

**2021 Medicare Premiums with Low-Income Subsidies**

Contract	Plan	State	2021 Medical Premium	2021 Part D Premium	Plan Specific LIS Benchmark	Part D LIS Premium Subsidy	2021 Member Part D Premium					2021 Total Member Premium						
							LIS				No LIS	LIS				No LIS		
							100%	75%	50%	25%		100%	75%	50%	25%			
<b>Prime Solution - Minnesota, Wisconsin, North Dakota &amp; South Dakota</b>																		
H2450-001	Medica Prime Solution Basic w/Rx 2 (Cost)	MN	\$ 79.00	\$ 64.20	\$ 38.00	\$ 38.00	\$ 26.20	\$ 35.70	\$ 45.20	\$ 54.70	\$ 64.20	\$ 105.20	\$ 114.70	\$ 124.20	\$ 133.70	\$ 143.20		
H2450-002	Medica Prime Solution Enhanced w/Rx 2 (Cost)	MN	\$ 157.00	\$ 66.10	\$ 38.00	\$ 38.00	\$ 28.10	\$ 37.60	\$ 47.10	\$ 56.60	\$ 66.10	\$ 185.10	\$ 194.60	\$ 204.10	\$ 213.60	\$ 223.10		
H2450-007	Medica Prime Solution Thrift w/Rx (Cost)	All	\$ 34.00	\$ 39.20	\$ 39.30	\$ 39.20	\$ -	\$ 9.80	\$ 19.60	\$ 29.40	\$ 39.20	\$ 34.00	\$ 43.80	\$ 53.60	\$ 63.40	\$ 73.20		
H2450-016	Medica Prime Solution Basic w/Rx (Cost)	MN	\$ 79.00	\$ 32.70	\$ 38.00	\$ 22.50	\$ 10.20	\$ 15.80	\$ 21.40	\$ 27.10	\$ 32.70	\$ 89.20	\$ 94.80	\$ 100.40	\$ 106.10	\$ 111.70		
H2450-017	Medica Prime Solution Enhanced w/Rx (Cost)	MN	\$ 157.00	\$ 45.50	\$ 38.00	\$ 34.60	\$ 10.90	\$ 19.50	\$ 28.20	\$ 36.80	\$ 45.50	\$ 167.90	\$ 176.50	\$ 185.20	\$ 193.80	\$ 202.50		
H2450-022	Medica Prime Solution Value w/ Rx (Cost)	MN	\$ 67.00	\$ 38.80	\$ 38.00	\$ 31.90	\$ 6.90	\$ 14.90	\$ 22.80	\$ 30.80	\$ 38.80	\$ 73.90	\$ 81.90	\$ 89.80	\$ 97.80	\$ 105.80		
H2450-035	Medica Prime Solution Core w/Rx (Cost)	ND, SD	\$ 79.00	\$ 53.00	\$ 38.00	\$ 38.00	\$ 15.00	\$ 24.50	\$ 34.00	\$ 43.50	\$ 53.00	\$ 94.00	\$ 103.50	\$ 113.00	\$ 122.50	\$ 132.00		
H2450-037	Medica Prime Solution Premier w/Rx (Cost)	ND, SD	\$ 189.00	\$ 61.60	\$ 38.00	\$ 38.00	\$ 23.60	\$ 33.10	\$ 42.60	\$ 52.10	\$ 61.60	\$ 212.60	\$ 222.10	\$ 231.60	\$ 241.10	\$ 250.60		
H2450-039	Medica Prime Solution Focus w/Rx (Cost)	WI	\$ 89.00	\$ 36.80	\$ 40.70	\$ 31.20	\$ 5.60	\$ 13.40	\$ 21.20	\$ 29.00	\$ 36.80	\$ 94.60	\$ 102.40	\$ 110.20	\$ 118.00	\$ 125.80		
H2450-041	Medica Prime Solution Total w/Rx (Cost)	WI	\$ 185.00	\$ 56.70	\$ 40.70	\$ 40.70	\$ 16.00	\$ 26.20	\$ 36.30	\$ 46.50	\$ 56.70	\$ 201.00	\$ 211.20	\$ 221.30	\$ 231.50	\$ 241.70		
H2450-049	Medica Prime Solution Standard w/Rx (Cost)	MN, ND, SD	\$ -	\$ 30.90	\$ 38.00	\$ 21.40	\$ 9.50	\$ 14.80	\$ 20.20	\$ 25.50	\$ 30.90	\$ 9.50	\$ 14.80	\$ 20.20	\$ 25.50	\$ 30.90		
H2450-801	Medica Prime Solution Group (Cost)	MN, WI	varies	\$ 33.10	\$ 36.80	\$ 33.10	\$ -	\$ 8.30	\$ 16.50	\$ 24.80	\$ 33.10	Vaires						
<b>Advantage Solution - Minnesota, Nebraska &amp; Iowa</b>																		
H6154-001	Medica Advantage Solution H6154-001 (HMO-POS)	MN	\$ -	\$ -	\$ 38.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
H6154-002	Medica Advantage Solution H6154-002 (HMO-POS)	MN	\$ 30.80	\$ 28.20	\$ 38.00	\$ 28.20	\$ -	\$ 7.00	\$ 14.10	\$ 21.10	\$ 28.20	\$ 30.80	\$ 37.80	\$ 44.90	\$ 51.90	\$ 59.00		
H8889-001	Medica Advantage Solution H8889-001 (PPO)	MN	\$ 66.60	\$ 38.40	\$ 38.00	\$ 22.00	\$ 16.40	\$ 21.90	\$ 27.40	\$ 32.90	\$ 38.40	\$ 83.00	\$ 88.50	\$ 94.00	\$ 99.50	\$ 105.00		
H8889-002	Medica Advantage Solution H8889-002 (PPO)	MN	\$ 74.50	\$ 24.50	\$ 38.00	\$ 24.50	\$ -	\$ 6.10	\$ 12.20	\$ 18.40	\$ 24.50	\$ 74.50	\$ 80.60	\$ 86.70	\$ 92.90	\$ 99.00		
H8889-003	Medica Advantage Solution H8889-003 (PPO)	MN	\$ 145.60	\$ 53.40	\$ 38.00	\$ 32.80	\$ 20.60	\$ 28.80	\$ 37.00	\$ 45.20	\$ 53.40	\$ 166.20	\$ 174.40	\$ 182.60	\$ 190.80	\$ 199.00		
H8889-004	Medica Advantage Solution H8889-004 (PPO)	MN	\$ 97.50	\$ 22.50	\$ 38.00	\$ 22.50	\$ -	\$ 5.60	\$ 11.20	\$ 16.90	\$ 22.50	\$ 97.50	\$ 103.10	\$ 108.70	\$ 114.40	\$ 120.00		
H8889-005	Medica Advantage Solution H8889-005 (PPO)	MN	\$ 12.60	\$ 36.40	\$ 38.00	\$ 23.50	\$ 12.90	\$ 18.80	\$ 24.60	\$ 30.50	\$ 36.40	\$ 25.50	\$ 31.40	\$ 37.20	\$ 43.10	\$ 49.00		
H0798-001	Medica Advantage Solution with CHI Health (HMO)	NE, IA	\$ -	\$ -	\$ 38.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
H3632-001	Medica Advantage Solution H3632-001 (PPO)	NE, IA	\$ -	\$ 39.00	\$ 38.00	\$ 15.80	\$ 23.20	\$ 27.10	\$ 31.10	\$ 35.00	\$ 39.00	\$ 23.20	\$ 27.10	\$ 31.10	\$ 35.00	\$ 39.00		
H8889-801	Medica Advantage Solution Group (PPO)	MN	varies	\$ 33.10	\$ 38.00	\$ 33.10	\$ -	\$ 8.30	\$ 16.50	\$ 24.80	\$ 33.10	Vaires						

- Employer Group Part D premiums represent the Basic Part D Premium only. Supplemental Part D premiums vary by group.

2021 Rider Premiums

n/a Senior Dental  
\$34.00 Wisconsin Rider

Contract  
H2450-801  
H8889-801

2021 Subsidy Amounts for Employer Groups Members

100%	75%	50%	25%	No LIS
\$33.10	\$24.80	\$16.60	\$8.30	\$0.00
\$31.90	\$23.90	\$15.90	\$8.00	\$0.00

2021 Part D National Averages

\$43.07 National Average Monthly Bid Amount  
\$33.06 Base Beneficiary Premium