

**Medica Group Prime SolutionSM w/Rx (Cost)
Duluth Joint Powers Enterprise**

Summary of Benefits

January 1, 2024 – December 31, 2024



This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare Cost plan (such as **Medica Group Prime Solution w/Rx (Cost)**). You may have other options. You may be able to join or leave a plan only at certain times. Please call your Group Administrator or Medica to discuss your options.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Group Prime Solution w/Rx (Cost)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Medica Group Prime Solution w/Rx (Cost)**
- Monthly Premium, Deductible, and Maximums on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D Prescription Drug Benefits
- Additional Benefits and Services

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us toll-free at 1 (855) 844-6395 (TTY: 711).

Things to Know About Medica Group Prime Solution w/Rx (Cost)

Hours of Operation

- From Oct. 1 – March 31, you can call us from 8 a.m. – 8 p.m. CT, 7 days a week.
- From April 1 – Sept. 30, you can call us from 8 a.m. – 8 p.m. CT, Monday – Friday.

Medica Group Prime Solution w/Rx (Cost) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1 (800) 575-2330 (TTY: 711).
- If you are not a member of this plan, call toll-free 1 (855) 844-6395 (TTY: 711).
- Our website: Medica.com/Medicare

Who Can Join?

To join **Medica Group Prime Solution w/Rx (Cost)**, you must meet eligibility requirements established by the group plan administrator, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in:

Iowa: Adair, Adams, Allamakee, Audubon, Boone, Carroll, Cass, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Howard, Kossuth, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Palo Alto, Plymouth, Shelby, Sioux, Union, Winnebago, and Worth;

Kansas: Barber, Butler, Chase, Chautauqua, Coffey, Cowley, Elk, Graham, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewel, Kingman, Lincoln, Lyon, Marion, Mitchell, Morris, Norton, Osage, Ottawa, Phillips, Pottawatomie, Republic, Smith, Stafford, Wabaunsee, Washington, and Woodson;

Minnesota: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, and Yellow Medicine;

Missouri: Barry, McDonald, and Vernon;

Nebraska: Banner, Box Butte, Boyd, Brown, Burt, Cheyenne, Colfax, Dawes, Fillmore, Gage, Johnson, Keya Paha, Kimball, Logan, Loup, Morrill, Otoe, Polk, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sioux, and York;

North Dakota: Adams, Barnes, Benson, Billings, Bowman, Cass, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Richland, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Towner, Traill, Walsh, Ward, Wells, and Williams;

Oklahoma: Adair, Alfalfa, Delaware, Grant, Kay, Major, Noble, and Ottawa;

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

Wisconsin: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Iron, Jackson, Pepin, Pierce, Polk, Rusk, Sawyer, St. Croix, and Washburn;

Wyoming: Albany, Campbell, Crook, Goshen, Laramie, Niobrara, Platte, and Weston.

Which doctors, hospitals, and pharmacies can I use?

Medica Group Prime Solution w/Rx (Cost) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Prior Authorization may apply to some services. Covered services that may need approval in advance to be covered as in-network services are marked by an asterisk (*).

Out-of-network/non-contracted providers are under no obligation to treat Medica members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You may search for network providers and pharmacies on our website at [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [Medica.com/GetMyDocs](https://www.Medica.com/GetMyDocs). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan’s benefits or costs, please contact your Group Administrator or Medica Insurance Company for details.

SUMMARY OF BENEFITS

January 1, 2024 – December 31, 2024

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MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	Please contact your group administrator.
Medical Deductible	\$250
Maximum Out-Of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$1,250 annually for services you receive from in-network or out-of-network providers.

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COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage	\$50 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay *
Outpatient Hospital Coverage	Outpatient surgery: 20% of the cost * Observation services: 20% of the cost
Ambulatory Surgery Center	20% of the cost *
Doctor Visits (Primary Care Providers and Specialists)	20% of the cost
Preventive Care (e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings)	\$0 copay Other preventive services are available. There are some covered services that have a cost.
Emergency Care	20% of the cost (worldwide)
Urgently Needed Services	20% of the cost (worldwide)

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Diagnostic and Therapeutic Services/Labs/Imaging	Diagnostic and therapeutic radiology services: 20% of the cost * Diagnostic tests and procedures: 20% of the cost X-rays: 20% of the cost Lab services: \$0 copay *
Hearing Services	Exam to diagnose and treat hearing and balance issues: 20% of the cost Routine hearing exam (up to 1 every year): \$0 copay Hearing aid fitting/evaluation and hearing aids, including over-the-counter hearing aids: Our plan will reimburse up to \$500 every calendar year.
Dental Services	Limited Medicare eligible dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost
Vision Services	Exam to diagnose and treat diseases and conditions of the eye: 20% of the cost Medicare-covered glaucoma and diabetic retinopathy screening: \$0 copay Routine eye exam (up to 1 every year) and up to 2 refractions per year: \$0 copay Contact Lenses, Eyeglasses, (Lenses and/or Frames): \$0 copay for Medicare-covered eyewear.
Mental Health Services (including inpatient)	Inpatient visit: Medicare-covered hospital stay: \$50 copay * Outpatient group/individual therapy visit: 20% of the cost

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Skilled Nursing Facility (SNF)

\$0 copay

Our plan covers up to 120 days in a SNF

*

Physical Therapy

20% of the cost

Ambulance

Per ground trip (worldwide): 20% of the cost

Per air trip: 20% of the cost

Transportation

Not covered

Medicare Part B Drugs

For chemotherapy drugs: 20% of the cost

*

Other Part B drugs: 20% of the cost

*

Part B rebatable drugs may be subject to a lower coinsurance.

For Part B insulin furnished through an external infusion pump, you will pay no more than a \$35 copay per a one-month supply. Plan level deductibles do not apply.

PART D PRESCRIPTION DRUG BENEFITS

Deductible No deductible

Initial Coverage You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

	Retail Cost Sharing	
Tier	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$45 copay
Tier 4 (Non-Preferred Drug)	\$30 copay	\$90 copay
Tier 5 (Specialty Tier)	\$30 copay	A long-term supply is not available for drugs in Tier 5
Insulin	You won't pay more than \$35 for a one-month supply and \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.	

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	Preferred Mail-Order Cost Sharing
Tier	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$0 copay
Tier 3 (Preferred Brand)	\$30 copay
Tier 4 (Non-Preferred Drug)	\$60 copay
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5
Insulin	You won't pay more than \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.

	Standard Mail-Order Cost Sharing
Tier	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$0 copay
Tier 3 (Preferred Brand)	\$45 copay
Tier 4 (Non-Preferred Drug)	\$90 copay
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5
Insulin	You won't pay more than \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total drug costs (including what your plan has paid and what you have paid) reach \$5,030.

After you enter the Coverage Gap, you pay 25% of the plan’s cost for covered generic or brand name drugs on any tier until your total yearly drug costs reach \$8,000, which is the end of the Coverage Gap. Not everyone will enter the Coverage Gap.

During the Coverage Gap stage, you will not pay more than a \$35 copay for a one-month (30-day) supply or a \$105 copay for a three-month (90-day) supply for covered insulin products.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the charts that follow to find out how much it will cost you.

	Retail Cost Sharing	
Tier	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$45 copay
Tier 4 (Non-Preferred Drug)	\$30 copay	\$90 copay
Tier 5 (Specialty Tier)	\$30 copay	A long-term supply is not available for drugs in Tier 5
Insulin	You won’t pay more than \$35 for a one-month supply and \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.	

Medica Group Prime Solution w/Rx (Cost)

	Preferred Mail-Order Cost Sharing
Tier	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$0 copay
Tier 3 (Preferred Brand)	\$30 copay
Tier 4 (Non-Preferred Drug)	\$60 copay
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5
Insulin	You won't pay more than \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.

	Standard Mail-Order Cost Sharing
Tier	Three-month (90-day) supply
Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$0 copay
Tier 3 (Preferred Brand)	\$45 copay
Tier 4 (Non-Preferred Drug)	\$90 copay
Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5
Insulin	You won't pay more than \$105 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$8,000, the plan pays the full cost for your Part D drugs. You pay nothing.

For excluded drugs covered under our enhanced benefit, you pay nothing for each generic drug prescription and a \$15 copay for each brand name drug prescription.

Cost sharing may differ based on type of pharmacy (retail, mail-order, long-term care (LTC)) or whether the prescription is a short-term (one-month) or long-term (three-month) supply.

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ADDITIONAL BENEFITS AND SERVICES

Chiropractic Services	Medicare-covered chiropractic services: 20% of the cost
Diabetes Self-Management Training	\$0 copay
eVisits by Amwell® or virtuwell	\$0 copay
Foot Care (<i>podiatry services</i>)	Medicare-covered podiatry services: 20% of the cost
Home Health Care	\$0 copay
Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)	20% of the cost * Up to \$35 for a one-month supply of insulin administered through an external insulin pump.
Outpatient Substance Abuse	Group/Individual therapy visit: 20% of the cost
Renal Dialysis	20% of the cost
Wellness Programs (<i>fitness, nurseline</i>)	HealthAdvocate SM 24-hour NurseLine: \$0 copay One Pass TM Fitness Program: \$0 annual fee

MULTI-LANGUAGE INSERT

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 **1 (866) 745-9919**。我們的中文工作人員很樂意幫助您。這是一項免費服務。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (866) 745-9919**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفور المجانية للإجابة على أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (866) 745-9919** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats such as large print, audio, and braille.
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

All other trademarks are the property of their respective owners.

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