

Medica Signature SolutionSM (Medicare Supplement) Fact Sheet

Overview

Medica's Medicare Supplement, called Medica Signature SolutionSM, is a Medicare Supplement or "Medigap" policy. Medicare has primary reimbursement responsibility for all inpatient and outpatient services. Medica reimburses the Medicare coinsurance and copayments, and in some instances, the Medicare deductibles. With Medica Signature Solution:

- Each state regulates the product and supplements Medicare coverage
- All Part A and Part B services are covered, but policyholder must use a Medicare-contracted provider in order for Medica to supplement Medicare benefits
- Plans provide coverage for state-mandated benefits

Plan Types

In Minnesota:

- Extended Basic (with or without Part B deductible coverage):
 - Coverage of Medicare Part A deductible
 - Plans are available with or without Medicare Part B deductible
- Basic Plan:
 - Optional coverage of Medicare Part A annual deductible
 - Optional coverage of Medicare Part B annual deductible
 - Optional coverage of Part B Excess Charges
 - Optional Non-Medicare preventive care coverage (up to \$120 annually)
- High Deductible Coverage (Plan HDF) o
 - Annual high deductible \$2,700 (2023)
 - Medicare Part A and Medicare Part B deductible covered after annual high deductible has been met
- \$20/\$50 Copayment Plan (Plan N)
 - Medicare Part A deductible covered
 - \$20 copay for office visits/\$50 copay for emergency care

In Iowa, Nebraska, North Dakota, South Dakota:


- Plan A
 - Coverage of Medicare Part A deductible
- Plan F
 - Coverage of Medicare Part A deductible
 - Coverage of Medicare Part B deductible
- Plan G
 - Coverage of Medicare Part A deductible
- Plan N
 - Coverage of Medicare Part A deductible
 - \$20 copay for office visits/\$50 copay for emergency care

Because claims will first be billed to Medicare, providers should follow the Centers for Medicare and Medicaid Services (CMS) claim submission policies. CMS will apply national and local coverage determinations (NCDs and LCDs).


ID Card Example for 2022-2023:

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|  <p> Payer ID: 94265 ID: 999999901 Group: 72240 Name: JOHN Q 00009/00137/72240 Care Type: Medicare Supplement Plan Name: Signature Solution \$20/\$50 Plan N SVC Type: Medical </p> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911. Bill Medicare Primary Medicare Limiting Charges Apply</p> | <p style="text-align: right;">Card Issued: 08/12/22</p> <p>Visit Medica at www.medica.com</p> <p> Customer Service: 952-992-2457 or 866-810-5032 TTY: 711 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 Medicare is your primary payor. You must use a provider who accepts Medicare assignment to receive supplemental coverage, except emergencies. </p> |
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ID Card Example for 2022:

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|  <p>MEDICARE SUPPLEMENT</p> <p> Insured: Morgan R Minnesota Policy #: 2301010001 Plan: Basic </p> <p>Contact us (toll-free) at 1-833-522-4877 or online at www.medica.com</p> | <p style="text-align: center;">IMPORTANT NOTICE</p> <p style="text-align: center;">Most claims submitted to Medicare are automatically forwarded to us electronically</p> <p> Customer Service: Medicare Supplement Administration PO Box 10819, Clearwater, FL 33757-8819 </p> <p> Claims Administration: Medicare Supplement Claims PO Box 10820, Clearwater, FL 33757-8820 </p> |
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ID Card Example for 2023:

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|  <p>MEDICARE SUPPLEMENT</p> <p> Insured: [REDACTED] Policy#: [REDACTED] Plan: Plan F </p> <p>Contact us (toll-free) at 1-833-522-4877 or online at www.medica.com</p> | <p style="text-align: center;">IMPORTANT NOTICE</p> <p style="text-align: center;">Most claims submitted to Medicare are automatically forwarded to us electronically</p> <p> Customer Service: Medicare Supplement Administration PO Box 10819, Clearwater, FL 33757-8819 </p> <p> Claims Administration: Medicare Supplement Claims PO Box 10820, Clearwater, FL 33757-8820 </p> |
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Provider Network and Payment

- Does not use a network. Members may see any provider that accepts Medicare.
- Claims are paid in coordination with Medicare.

Claim Submission

Since Medica is the secondary payer to Medicare, claims will be electronically routed to Medica through Medicare. In the rare event that a claim does not pass through the electronic Medicare process, use the following submission information.

For all policy/group numbers that begin with 72000-72999, claims should be sent to:

Medica
PO Box 30990
Salt Lake City, UT 84130
Electronic payer ID: 94265

For all policy numbers that begin with 230 and are 10 digits long, claims should be sent to:

Medicare Supplement Claims
PO Box 10820
Clearwater, FL 33757-8820