

Medica Prime Solution Fact Sheet

Overview

The Medica Prime Solution® product is governed primarily by Centers for Medicaid and Medicare 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 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.

2021 ID Card Examples- Cost Individual

<p>MEDICA® Payer ID: 94265 ID: 999999901 Group: 70960 Name: JOHN Q 20021/00006/70960 Care Type: Medica Prime Solution Thrift (Cost) SVC Type: Medical</p> <p>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>CMS: Hxxxx-xxx</p>	<p>Visit Medica at www.medica.com Card Issued: 10/02/20</p> <p>Customer Service: 800-234-8755 TTY: 711 Pharmacists: 800-922-1557 Medical Providers: 800-458-5512 or www.medica.com Health Advocate Nurseline: 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>MEDICA® 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> <p>MedicareRx Prescription Drug Coverage</p> <p>Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <p>CMS: Hxxxx-xxx</p>	<p>Visit Medica at www.medica.com Card Issued: 09/29/20</p> <p>Customer Service: 800-234-8755 TTY: 711 Pharmacists: 800-922-1557 Medical Providers: 800-458-5512 or www.medica.com Health Advocate Nurseline: 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>

2021 ID Card Examples- Cost Employer Group Health Plans

<p>MEDICA® Payer ID: 94265 ID: 999999901 Group: 70182 Name: JOHN Q 00180/00966/70182 Care Type: Prime Solution Group (COST) SVC Type: Medical, Part D</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <p>MedicareRx Prescription Drug Coverage Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA</p> <p>CMS: Hxxxx-xxxx</p>	<p>Card Issued: 09/29/20</p> <p>Visit Medica at www.medica.com</p> <p>Customer Service: 800-234-8755 TTY: 711 Pharmacists: 800-922-1557 Medical Providers: 800-458-5512 or www.medica.com Health Advocate Nurseline: 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>MEDICA® Payer ID: 94265 ID: 999999901 Group: 70166 Name: JOHN Q 00367/00966/70166 Care Type: Prime Solution Group (COST) SVC Type: Medical, Part D</p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <p>MedicareRx Prescription Drug Coverage Rx BIN: 003858 Rx PCN: MD Rx Group: 2MEDICA</p> <p>CMS: Hxxxx-xxxx</p>	<p>Card Issued: 09/29/20</p> <p>Visit Medica at www.medica.com</p> <p>Customer Service: 800-234-8755 TTY: 711 Pharmacists: 800-922-1557 Medical Providers: 800-458-5512 or www.medica.com Health Advocate Nurseline: 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: 800-236-8517 or 608-266-0103</p>

Group Numbers

- Individual: 70200-702XX, 704XX, 709XX
- Group: 70101-701XX, 70500-70699, 708XX

Plan Options

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

- Medica Prime Solution Thrift which has coinsurance and copayments that closely matches original Medicare
- Medica Prime Solution Value includes coinsurance and copayments, but for a reasonable premium – MN only.
- Medica Prime Solution Basic also has coinsurance and copayments for some services – MN only
- 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.
- Medica Prime Solution Standard is a zero-premium plan with copays and coinsurance – in all 21 Cost counties in MN, ND and SD.
- Medica Prime Solution Core* includes coinsurance and copayments for services – ND and SD only.
- Medica Prime Solution Premier* has no cost-sharing for most services – ND and SD only.
- Medica Prime Solution Focus includes coinsurance and copayments for services – WI only.
- Medica Prime Solution Total has no copayments for primary care doctor office visits and cost-sharing for certain services– WI only.

- Medica Prime Solution Core* includes coinsurance and copayments for services – IA only.
- Medica Prime Solution Premier* has no cost-sharing for most services – IA only.
- Medica Prime Solution Core* includes coinsurance and copayments for services – NE only.
- Medica Prime Solution Premier* has no cost-sharing for most services – NE only.
- Medica Prime Solution Core* includes coinsurance and copayments for services – KS only.
- Medica Prime Solution Premier* has no cost-sharing for most services – KS only.

*The Prime Solution Core and Premier plans in ND and SD are distinct from the Prime Solution Core and Premier plans in IA, NE and KS. Cost-sharing schedules in ND and SD are different than those sold in IA, NE and KS.

Employer Group (EGHP) retiree Prime Solution (Cost) plans are sold to employers offering retiree health benefits. Look for the CMS contract ID 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:

- 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.
- For members of the EGHP Cost plan who receive services from a non-contracted provider who accepts Medicare and practices within the Cost plan service area, Original Medicare will apply. Medica will NOT coordinate benefits unless exception criteria is met (examples: ER, urgent care, transplant, dialysis).
- For members of an EGHP Cost plan 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.

Part D Coverage

With most 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:

- **Medicare Part D optional riders for Cost Individual plans 2021**
 - Provide coverage for prescription drugs
 - Some medical plans offer two different Part D rider 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.

- Prime Solution Standard is offering a Part D rider in MN and SD only (It is not available in ND).
- No Part D rider is available for Prime Solution Thrift, Core and Premier plans in IA, NE and KS.
- Member's cost sharing amounts will vary depending on the rider.
 - Part D w/Rx – each plan with this rider has a \$445 deductible. 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is \$4,130; 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 \$6,550; then the greater of 5% of the cost of the drug or (1) \$3.70 copay for generic drugs or (2) \$9.20 copay for brand drugs.
 - Part D w/Rx 2 – No deductible; 5-tier cost sharing with copayments and/or coinsurance until total drug cost year to date is \$4,130; 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 \$6,550; then the greater of 5% of the cost of the drug or (1) \$3.70 copay for generic drugs or (2) \$9.20 copay for brand drugs. 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
- Provides additional coverage for home health care visits and skilled nursing facility stays

Specialty Networks

- Chiropractic Network: OptumHealthSM Care Solutions, Physical Health
- Behavioral Health: Medica Behavioral HealthSM
- Transplants: OptumHealthSM Complex Care Solution
- Pharmacy: Express Scripts® effective 1/1/20 (if optional rider is purchased)

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](#)