/a	\$445		\$445**		\$445**	
Level One - Initial Coverage (Shared drug costs \$0 to \$4,130)		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$0	\$10	\$1	\$10	\$0	\$10
Tier 2 - Generic	100%	\$10	\$20	\$8	\$20	\$7	\$20
Tier 3 - Preferred Brand	100%	\$38	\$47	\$30	\$47	\$28	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	25%	25%	25%	25%	25%	25%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,550)		Generic and Covered Brand at 25% for all plan options					
Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)		Generic at \$3.70 or 5%* and Other Drugs at \$9.20 or 5%* for all plan options					

*Whichever is greater / ** Deductible does not apply to Tier 1 and 2 drugs / [†] This amount is for 2020 and is subject to change in 2021.

South Dakota plans with medical and drug coverage.

		MEDICA PRIME SOLUTION MEDICAL + PART D PLAN OPTIONS							
		Standard		Thrft		Core		Premier	
		with Rx		with Rx		with Rx		with Rx	
Monthly Premium	2020 Original Medicare	\$30.90		\$73.20		\$132		\$250.60	
Medical Deductible		\$0		\$50		\$0		\$0	
Annual Maximum Out-of-Pocket (medical)	n/a	\$4,500		\$6,700		\$4,000		\$3,000	
MEDICAL BENEFITS		YOU PAY		YOU PAY		YOU PAY		YOU PAY	
Preventive Services	\$0	\$0		\$0		\$0		\$0	
Primary Care	0%	\$0		20%		\$0		\$0	
virtuwell eVisits	n/a	\$0		n/a		\$0		\$0	
Specialist Office Visit	20%	\$35		20%		\$20		\$0	
Urgent Care	20%	\$0 - \$35		\$25		\$0 - \$20		\$0	
Chiropractic	20%	\$20		20%		\$20		\$0	
Eye Exams - Routine Annual	100%	\$0		100%		\$0		\$0	
Hearing Exams - Routine Annual	100%	\$0 - \$35		100%		\$0		\$0	
Diagnostic Tests / X-Ray	20%	\$0 - \$35		20%		\$10		\$0	
Diagnostic / Therapeutic Radiology	20%	\$35 - \$150		20%		\$30		\$0	
Diabetes Supplies	20%	20% (Max. \$35)		20%		20%		\$0	
Outpatient Surgery	20%	\$200		20%		\$100		\$0	
Ambulance (Ground)	20%	\$200		20%		\$50		\$0	
Emergency Care	20%	\$90 Worldwide		\$50		\$50 Worldwide		\$0 Worldwide	
Inpatient Hospital	Days 1-60: \$1,408 total Days 61-90: \$352/day	Days 1-5: \$280/day Days 6-90: \$0/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: \$176/day	Days 1-20: \$0/day Days 21-100: \$176 [†] /day		Days 1-20: \$0/day Days 21-100: \$176 [†] /day		Days 1-20: \$0/day Days 21-100: \$50/day		Days 1-20: \$0/day Days 21-100: \$25/day	
PART D DRUG COVERAGE									
Part D Deductible	n/a	\$445**		\$445		\$445**		\$445**	
Level One - Initial Coverage (Shared drug costs \$0 to \$4,130)		YOU PAY (30-Day Retail)							
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$0	\$10	\$0	\$10	\$1	\$10	\$0	\$10
Tier 2 - Generic	100%	\$15	\$20	\$10	\$20	\$8	\$20	\$7	\$20
Tier 3 - Preferred Brand	100%	\$47	\$47	\$38	\$47	\$30	\$47	\$28	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	25%	25%	25%	25%	25%	25%	25%	25%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,550)		Generic and Covered Brand at 25% for all plan options							
Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)		Generic at \$3.70 or 5%* and Other Drugs at \$9.20 or 5%* for all plan options							

*Whichever is greater / ** Deductible does not apply to Tier 1 and 2 drugs / [†] This amount is for 2020 and is subject to change in 2021.

Medical-only plans for North Dakota and South Dakota.

	2020 Original Medicare	MEDICA PRIME SOLUTION MEDICAL-ONLY PLAN OPTIONS			
		Standard	Thrift	Core	Premier
Monthly Medical-only Premium		\$0	\$34	\$79	\$189
Medical Deductible		\$0	\$50	\$0	\$0
Annual Maximum Out-of-Pocket	n/a	\$4,500	\$6,700	\$4,000	\$3,000
MEDICAL BENEFITS	YOU PAY	YOU PAY			
Preventive Services	\$0	\$0	\$0	\$0	\$0
Primary Care	20%	\$0	20%	\$0	\$0
virtuwell eVisits	n/a	\$0	n/a	\$0	\$0
Specialist Office Visit	20%	\$35	20%	\$20	\$0
Urgent Care	20%	\$0 - \$35	\$25	\$0 - \$20	\$0
Chiropractic	20%	\$20	20%	\$20	\$0
Eye Exams - Routine Annual	100%	\$0	100%	\$0	\$0
Hearing Exams - Routine Annual	100%	\$0 - \$35	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	\$0 - \$35	20%	\$10	\$0
Diagnostic & Therapeutic Radiology	20%	\$35 - \$150	20%	\$30	\$0
Diabetes Supplies	20%	20% (Max. \$35)	20%	20%	\$0
Outpatient Surgery	20%	\$200	20%	\$100	\$0
Ambulance (Ground)	20%	\$200	20%	\$50	\$0
Emergency Care	20%	\$90 Worldwide	\$50	\$50 Worldwide	\$0 Worldwide
Inpatient Hospital	Days 1-60: \$1,408 total Days 61-90: \$352/day	Days 1-5: \$280/day Days 6-90: \$0/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: \$176/day	Days 1-20: \$0/day Days 21-100: \$176 [†] /day	Days 1-20: \$0/day Days 21-100: \$176 [†] /day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day

[†] This amount is for 2020 and is subject to change in 2021.



YOUR PLAN TRAVELS WITH YOU.

With all Prime Solution plans, you'll enjoy nationwide travel and "snowbird" coverage. So you can take your coverage with you when you travel within the United States and enjoy access to your full in-network benefits for up to nine consecutive months. Whether it's a quick trip or an extended stay, you're covered.

EXTRAS TO MAKE YOUR PLAN EVEN BETTER

A great plan is only one piece of the puzzle when it comes to maintaining your health. So we provide you with the extra resources you need to stay healthy each and every day.



Dental Coverage up to \$500

You can see any licensed dentist and receive an annual reimbursement amount that varies by plan.

Standard Plan: Up to \$500 annually

Core Plan: Up to \$300 annually

Premier Plan: Up to \$400 annually



Hearing aid savings up to \$600

Receive annual reimbursement for hearing aids and evaluations/fittings.

Standard Plan: Up to \$600 annually

Core and Premier Plans: Up to \$400 annually



Eyewear Reimbursement up to \$200

Get prescription eyewear reimbursement each year with the following plans:

Standard Plan: Up to \$150 annually

Core Plan: Up to \$100 annually

Premier Plan: Up to \$200 annually





eVisits through virtuwell® for \$0 Copay

Prime Solution gives you access to quick, convenient online care through virtuwell. Available anytime, anywhere from your computer or mobile device, virtuwell can treat over 50 common conditions.

- » Get a diagnosis, treatment plan and prescription, often in less than 30 minutes
- » 24/7 access with no appointment needed

virtuwell is available with all plans except Thrift.



FREE SilverSneakers® Fitness Membership

A free SilverSneakers membership comes with all plans except Thrift.

Enjoy fitness options to meet your needs:

- » 16,000+ participating facilities nationwide
- » Enroll at multiple locations at the same time
- » Online fitness classes

Visit [SilverSneakers.com](https://www.silversneakers.com) for a complete list of facilities and options.



24/7 NurseLine

You and your family have a place to turn for trusted advice and information when you need it most.

Highly-trained nurses are available to help answer your questions about symptoms, medications and health conditions, and offer self-care tips for non-urgent concerns.



Personal Advocates

HealthAdvocateSM has your back if you have questions about your Medica plan coverage, or need help navigating the medical system.

Our trained Personal Health Advocates can help you tackle health-related issues — from finding the right doctor to resolving claims questions. They can even help you make an appointment with a hard-to-reach doctor.

The service is confidential — and provided to you at no additional cost.

OPTIONAL COVERAGE

Part D Drug Coverage

Add prescription drug coverage to your medical plan and take advantage of all these benefits.



Convenience and Savings with Rx Mail Order

Save when you use mail order for your prescriptions.

- » You pay 2 copays for a 3-month supply of Tier 1-3 prescriptions
- » Order your refills online anytime, anywhere—it is fast and easy
- » Set up automatic refills for most maintenance medications

Download Our Pharmacy App

If you're on the go, no problem. As a Medica Part D member, you have access to our mobile pharmacy app.

You can refill a prescription, price a medication, find a pharmacy and much more.

This easy-to-use app is free and available for both Android and iOS phones.



Nationwide Pharmacy Network

Prime Solution gives you access to a large network of over 60,000 pharmacies, including national chains and independent pharmacies.

You will pay your lowest prescription copays when you use a preferred pharmacy, which includes retailers like Walgreens, Walmart and many more!

Extensive Drug Formulary

The Medica Prime Solution formulary is a list of drugs that are covered by your plan if you have selected the optional Part D rider. It includes more than 3,500 prescription drugs. You can check online to see if your drugs are covered at [Medica.com/Medicare](https://www.Medica.com/Medicare).



LOCAL CUSTOMER SERVICE

No matter which plan you choose, at Medica you'll always receive the caring, personal service you deserve from our local Medicare experts. Our health plan specialists can answer your questions and help you maximize your coverage. It's just one more way that Medica has you covered.



HOW TO ENROLL

There are three ways to enroll in Medica Prime Solution. Choose the one that works best for you:



Call **1 (800) 918-2143 (TTY: 711)** for fast and easy enrollment over the phone.



Go to **Medica.com/Medicare** to complete your enrollment online.



Complete and sign a paper application and submit via mail, fax or web. (You can download and print a paper application at **Medica.com/Medicare**.)

Submit your completed paper forms via mail, fax or web.

Mail to: Medica
PO Box 740110
Atlanta, GA 30374-0110

Or fax to: 1 (855) 250-2166

Or upload securely at: **Medica.com/EnrollmentUpload**

What to expect after you enroll

Once you have submitted your application, you can expect to receive the following communications from us:

1 Acknowledgement Letter

Within about a week, you will receive a letter letting you know that your application has been received.

2 Member Packet

Two to three weeks after you enroll, you will receive your member packet, which will contain your member guide and other important materials that you will want to read and keep for future reference.

3 ID Card

Your ID card will arrive one to three weeks prior to your effective date. (NOTE: Your ID card is not included in your member packet—it is sent separately.)

4 Confirmation Letter

This letter confirms Medicare's approval of your enrollment in Medica Prime Solution.

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.

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.

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。

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.

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

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.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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

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.

နမူနာအား တစ်ကျိုးထံ စာကလိန့်နာတင်ဂိုတင်ကျိအံလောအကလိန့်နာ, ကိလိတစ်နိန့်ဂိုလောအပုဒ်ယုဒ်လောလံတိလံတိမိအပူအံမုတမုဖ်နနနိငခေလံအုဒ်သးခးကုအလိခံတကပအဖိခိန့်နုတက့ါ.

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.

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

Dii t'áá jíik'e shá ata' hodoonih níningo éi ninaaltsoos Medica bee néiho' dílzinígí bine'déé' námboo bikí' ágíjji' béesh bee hodíilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

WE'VE GOT YOU COVERED.SM



Call toll free:

1 (800) 918-2143 (TTY: 711)

Hours of operation:

Oct. 1 - March 31

8 a.m. to 8 p.m. Central, seven days a week

April 1 - Sept. 30

8 a.m. to 8 p.m. Central, Monday - Friday



Visit us online to learn more at

Medica.com/Medicare



Find a broker in your community at

Medica.com/Medicare

Centers for Medicare & Medicaid Services (CMS)

Toll free at **1-800-MEDICARE**

(1-800-633-4227)

(TTY 1-877-486-2048)

Hours of operation:

24 hours a day, seven days a week

medicare.gov

Social Security Administration

Toll free at **1-800-772-1213**

(TTY 1-800-325-0778)

Hours of operation:

7 a.m. to 7 p.m.

Monday-Friday

ssa.gov

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