



MEDICA[®]

Prime Solution
Plan Booklet
2011

MEDICA PRIME SOLUTION[®] COST PLAN

What you need to know about your plan

Welcome to Medica!

The Center for Healthy AgingSM would like to thank you for your interest in Medica's Medicare health plan options.

There are many excellent reasons why Medica Prime Solution[®] is the right choice for your Medicare coverage.

- Medica is a local company with a long history of serving Medicare-eligible members living in Minnesota, Wisconsin, North Dakota and South Dakota.
- Medica Prime Solution helps you pay many expenses not covered by Original Medicare through several affordable health and prescription plan options.
- You have access to a large network of doctors, clinics, hospitals and pharmacies.
- You cannot be turned away as long as you meet Medicare eligibility because Medica Prime Solution is a Medicare Cost Plan, so there's no underwriting.

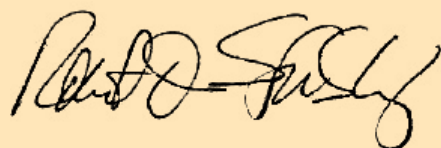
As you make your important Medicare health plan decisions, we can offer valuable information and support.

- The Medica Prime Solution Plan Booklet provides basic information about our Prime Solution health and drug plan options as well as an overview of Medicare.
- Customer Service Support from 8 a.m. to 8 p.m., CST, 7 days a week toll-free at 1-800-906-5432 (TTY users, please call the National Relay Center at 1-800-855-2880). Please note that access to a representative is limited on weekends/holidays during certain times of the year.
- Community Meetings are regularly scheduled where you can receive the information you need—without pressure—to consider and compare options.
- Insurance Agents throughout the region partner with Medica and are available to personally guide you through this process.
- Our website at www.medica.com provides clear plan information—just click on “Medicare Plans.”

The Centers for Medicare and Medicaid Services (CMS) provides information about Original Medicare and the health plans and benefits available to you. You may contact them at 1-800-MEDICARE (1-800-633-4227) or TTY at 1-877-486-2048, 24 hours a day, 7 days a week or visit www.medicare.gov.

The best way to make the right Medicare coverage decision is to gather information and ask advice from someone you trust. We are happy to offer our expertise and support to help you make a decision that's right for you.

Thank you,



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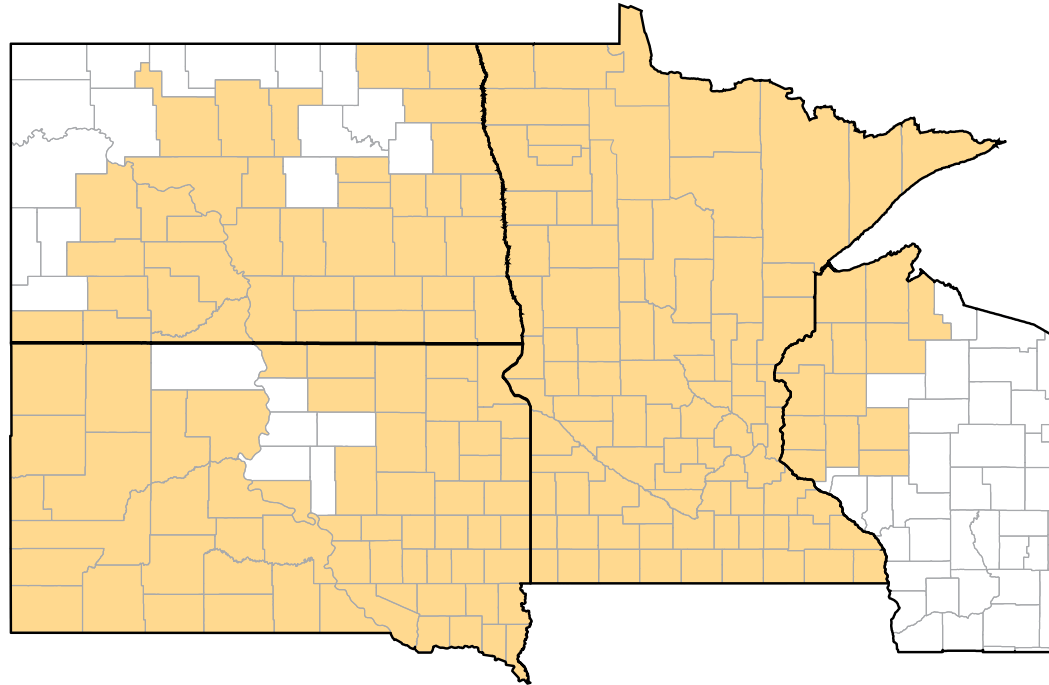
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Center for Healthy Aging

The Medica Center for Healthy Aging is a comprehensive resource designed to support the needs of our Medicare members. We've been providing Medicare health coverage in the Midwest for over 30 years and our live, local experts can answer your questions, offer guidance in finding the right health plan and help you get the most from your coverage.

Please call and see for yourself what our Center for Healthy Aging can do for you.

Medica Prime Solution Plan Service Area 2011



Minnesota Counties: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine

North Dakota Counties: Adams, Barnes, Bowman, Burleigh, Cass, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Morton, Oliver, Pembina, Pierce, Ransom, Richland, Sargent, Sheridan, Sioux, Stark, Steele, Stutsman, Traill, Walsh, Ward

South Dakota Counties: Aurora, Beadle, Bennett, Bon Homme, Brookings, Brown, Brule, Buffalo, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Custer, Davison, Day, Deuel, Dewey, Douglas, Edmunds, Fall River, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Jackson, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Lyman, Marshall, McCook, McPherson, Meade, Mellette, Miner, Minnehaha, Moody, Pennington, Perkins, Roberts, Sanborn, Shannon, Spink, Stanley, Todd, Tripp, Turner, Union, Yankton, Ziebach

Wisconsin Counties: Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, Washburn

Eligibility

You are eligible to join our plan if you are enrolled in Medicare Parts A and B or in Part B only and live in the service area (Minnesota and parts of North Dakota, South Dakota and Wisconsin—see county listings on page 2). However, individuals with End-Stage Renal Disease (ESRD) generally are not eligible to enroll in Medica Prime Solution unless they are already members of our organization and have been since their dialysis began.

Enrollment Periods

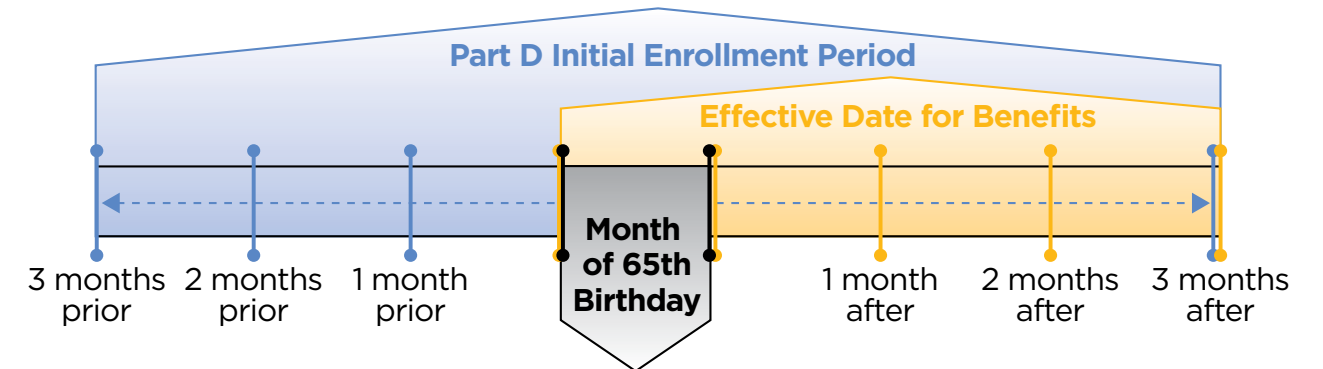
You can enroll or disenroll in a Cost Plan like Medica Prime Solution any time, although there may be limitations if you are currently enrolled in another Medicare Health plan or if you are enrolling in the Cost Plan's Part D Rider. Visit www.medicare.gov for more information.

Annual Election Period (AEP): 11/15–12/31

- All Medicare-eligible individuals can make changes to coverage
- All enrollment and disenrollment options are available

Part D Initial Enrollment Period (IEP):

- The seven months in which you may enroll initially in a Medicare Prescription Drug (Part D) plan without penalty (3 months prior—3 months following your 65th birthday month)



Special Enrollment Period (SEP)

- Allows for special circumstances aside from the other periods
- Check with Medica or your agent for specific rules and details

Maximum out-of-pocket

is the maximum amount you have to pay per calendar year for deductibles, copays, coinsurance and other medical expenses. Your plan pays all covered costs after you reach your maximum out-of-pocket limit.

Medica Prime Solution Cost Plan

Medica Prime Solution offers benefits in addition to what is covered under Original Medicare through four plan options:

- Prime Solution Value Thrift Plan—\$29 premium
- Prime Solution Value Plus Plan—\$50 premium
- Prime Solution Basic Plan—\$74 premium
- Prime Solution Enhanced Plan—\$122 premium

Benefits of these four Medica Prime Solution Cost Plans include:

- Payment of your Medicare Part A and Part B deductibles
- Varying levels of copays and coinsurance
- \$3,000–\$5,000 maximum annual out-of-pocket (varies by plan)
- Large provider network (96% of local providers)
- Additional plan features (see next page)

For more detailed plan information, see pages 9–23 or the plan Summary of Benefits.

Medica Prime Solution also offers Medicare Part D prescription drug coverage through several Part D rider options. See pages 24–27 for more information.

What is a Medicare Cost Plan?

A Medicare Cost Plan is a private health care plan providing coverage in addition to your Original Medicare (Parts A and B) coverage. You must continue to pay your Medicare Part B premium.

Can I choose my doctors with your plan?

You can use any provider who is currently part of the extensive Medica Prime Solution network of doctors, specialists and hospitals. For a Provider Directory, visit www.medica.com/C11/FindADoctor/default.aspx or call Customer Service at **1-800-906-5432**, 8 a.m. to 8 p.m., CST, 7 days a week. TTY users please call the National Relay Center at **1-800-855-2880**. Please note that access to a representative is limited on weekends/holidays during certain times of the year.

Additional Plan Features

The SilverSneakers® Fitness Program

Medica offers you a fitness center membership with classes especially designed to benefit seniors, regardless of their current fitness level. Visit www.silversneakers.com to locate participating facilities nationwide.

Extended Absence Option (“Snowbird”)

Whether you are going away for a weekend trip or spend part of the year in another area of the country, the Extended Absence Option allows you to receive in-network benefits when you are temporarily away from Medica’s service area and must receive medical care outside of our provider network. You may be away for up to nine consecutive months at a time.

Emergency Room Coverage

Emergency Room services are covered anywhere in the U.S. with all plans and anywhere in the world with Value Plus, Basic or Enhanced. Copays/coinsurance may apply.

Rx Savings Through Mail Order Option

Enjoy the convenience of ordering your prescription drugs in 90-day supplies through mail order and pay **only two copays for a 3-month supply** instead of three copays.

Hearing Aid Allowance

With our Basic and Enhanced plans, Medica provides up to \$450 for evaluation, fitting and hearing aids once a year.

Prescription Eyewear Allowance

With our Basic and Enhanced plans, Medica provides up to \$125 for glasses and contact lenses every two years.

Medica CallLink® Nurse Line

Medica CallLink is an easy-to-use phone service staffed by registered nurses 24 hours a day. The nurses answer your questions, and provide guidance about receiving appropriate care for your situation. The Medica CallLink telephone number is **1-866-715-0915**.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medica Prime Solution Plan grievance process.

In-Network

means that a provider is part of your health plan’s network of providers and that services provided are covered by your plan. If you see a provider that is not part of your plan’s network (out-of-network), then the plan may not cover those services or cover them at a higher cost to you. Check with your plan for more information.



Original Medicare

is your default health coverage choice as a member of the Medicare program. If you choose Original Medicare and you want drug coverage, you must join a Medicare Prescription Drug plan (Part D).

Original Medicare Overview

Medicare Basics

- You are eligible for Medicare if you are 65 years old, disabled or diagnosed with End-Stage Renal Disease (ESRD)
- Medicare offers basic health care coverage for Medicare beneficiaries
- Medicare is divided into four “Parts” that provide health care coverage—A, B, C and D
- You can’t be denied Medicare coverage due to pre-existing conditions, and coverage can’t be canceled if you get sick
- Medicare is overseen by the Centers for Medicare and Medicaid Services (CMS)

Medical Costs Not Covered by Medicare

There are some health care related costs that Original Medicare does not cover, so you have to pay out-of-pocket for them unless you have another health plan that provides coverage. Listed below are some—but not all—of these services or expenses.

- Parts A and B deductibles; 20% of Part B medical services
- Services Medicare deems not medically necessary
- Permanent residence in an assisted living facility/nursing home
- Most health care received outside the U.S.
- Inpatient hospital and skilled nursing charges above Medicare’s limits
- Dentures and hearing aids
- Routine dental care
- Acupuncture

The “Parts” of Medicare

Part A: Hospital Insurance

- Helps pay for things such as inpatient hospital stays, critical care, skilled nursing facilities, hospice care and some home health care
- There is no premium if you have worked a minimum of ten years in Medicare-covered employment and are eligible for Social Security benefits
- There are deductibles, coinsurance and copays you must pay
- Private health plans offer insurance to add to the basic coverage Medicare provides

Hospital Stay

In 2010, the amounts you paid were:

- \$1,100 deductible and no coinsurance for days 1–60 each benefit period
- \$275 per day for days 61–90 each benefit period
- \$550 per “lifetime reserve day” after day 90 each benefit period (up to 60 days over your lifetime)
- All costs for each day after the lifetime reserve days
- Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime
- These amounts will change for 2011.

Skilled Nursing Facility Stay

In 2010, the amounts you paid were:

- \$0 for the first 20 days each benefit period
- \$137.50 per day for days 21–100 each benefit period
- All costs for each day after day 100 in a benefit period
- These amounts will change for 2011.

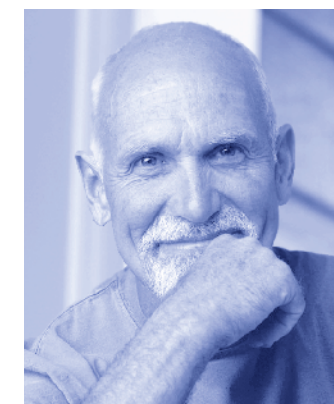
Home Health Care

In 2010, the amounts you paid were:

- \$0 for medically necessary home health care services
- 20% of the Medicare-approved amount for durable medical equipment (Part B deductible applies)
- These amounts will change for 2011.

Annual deductible

is the amount you pay each year before your health plan begins to pay for covered medical costs.



Copays and Coinsurance

are both forms of cost sharing between you and your health plan. A copay is a fixed dollar amount you pay as your share of a medical cost. Coinsurance is a percentage amount you pay as your share of a medical cost.

Part B: Doctors and Other Providers

- Helps pay for doctors' services, outpatient hospital care, physical and occupational therapy and home health care
- Your premium is deducted from your Social Security or Railroad Retirement Board (RRB) benefits
- There are deductibles, coinsurance and copays you must pay
- Private health plans offer insurance to add to the basic coverage Medicare provides
- Most people pay a \$110.50 monthly Part B premium*

Part B Deductible

In 2010, you paid the first \$155 yearly for Part B-covered services or items (this amount will change for 2011)

Medical Services

You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you are a hospital inpatient), outpatient therapy, most preventive services and durable medical equipment

* If you have questions about your Part B premium, call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Part C: Medicare Advantage Plans

- Part C gives you the option to choose a Medicare Advantage (MA) plan, in which you assign your Medicare Parts A and B benefits to a private health plan, which administers your benefits on behalf of Medicare
- Alternatively, there are other options that work with your Medicare coverage such as Medicare Cost Plans like Medica Prime Solution

Part D: Prescription Drugs

- Helps pay the cost of prescription drugs that are on the health plan's Part D formulary
- You must choose whether or not to enroll in Part D; there are penalties for late enrollment
- There is an additional monthly premium for this coverage
- Private health plans offer this coverage under contract with Medicare

Medica Prime Solution Plan Options

As a Medicare beneficiary, you can choose from different Medicare options. One option is Original Medicare. Another option is a Medicare Cost Plan like Medica Prime Solution that provides coverage in addition to your Original Medicare benefits.

Medica Prime Solution offers a plan that will fit your needs.

With four plan options, Medica Prime Solution provides coverage for:

- Preventive services like annual exams, vaccines and important screening tests
- Office visits when you are ill, including urgent care, chiropractic and rehabilitation services
- Inpatient and outpatient hospital services, skilled nursing facility care and emergency care
- Medicare Part D prescription drugs (with rider)
- Medical supplies like prosthetic devices and diabetes supplies
- Vision and hearing

Use the easy-to-understand charts on pages 10–23 to compare the benefits of the four Medica Prime Solution plans.

Or call the Center for Healthy Aging to learn more:

1-800-906-5432

(TTY users please call the National Relay Center at **1-800-855-2880**)

8 a.m. to 8 p.m., CST, 7 days a week

Please note that access to a representative is limited on weekends/holidays during certain times of the year.

Or visit us at www.medica.com.

Tip

The Medica Center for Healthy Aging is dedicated to supporting our Medicare members. Our experts can answer your questions, work with you to find a plan that fits your needs and help you get the most from your coverage.



Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Premium	\$29.00	\$50.00	\$74.00	\$122.00
Preventive Services*				
Physical Exam/Annual Wellness Exam	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine exam every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine exam every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine exam every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine exam every year.
Immunizations	In-Network <ul style="list-style-type: none"> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. 	In-Network <ul style="list-style-type: none"> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. 	In-Network <ul style="list-style-type: none"> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. 	In-Network <ul style="list-style-type: none"> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
Colorectal Screening Exam	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of 20% of the cost may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$20 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$10 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered colorectal screenings.
Bone Mass Measurement	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of 20% of the cost may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of \$20 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of \$10 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered bone mass measurement.
Mammograms	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered screening mammograms. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered screening mammograms. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered screening mammograms. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered screening mammograms.
Pap Smears and Pelvic Exams	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Pap smears and pelvic exams. Separate Office Visit cost sharing of 20% of the cost may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Pap smears and pelvic exams. <ul style="list-style-type: none"> - up to 1 additional Pap smear(s) and pelvic exam(s) every year. Separate Office Visit cost sharing of \$20 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Pap smears and pelvic exams. <ul style="list-style-type: none"> - up to 1 additional Pap smear(s) and pelvic exam(s) every year. Separate Office Visit cost sharing of \$10 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Pap smears and pelvic exams. <ul style="list-style-type: none"> - up to 1 additional Pap smear(s) and pelvic exam(s) every year.

*There is no copay for many of these Preventive Services. If you are treated or monitored for an existing medical condition during one of these visits, a Separate Office Visit cost sharing may apply.

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Preventive Services* (continued)				
Prostate Cancer Screening Exams	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of 20% of the cost may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of \$20 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of \$10 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered prostate cancer screening.
Diabetes Screening	In-Network <ul style="list-style-type: none"> 0–20% coinsurance. 	In-Network <ul style="list-style-type: none"> 0–20% coinsurance. 	In-Network <ul style="list-style-type: none"> 0–20% coinsurance. 	In-Network <ul style="list-style-type: none"> 0–20% coinsurance.
Routine Eye Exams	Not Covered	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine eye exam every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine eye exam every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine eye exam every year.
Routine Hearing Tests	Not Covered	In-Network <ul style="list-style-type: none"> \$20 copay for 1 routine hearing test every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine hearing test every year. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine hearing test every year.
Office Visits				
Doctor Office Visits	In-Network <ul style="list-style-type: none"> 20% of the cost for each primary care doctor visit for Medicare-covered benefits. 20% of the cost for each specialist visit for Medicare-covered benefits. 	In-Network <ul style="list-style-type: none"> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$20 copay for each specialist visit for Medicare-covered benefits. 	In-Network <ul style="list-style-type: none"> \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$10 copay for each specialist visit for Medicare-covered benefits. 	In-Network <ul style="list-style-type: none"> \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist visit for Medicare-covered benefits.
Urgent Care	In-Network <ul style="list-style-type: none"> 20% of the cost for each in-area, network urgent care Medicare-covered visit in a clinic. 	In-Network <ul style="list-style-type: none"> \$20 copay for each in-area, network urgent care Medicare-covered visit in a clinic. 	In-Network <ul style="list-style-type: none"> \$10 copay for each in-area, network urgent care Medicare-covered visit in a clinic. 	In-Network <ul style="list-style-type: none"> \$0 copay for each in-area, network urgent care Medicare-covered visit in a clinic.
Diagnostic Tests, Lab Services, X-ray and Radiology Services	In-Network <ul style="list-style-type: none"> 0% of the cost for Medicare-covered lab services. 0–20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> 0% of the cost for Medicare-covered lab services. 0–10% of the cost for Medicare-covered diagnostic procedures and tests. 10% of the cost for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered lab services. \$0–\$10 copay for Medicare-covered diagnostic procedures and tests. \$10 copay for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered: <ul style="list-style-type: none"> lab services. diagnostic procedures and tests. X-rays. diagnostic radiology services. therapeutic radiology services.

*There is no copay for many of these Preventive Services. If you are treated or monitored for an existing medical condition during one of these visits, a Separate Office Visit cost sharing may apply.

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Office Visits (continued)				
Chiropractic Services	In-Network <ul style="list-style-type: none"> 20% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	In-Network <ul style="list-style-type: none"> \$20 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	In-Network <ul style="list-style-type: none"> \$10 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered chiropractic visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
Mental Health Care	In-Network <ul style="list-style-type: none"> 20% of the cost for each Medicare-covered individual or group therapy visit. 	In-Network <ul style="list-style-type: none"> \$20 copay for each Medicare-covered individual or group therapy visit. 	In-Network <ul style="list-style-type: none"> \$10 copay for each Medicare-covered individual or group therapy visit. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered individual or group therapy visits.
Rehabilitation Services (Clinic-Based): Physical, Occupational, Speech and Language Therapies**	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
Podiatry Services	In-Network <ul style="list-style-type: none"> 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. 	In-Network <ul style="list-style-type: none"> \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. 	In-Network <ul style="list-style-type: none"> \$10 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically necessary foot care.
Substance Abuse Care	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered individual or group visits. 	In-Network <ul style="list-style-type: none"> \$20 copay for Medicare-covered individual or group visits. 	In-Network <ul style="list-style-type: none"> \$10 copay for Medicare-covered individual or group visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered individual or group therapy visits.

**Subject to annual Medicare cap.

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Medical Services and Supplies				
Durable Medical Equipment	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered items.
Prosthetic Devices	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered items. 	In-Network <ul style="list-style-type: none"> 0% of the cost for Medicare-covered items.
Diabetes Self-Monitoring Training, Nutrition Therapy and Testing Supplies	In-Network <ul style="list-style-type: none"> 20% of the cost for Diabetes testing supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. Separate Office Visit cost sharing of 20% of the cost may apply. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Diabetes testing supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. Separate Office Visit cost sharing of \$20 copay may apply. 	In-Network <ul style="list-style-type: none"> 20% of the cost for Diabetes testing supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. Separate Office Visit cost sharing of \$10 copay may apply. 	In-Network <ul style="list-style-type: none"> \$0 copay for Diabetes testing supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes.
Outpatient Services				
Hospital Services (Including Surgical Center Visits)	In-Network <ul style="list-style-type: none"> 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit. 	In-Network <ul style="list-style-type: none"> \$125 copay for each Medicare-covered ambulatory surgical center visit. \$125 copay for each Medicare-covered outpatient hospital facility visit. 	In-Network <ul style="list-style-type: none"> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit. 	In-Network <ul style="list-style-type: none"> \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.
Diagnostic Tests, Lab Services, X-ray and Radiology Services	In-Network <ul style="list-style-type: none"> 0% of the cost for Medicare-covered lab services. 0–20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> 0% of the cost for Medicare-covered lab services. 0–10% of the cost for Medicare-covered diagnostic procedures and tests. 10% of the cost for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered lab services. \$0–\$10 copay for Medicare-covered diagnostic procedures and tests. \$10 copay for Medicare-covered: <ul style="list-style-type: none"> X-rays. diagnostic radiology services. therapeutic radiology services. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered: <ul style="list-style-type: none"> lab services. diagnostic procedures and tests. X-rays. diagnostic radiology services. therapeutic radiology services.

Plan Information

Plan Information

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Outpatient Services (continued)				
Rehabilitation Services (Hospital-Based): Physical, Occupational, Speech and Language Therapies	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
Inpatient Services				
Hospital Care (Includes Substance Abuse and Rehabilitation)	In-Network <ul style="list-style-type: none"> \$600 copay for each Medicare-covered hospital stay. Plan covers 90 days each benefit period.*** 	In-Network <ul style="list-style-type: none"> \$300 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period.*** 	In-Network <ul style="list-style-type: none"> \$100 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period.*** 	In-Network <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. No limit to the number of days covered by the plan each benefit period.***
Mental Health Care	In-Network <ul style="list-style-type: none"> \$600 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. 	In-Network <ul style="list-style-type: none"> \$300 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. 	In-Network <ul style="list-style-type: none"> \$100 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period.*** Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. 	In-Network <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.

***A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without inpatient hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Inpatient Services (continued)				
Skilled Nursing Facility	In-Network <ul style="list-style-type: none"> For Medicare-covered Skilled Nursing Facility stays: <ul style="list-style-type: none"> Days 1–20: \$0 per day. Days 21–100: \$137.50 per day. Plan covers up to 100 days each benefit period.*** 	In-Network <ul style="list-style-type: none"> For Medicare-covered Skilled Nursing Facility stays: <ul style="list-style-type: none"> Days 1–20: \$0 copay per day. Days 21–100: \$80 copay per day. Plan covers up to 100 days each benefit period.*** 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Skilled Nursing Facility stays. Plan covers up to 100 days each benefit period.*** 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered Skilled Nursing Facility stays. Plan covers up to 100 days each benefit period.***
Emergency Services				
Ambulance Services	In-Network <ul style="list-style-type: none"> 20% of the cost for Medicare-covered ambulance benefits. 	In-Network <ul style="list-style-type: none"> \$50 copay for Medicare-covered ambulance benefits. 	In-Network <ul style="list-style-type: none"> \$25 copay for Medicare-covered ambulance benefits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered ambulance benefits.
Emergency Care	General <ul style="list-style-type: none"> \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. 	In-Network <ul style="list-style-type: none"> \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. 	General <ul style="list-style-type: none"> \$50 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit. Worldwide coverage. 	General <ul style="list-style-type: none"> \$0 copay for Medicare-covered emergency room visits. Worldwide coverage.
Vision Services				
Eye Exams	In-Network <ul style="list-style-type: none"> 20% of the cost for exams to diagnose and treat diseases and conditions of the eye. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine eye exam every year. \$20 copay for exams to diagnose and treat diseases and conditions of the eye. 	In-Network <ul style="list-style-type: none"> \$0 copay for up to 1 routine eye exam every year. \$10 copay for exams to diagnose and treat diseases and conditions of the eye. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine eye exam every year. \$0 copay for diagnosis and treatment for diseases and conditions of the eye.
Eyewear	In-Network <ul style="list-style-type: none"> 20% of the cost for one pair of standard Medicare-covered eyeglasses or contact lenses after cataract surgery. 	In-Network <ul style="list-style-type: none"> \$50 copay for one pair of standard Medicare-covered eyeglasses or contact lenses after cataract surgery. 	In-Network <ul style="list-style-type: none"> \$30 copay for one pair of standard Medicare-covered eyeglasses or contact lenses after cataract surgery. Medica provides up to \$125 for eyewear (glasses and contact lenses) every 2 years. 	In-Network <ul style="list-style-type: none"> \$30 copay for one pair of standard Medicare-covered eyeglasses or contact lenses after cataract surgery. Medica provides up to \$125 for eyewear (glasses and contact lenses) every 2 years.

***A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without inpatient hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Plan Comparison Tool

	Value Thrift	Value Plus	Basic	Enhanced
Hearing Services				
Hearing Exams	In-Network <ul style="list-style-type: none"> In general, routine hearing exams are not covered. 20% of the cost for Medicare-covered diagnostic hearing exams. 	In-Network <ul style="list-style-type: none"> \$20 copay for 1 routine hearing test every year. \$20 copay for Medicare-covered diagnostic hearing exams. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine hearing test every year. \$0 copay for 1 fitting/evaluation for a hearing aid every year. \$10 copay for Medicare-covered diagnostic hearing exams. 	In-Network <ul style="list-style-type: none"> \$0 copay for 1 routine hearing test every year. \$0 copay for 1 fitting/evaluation for a hearing aid every year. \$0 copay for Medicare-covered diagnostic hearing exams.
Hearing Aids	In-Network <ul style="list-style-type: none"> In general, hearing aids are not covered. 	In-Network <ul style="list-style-type: none"> In general, hearing aids are not covered. 	In-Network <ul style="list-style-type: none"> Medica provides up to \$450 for hearing aid fitting/evaluation and hearing aids every year. 	In-Network <ul style="list-style-type: none"> Medica provides up to \$450 for hearing aid fitting/evaluation and hearing aids every year.
Home Health Services				
Home Health Care	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered home health visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered home health visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered home health visits. 	In-Network <ul style="list-style-type: none"> \$0 copay for Medicare-covered home health visits.

Plan Information

Plan Information

Part D Riders

With a Medica Prime Solution plan you have the option to purchase a rider that provides Medicare Part D prescription drug coverage. The premium for the Part D rider is in addition to the Prime Solution Cost Plan premium.

Value Thrift Plan

If you have the Prime Solution Value Thrift plan, there is one Part D rider option:

	Option 1 with Rx
Premium	\$32.50
Deductible	\$185 deductible
Level One Shared Drug Costs \$0 to \$2,840	\$10 Generic \$34 Preferred Brand \$74 Non-Preferred Brand 25% Specialty
Level Two Member Only Drug Costs Up to \$4,550	93% for Generic 100% for Brand Drug Costs
Level Three Shared Drug Costs \$4,550 and up	\$2.50 or 5% Generic \$6.30 or 5% of Other Drug Costs

Value Plus Plan

If you have the Prime Solution Value Plus plan, there are two Part D rider options:

	Option 1 Thrift Rx*	Option 2 Standard Rx
Premium	\$39.50	\$48.30
Deductible	\$180 Deductible	No Deductible
Level One Shared Drug Costs \$0 to \$2,840	\$10 Preferred Generic \$34 Non-Preferred Generic and Preferred Brand 25% Specialty	\$10 Generic \$34 Preferred Brand \$74 Non-Preferred Brand 25% Specialty
Level Two Member Only Drug Costs Up to \$4,550	93% for Generic 100% for Brand Drug Costs	93% for Generic 100% for Brand Drug Costs
Level Three Shared Drug Costs \$4,550 and up	\$2.50 or 5% Generic \$6.30 or 5% of Other Drug Costs	\$2.50 or 5% Generic \$6.30 or 5% of Other Drug Costs

*The Thrift Rx plan has a more limited formulary than the Value Thrift with Rx, Standard Rx or Enhanced Rx plans.

Basic or Enhanced Plans

If you have either the Prime Solution Basic or Prime Solution Enhanced plan, there are three Part D rider options:

	Option 1 Thrift Rx*	Option 2 Standard Rx	Option 3 Enhanced Rx
Premium	\$39.50	\$48.30	\$101.20 (MN with Basic medical plan) \$101.30 (MN with Enhanced medical plan) \$101.30 (ND,SD,WI with Basic or Enhanced medical plan)
Deductible	\$180 Deductible	No Deductible	No Deductible
Level One Shared Drug Costs \$0 to \$2,840	\$10 Preferred Generic \$34 Non-Preferred Generic and Preferred Brand 25% Specialty	\$10 Generic \$34 Preferred Brand \$74 Non-Preferred Brand 25% Specialty	\$10 Generic \$34 Preferred Brand \$74 Non-Preferred Brand 25% Specialty
Level Two Member Only Drug Costs Up to \$4,550	93% for Generic 100% for Brand Drug Costs	93% for Generic 100% for Brand Drug Costs	\$10 Generic 100% of Other Drug Costs
Level Three Shared Drug Costs \$4,550 and up	\$2.50 or 5% Generic \$6.30 or 5% Other Drug Costs	\$2.50 or 5% Generic \$6.30 or 5% Other Drug Costs	\$2.50 or 5% Generic \$6.30 or 5% Other Drug Costs

*The Thrift Rx plan has a more limited formulary than the Value Thrift with Rx, Standard Rx or Enhanced Rx plans.

A Prime Solution Part D rider provides convenient access to prescriptions through retail or mail order

In addition to our large retail pharmacy network—over 60,000 pharmacies nationwide—we offer you prescription medication delivery straight to your mailbox, anywhere in the U.S.:

- Save on copays by ordering up to a three-month supply of eligible prescriptions through mail order and make **only two copays** instead of the three you would normally pay.
- Enjoy easy ordering by phone, Internet, fax or mail. (First-time prescriptions require the original doctor's signed order or a fax from the doctor's office.)
- Choose from two trusted Mail Order preferred pharmacies, BioScrip and Walgreens Mail Service.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.

A Drug Formulary

is a list of drugs that your health plan will cover. Some formularies are “tiered,” which means that covered drugs are divided into groups, or “tiers,” with a specified copay amount associated with each tier. For example, drugs that fall into the “Generic” tier often have a lower copay amount than drugs in other tiers.

Part D Information

What are the three levels of Part D coverage?

- Level One—you and Medica share drug costs from \$0 to \$2,840.
- Level Two—once you reach \$2,840 in total drug costs you are responsible for drug costs up to \$4,550.
- Level Three—you and Medica share drug costs from \$4,550 and up.

What is the value of having Medica’s Part D Prescription Drug Coverage?

In most cases, you will pay only a copay for your prescription drugs and you have an annual out-of-pocket limit on your prescription expenses.

What prescription drugs are covered by Medica’s Part D plan?

When you join a Medica Prime Solution plan with a Part D Rider, we send you a formulary that lists all covered drugs; you can also review that information online at www.medica.com/medicareformularies. Or you can call Customer Service to request that a printed formulary be sent to you at **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**).

What if a drug I take is not covered by the Medica formulary or has coverage restrictions?

As a Medica plan member, you can submit an exception request to have your drug covered or coverage restrictions waived. You need to include a statement from your physician supporting your request. Generally, Medica must make a decision within 72 hours of receiving your prescribing physician’s supporting statement although you can request an expedited exception.

If a drug you take is removed from the Medica formulary, or if prior authorization, quantity limits and/or step therapy restrictions are added, Medica must notify you of the change at least 60 days before the change becomes effective, or when you request a refill of the drug, (at which time you would receive a 60-day supply of the drug).

Where can I get my prescriptions with your plan?

You can use any pharmacy that is currently part of the extensive Medica Prime Solution network. For a Pharmacy Directory, visit www.medica.com or call Customer Service, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year.

What if I go to a pharmacy not in your network?

We may not pay for your prescriptions if you use a pharmacy outside of our network, except in certain cases. Call Customer service for more information, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week.

How can I get more information about your Part D Prescription Drug plan?

Call Customer Service, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year. Or visit us at www.medica.com.

Can I get Extra Help with my prescription drug costs?

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.

How can I get more information about Medicare and the Part D Prescription Drug program?

Call **1-800-MEDICARE (1-800-633-4227)**; TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week. Or visit www.medicare.gov.



Additional Riders

Rider	Premium	
Medica SeniorDental®*	\$38.00 per month	<ul style="list-style-type: none"> Preventive care coverage 20% copay for fillings 50% copay for gum disease treatment, root canal treatment, oral surgery, bridges, dentures and crowns (some limitations may apply)

* The Medica SeniorDental plan is available only in Minnesota with Medica Prime Solution Value Plus, Basic or Enhanced. There is a \$1,000 maximum benefit per year and treatment must be provided by a Medica SeniorDental dentist.

Rider	Premium	
Wisconsin Rider (available only in Wisconsin)	\$29.00 per month	<ul style="list-style-type: none"> Coverage for certain 20% coinsurance amounts not covered under the plan 30 days of Skilled Nursing Care not covered by Medicare Up to \$30,000 of coverage for dialysis and transplantation services for kidney disease not covered by Medicare Up to 365 days of home care visits under certain circumstances
<ul style="list-style-type: none"> Available to Medica Prime Solution Enhanced members 		

Questions & Answers

1. Who is eligible to join Medica Prime Solution?

You are eligible to join our plan if you are enrolled in Medicare Parts A and B or in Part B only and live in the service area (Minnesota and parts of North Dakota, South Dakota and Wisconsin—see county listings on page 2). However, individuals with End-Stage Renal Disease (ESRD) generally are not eligible to enroll in Medica Prime Solution unless they are already members of our organization and have been since their dialysis began.

2. Can I choose my doctors with your plan?

You can use any provider who is currently part of the extensive Medica Prime Solution network of doctors, specialists and hospitals. For a Provider Directory, visit www.medica.com/C11/FindADoctor/default.aspx or call Customer Service, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year.

3. What if I go to a doctor not in your network?

We may not pay for the services you receive outside of our network, but Medicare still pays its share of approved charges. You are responsible for your Medicare Part B deductible and coinsurance payments. If you have activated your Extended Absence Option then services out-of-network are covered by your Prime Solution plan. Emergency Room care is also covered out-of-network anywhere in the U.S., and if you have either the Value Plus, Basic or Enhanced plan it is covered anywhere in the world (copays may apply).

4. What if I travel or spend part of the year outside the plan's service area—am I covered?

Our Extended Absence Option allows you to use your Medica Prime Solution benefits for up to nine consecutive months at a time when you are outside the service area and must receive medical care outside of our provider network (see page 5 for more information).

5. Do you cover glasses and contacts?

Our Basic and Enhanced plans provide up to \$125 for eyewear every two years.

6. Do you cover hearing aids?

Our Basic and Enhanced plans provide up to \$450 for evaluation, fitting and hearing aids each year.

7. Does Medica Prime Solution include a health club benefit?

We provide fitness center memberships at no additional cost to you through the SilverSneakers® Fitness Program. Visit www.silversneakers.com to locate participating facilities nationwide.

8. Do the Medica Prime Solution plans offer dental coverage?

Our Medica SeniorDental plan is available in Minnesota with Medica Prime Solution Value Plus, Basic or Enhanced. See page 28 for more information.

9. Where can I get my prescriptions with your plan?

You can use any pharmacy that is currently part of the extensive Medica Prime Solution network. For a Pharmacy Directory, visit www.medica.com or call Customer Service, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year.

10. What if I go to a pharmacy not in your network?

We may not pay for your prescriptions if you use a pharmacy outside of our network, except in certain cases. Call Customer service for more information, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week.

11. Can I get Extra Help with my prescription drug costs?

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;

- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or

- Your State Medicaid Office.

12. How can I get more information about Medicare and the Part D Prescription Drug program?

Call **1-800-MEDICARE (1-800-633-4227)**; TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week. Or visit www.medicare.gov.

13. How can I get more information about Medica and the plans they offer?

Call Customer Service, **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year. Or visit us at www.medica.com.

Medica Insurance Company - H2450**Medicare Health Plan Ratings**

The Medicare Program rates how well Medicare plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). The information provided below is a summary rating of our plan's overall performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance, please contact us at **1-952-992-2345** or **1-800-906-5432** (TTY users please call the National Relay Center at **1-800-855-2880**), 8 a.m. to 8 p.m., CST, 7 days a week, or you may visit www.medicare.gov.

Below is a summary of how our plan rated in quality and performance.

The number of stars show how well our plans perform.

- ★★★★★ excellent
- ★★★★ very good
- ★★★ good
- ★★ fair
- ★ poor

Medica Insurance Company - H2450**Summary Rating of Health Plan Quality**

★★★★ 4 stars

This summary rating gives an overall score on the health plan's quality and performance on 33 different topics in 5 categories:

- **Staying healthy: screenings, tests and vaccines.** Includes how often members got various screening tests, vaccines and other check-ups that help them stay healthy.
- **Managing chronic (long-term) conditions.** Includes how often members with different conditions got certain tests and treatments that help them manage their condition.
- **Ratings of health plan responsiveness and care.** Includes ratings of member satisfactions with the plan.
- **Health Plan member complaints, appeals and choosing to leave the health plan.** Includes how often members have made complaints against the plan and how often members choose to leave the plan.
- **Health plan telephone customer service.** Includes how well the plan handles member calls.

Next Steps

HOW TO ENROLL

If you are ready to enroll in a Medica Prime Solution® plan, here is an easy guide to help you.

1. Review the contents of this booklet and the relevant Summary of Benefits to help you choose the plan that best meets your needs.
2. Complete the Enrollment Application for Medica Prime Solution and:

Verify your Medicare eligibility by selecting one of the options on the Enrollment Application for providing this information.

Select one of the following Medica Prime Solution plans:

- Value Thrift
- Value Plus
- Basic
- Enhanced

Select an optional Part D prescription drug rider if you want Medicare Prescription Drug coverage:

- For the Value Thrift Medica Prime Solution plan:
 - With Rx
- For the Value Plus Medica Prime Solution plan:
 - Thrift Rx
 - OR
 - Basic Rx
- For the Basic or Enhanced Medica Prime Solution plan:
 - Thrift Rx
 - OR
 - Basic Rx
 - OR
 - Enhanced Rx

Fill in all other required information on the form.

3. Be sure to sign and date your Enrollment Application.
4. If you are a Minnesota resident and decide you want dental coverage, complete the Medica SeniorDental® Enrollment Form. Dental coverage is not available with the Medica Prime Solution Value Thrift plan.

5. If you are a Wisconsin resident and have selected the Medica Prime Solution Enhanced plan, decide if you want to add the Wisconsin Rider and complete the Wisconsin Rider Application Form.
6. Enclose all your completed applications/forms in the return envelope provided with your materials.

Send to: Medica Medicare Solutions OR Fax to: **1-800-865-9475**
P.O. Box 6300
Eau Claire, WI 54702-9713

7. Call Medica with your questions. We look forward to hearing from you!

Medica's Center for Healthy AgingSM

8 a.m. to 8 p.m., CST, 7 days a week. Please note that access to a representative is limited on weekends/holidays during certain times of the year.

Telephone: **1-952-992-2345**
1-800-906-5432

TTY Telephone: **Please call the National Relay Center at 1-800-855-2880**

Also, visit us on the Web at www.medica.com.

Members may enroll in the plan only during specific times of the year. Contact the Medica Prime Solution Cost Plan for more information.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

Limitations, copays and restrictions may apply.

Benefits, formulary, pharmacy network, premiums and/or copays/coinsurance may change on January 1, 2012.

MEDICA®

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A Health plan with a Medicare contract.

Medicare-eligible beneficiaries must reside within the Medica Prime Solution service area and be enrolled in Medicare Parts A and B or in Part B only to apply. You must continue to pay your Medicare Part B premium. Generally, you must not have End-Stage Renal Disease at the time of application. Beneficiaries must use Medica network providers to receive their highest level of benefits, unless they activate their Extended Absence Option.

Premiums, benefits and cost sharing amounts can change on a yearly basis effective January 1st for the following year.

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