



**Option 1
Group # 70506
(includes Part D)**

**Option 2
Group # 70555
(without Part D)**

**Option 3
Group # 70623
(includes Part D)**

Effective 1/1/2012 - 12/31/2012

\$255 per member per month

\$95 per member per month

\$135 per member per month

Eligibility

Must be enrolled in Medicare Parts A & B, or Part B only*

Must continue to pay Medicare Part B premium

Must reside within the Medica Prime Solution service area in MN, SD, WI, and ND

Must not have End Stage Renal Disease (ESRD) unless currently enrolled in a Medica commercial plan

Provider Network

Open access to all participating Medica providers

Includes counties in MN, SD, WI, ND

No referrals necessary if using Medica contracted providers or Extended Absence Option is activated

Deductible

None

Prescription Drug Coverage

Medica Part D Rx Formulary required, 31-day supply, Open Formulary

Up to:
\$10 Generic Copay
\$25 Pref. Brand Copay
\$50 non-Pref. Brand Copay
\$75 Specialty Copay
with coverage for Medicare excluded drugs
NO Coverage Gap

No Rx Coverage

Up to:
\$10 Generic Copay
\$34 Pref. Brand Copay
\$74 non-Pref. Brand Copay
25% Specialty Coinsurance
with coverage for Medicare excluded drugs
(see page 3)

Mail Order Prescription Program

2 Copayments for 93-day supply

Not Applicable

2 Copayments for 93-day supply

Preventive Health Care

Including annual physical, cancer screenings, eye exam, and immunizations

100% Coverage

Doctor Visits

Illness, injury, diagnosed conditions, chiropractic care, medically necessary & routine podiatry visits in the clinic, home, skilled nursing facility or after hours clinic

\$15 Copay

Urgently Needed Care

outside of the service area

\$15 Copay

Emergency Care

(worldwide coverage)

\$65 Copay
(waived if admitted within 24 hours)

Emergency Ambulance Services

\$75 Copay

Outpatient Services

\$50 Copay

Inpatient Hospital Care

\$100 Copay



**Option 1
Group # 70506
(includes Part D)**

**Option 2
Group # 70555
(without Part D)**

**Option 3
Group # 70623
(includes Part D)**

Effective 1/1/2012 - 12/31/2012

\$255 per member per month

\$95 per member per month

\$135 per member per month

Durable Medical Equipment

10% Coinsurance

Medicare Part B Drugs

Including, but not limited to:
eligible oral anti-cancer,
immunosuppressive, osteoporosis, or
other injectable drugs

10% Coinsurance

Eyewear

Medica pays \$150 annually
Member pays all remaining charges

Hearing Aids or Services

Medica pays \$500 annually
Member pays all remaining charges

Out-of-Pocket Maximum per
Calendar Year

\$1,000 includes only medical
Copays
\$1,000 includes only Part D
Copays

\$2,000 includes all medical copayments & coinsurance

Lifetime Maximum

Unlimited

SilverSneakers®
Fitness Program



Medica pays for annual membership at participating
health clubs within the network

Extended Absence

Member must call Medica to activate this option. Coverage includes routine, non-emergency
coverage outside the service area, but within the United States.
Coverage for up to 9 consecutive months

CallLink Nurse Line

Includes 24-hour telephone nurse assistance and
medical research library

www.Medica.com

Includes Internet access to Medica information, departments,
Rx Formulary, provider network

Medica Customer
Service Phone Numbers

952-992-2330 or 1-800-575-2330
(TTY callers, please call the National Relay Center
at 1-800-855-2880 and ask for 1-800-234-8755)

Medica Customer
Service Hours

8 AM to 8 PM, CST, seven days a week. Please note access to a representative is
limited on the weekends/holidays and during certain times of the year

2011 service area counties include: MINNESOTA - All Counties; NORTH DAKOTA - 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 - 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 - Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St Croix, Washburn.

* If enrolled in Medicare Part B only, there is no coverage for Medicare Part A services. This is a brief summary of benefits. The Evidence of Coverage issued by Medica will govern in all cases. Not all covered services, exclusions, and limitations are shown here. Please refer to the Evidence of Coverage for a more complete description of coverage.