



Medica Prime Solution Fact Sheet

Overview





The Medica Prime Solution® product is governed primarily by Centers for Medicare and Medicaid Services (CMS) rules and regulations. This is a Medicare Cost product that utilizes a subset of the Medica Choice® provider network. While enrolled, members retain their Medicare benefits, although Medica is the primary payer for in-network Part B services. For in-network Part A services, Medicare is the primary payer and Medica is the secondary payer.

Medicare is the primary payer for all services received from non-network providers. Members enrolled in Medica Prime Solution have very few out-of-network benefits unless they activate their extended absence option. On extended absence, Medica supplements Medicare’s payment to provide in-network benefit levels while the member travels. Otherwise, Medicare is the sole payer for services received from non-network providers.

ID Card Example for 2023-2024 - Individual Health Plans

 <p>Payer ID: 94265 ID: 999999901 Group: 70968 Name: JOHN Q 01702/00006/70968 Care Type: Medica Prime Solution Premier (Cost) SVC Type: Medical</p> <p style="text-align: right;">Rx BIN: 003858 Rx PCN: A4 Rx Group: 5MEDICA</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911. Medicare Part B Pharmacy Services Only</p> <p style="text-align: right;">CMS: Hxxxx-xxx</p>	<p style="text-align: right;">Visit Medica at www.Medica.com Card Issued: 08/04/23</p> <p>Customer Service: 1 (800) 234-8755 (TTY: 711) Pharmacists: 1 (800) 922-1557 Medical Providers: 1 (800) 458-5512 or www.Medica.com Health Advocate Nurseline: 1 (866) 668-6548 (TTY: 711)</p> <p>Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130 ESI Claims: Express Scripts, PO Box 14711, Lexington, KY 40512-4711</p>
 <p>Payer ID: 94265 ID: 999999901 Group: 70956 Name: JOHN Q 00180/00006/70956 Care Type: Medica Prime Solution Standard w/Rx (Cost) SVC Type: Medical, Part D Rx</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> <p>MedicareRx <small>Prescription Drug Coverage</small></p> <p>Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA</p> </div> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <p style="text-align: right;">CMS: Hxxxx-xxx</p>	<p style="text-align: right;">Visit Medica at www.Medica.com Card Issued: 08/04/23</p> <p>Customer Service: 1 (800) 234-8755 (TTY: 711) Pharmacists: 1 (800) 922-1557 Medical Providers: 1 (800) 458-5512 or www.Medica.com Health Advocate Nurseline: 1 (866) 668-6548 (TTY: 711)</p> <p>Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130 ESI Claims: Express Scripts, Attn: Medicare Part D PO Box 14718, Lexington, KY 40512-4718</p>

ID Card Example for 2023-2024- Employer Group Health Plans

 <p> Payer ID: 94265 ID: 999999901 Group: 70184 Name: JOHN Q 00180/00966/70184 Care Type: Medica Group Prime Solution w/Rx (COST) SVC Type: Medical, Part D </p> <p style="text-align: center;">  <small>Prescription Drug Coverage</small> </p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p> Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA </p> </div> <p style="text-align: center;">CMS: Hxxxx-xxx</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p>	<p style="text-align: right;">Card Issued: 08/04/23</p> <p>Visit Medica at www.Medica.com</p> <p> Customer Service: 1 (800) 575-2330 (TTY: 711) Pharmacists: 1 (800) 922-1557 Medical Providers: 1 (800) 458-5512 or www.Medica.com Health Advocate Nurseline: 1 (866) 668-6548 (TTY: 711) </p> <p> Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130 ESI Claims: Express Scripts, Attn: Medicare Part D PO Box 14718, Lexington, KY 40512-4718 </p>
 <p> Payer ID: 94265 ID: 999999901 Group: 70166 Name: JOHN Q 00367/00966/70166 Care Type: Medica Group Prime Solution w/Rx (COST) SVC Type: Medical, Part D </p> <p style="text-align: center;">  <small>Prescription Drug Coverage</small> </p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p> Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA </p> </div> <p style="text-align: center;">CMS: Hxxxx-xxx</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p>	<p style="text-align: right;">Card Issued: 08/04/23</p> <p>Visit Medica at www.Medica.com</p> <p> Customer Service: 1 (800) 575-2330 (TTY: 711) Pharmacists: 1 (800) 922-1557 Medical Providers: 1 (800) 458-5512 or www.Medica.com Health Advocate Nurseline: 1 (866) 668-6548 (TTY: 711) </p> <p> Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130 ESI Claims: Express Scripts, Attn: Medicare Part D PO Box 14718, Lexington, KY 40512-4718 </p> <p> Office of the Commissioner of Insurance: 1 (800) 236-8517 or 1 (608) 266-0103 </p>

Group Numbers

- Individual: 70007-70044, 70060-70999, 70200-70276, 70283-70299, 70460-70474, 70485-70499, 70922-70977
- Group: 70101-70197, 70503-70591, 70603-70692, 70801-70893

Plan Options

Individual Medica Prime Solution is offered through 8 plans that vary by coverage level and service area:

- Medica Prime Solution Thrift has coinsurance and copayments that closely match original Medicare.
 - Thrift w/Rx available in MN, ND, SD, WI and WY.
 - Thrift w/out Rx is available in MN, ND, SD, WI, IA, NE, KS, MO, OK, WY.
- Medica Prime Solution Basic also has coinsurance and copayments for some services – MN only.
 - Basic (no Rx), Basic w/Rx, and Basic w/Rx 2 are available in MN.
- Medica Prime Solution Enhanced has no copayments for primary care doctor office visits, cost-sharing for certain services, and has the highest member premium – MN only.
 - Enhanced (no Rx) and Enhanced w/Rx 2 are available in MN.
- Medica Prime Solution Standard is a zero-premium plan with copays and coinsurance. Available in MN, ND, SD, NE and WY. A version of Medica Prime Solution Standard is also available in WI.
 - Standard (no Rx) is available in MN, ND, SD, NE, WI and WY
 - Standard w/Rx is available in MN, ND, SD, and WY only
- Medica Prime Solution Core includes coinsurance and copayments for services. Prime Solution Core plans are available in IA, KS, MO, ND, NE, OK, SD and WY.
 - Core (no Rx) is available in IA, KS, MO, ND, NE, OK, SD and WY.

- Core w/Rx is available in ND and SD only.
- Medica Prime Solution Premier* has no cost-sharing for most services.
 - Premier w/Rx available in ND, and SD.
 - Premier w/out Rx available in IA, KS, MO, NE, OK and WY.
- Medica Prime Solution Focus includes coinsurance and copayments for services – WI only.
 - Focus (no Rx) and Focus w/Rx available in WI only.
- Medica Prime Solution Total has no copayments for primary care doctor office visits and cost-sharing for certain services – WI only.
 - Total (no Rx) and Total w/Rx available in WI only.
- (*Discontinued after 2021*) Medica Prime Solution Value includes coinsurance and copayments, but for a reasonable premium – MN only.

*Cost-sharing schedules for the Prime Solution Premier plan sold in ND, SD and WY are different than those sold in IA, KS, MO, NE and OK.

Employer Group (EGHP) retiree Prime Solution (Cost) plans are sold to employers offering retiree health benefits. A CMS contract ID will be in the lower right corner on the front of the member's ID card. The notation will be CMS: H2450-801. Plans vary by coverage level.

Providers and Service Area

- In-network provider inside OR outside of the service area
 - Part A services: Medicare is the primary payer, Medica is the secondary payer
 - Prime Solution members show both their Medicare and Medica card at time of service
 - Part B services: Medica is primary
 - Prime Solution members show just their Medica card at time of service
 - For members who receive services from a contracted provider, claims billed on a UB-04 should be directed to Medicare since they are primary. Medica will coordinate on all Medicare allowed charges. Claims billed on a CMS-1500 should be sent directly to Medica following the Claims Submission process noted below.
- Out-of-network provider inside the service area
 - Part A & B services: Medicare is the sole payer (members pay the Medicare deductibles and coinsurance). No Medica coverage unless exception criteria is met (examples: ER, urgent care, transplant, dialysis).
- Out-of-network provider outside the service area
 - Prime Solution members have out-of-network coverage that is similar to their in-network coverage when receiving services out of the Medica service area from a provider who accepts Medicare. Medicare is primary for all part A and B services received outside the service area. Medica will coordinate on all Medicare allowed charges under the Extended Absence Option (EAO) benefit.

Part D Coverage

With many plans, members have the option to purchase an optional rider which provides the following additional benefits for services performed by a participating provider or participating pharmacy:

Optional Medicare Part D coverage for Cost Individual plans 2024 (if applicable)

- Provide coverage for prescription drugs
- A Cost plan w/ Part D coverage will prominently display this logo on the front of the member's ID



- Some medical plans offer two different Part D coverage options – prescription drug benefits are not identical across plan types.
- Network pharmacies are designated as either Preferred or Standard, with Preferred Pharmacies offering lower copays for drugs in Tiers 1-3.
- Part D deductibles are usually waived on Tiers 1-2.
- Member's cost sharing amounts will vary depending on the plan:
 - **Part D "w/Rx" option** – each plan with this coverage option has a \$545 deductible. 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is \$5,030; then 25% of the price of brand name drugs and 25% of the price of generic drugs until year to date out of pocket cost (member's payments) reaches a total of \$8,000; then the member pays \$0 for the remainder of the year.
 - **Part D "w/Rx 2" option** – No deductible; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is \$5,030; then 25% of the price of brand name drugs and 25% of the price of generic drugs until year to date out of pocket cost (member's payments) reaches a total of \$8,000; then the member pays \$0 for the remainder of the year. Part D "w/Rx 2" is only available with Prime Solution Basic and Enhanced plans.

Wisconsin Rider

- Required to be offered by State of Wisconsin
- Only available to Medica Prime Solution Total members; 2024 cost \$39/month
- Provides additional coverage for home health care visits and skilled nursing facility stays

Specialty Networks

- Chiropractic: OptumHealthSM Care Solutions, Physical Health
- Behavioral Health: Medica Behavioral Health (MBH), administered by Optum
- Transplants: OptumHealthSM Complex Care Solutions
- Pharmacy: Express Scripts Part D Services

Claim Submission

- Medical claims: Payer ID 94265

[See details on claim submission and product guidelines.](#)

[See details on primary payer information for Medicare and Medicaid products.](#)