

Medica Prime Solution® Frequently Asked Questions

Q. Who is Medica?

A. Medica is one of our payer partners; they offer the following products in Kansas:

- i. **Medica Connect** – Individual and family plans available state-wide, with the exception of the Topeka and Kansas City metro areas. This product uses the ProviDRs Care network
- ii. **Select by Medica** – Individual and family plans available in the Topeka and Kansas City metro areas. This product does not use the ProviDRs Care network.
- iii. **Medica with Healthier You** - An additional option for individuals and families residing in Sedgwick County. This product does not use the ProviDRs Care network.
- iv. **Medica Prime Solution** (available in 2021) – A Medicare Cost Plan product for Medicare-eligible individuals. This product will not use the ProviDRs Care network.

Q. How to I become a participating provider for Medica Prime Solution?

A. Please submit a request via email to Contracting@ProviDRsCare.net.

Q. Will reimbursement change for my ProviDRs Care members?

A. No, this is a separate product specific to Medicare and Medica. Reimbursement is completely separate and does not affect your ProviDRs Care reimbursement rates.

Q. Will this affect my Medicare rate?

A. No, Medica Prime Solution has no impact on your rates with traditional Medicare or any other Medicare products.

Q. What additional credentialing is required to participate in Medica Prime Solution?

A. No additional credentialing is required for providers already participating in ProviDRs Care's network.

Q. How do I return the required documents?

A. Please submit via email to Contracting@ProviDRsCare.net.

Q. Do I have to be a Medicare participating provider?

A. Yes, you must be actively enrolled in traditional Medicare in order to participate in Medica Prime Solution.

Q. Who do I contact if I have questions?

A. Please call (800) 801-9772, ext 241 or send an email to Contracting@ProviDRsCare.net.

MEDICA PRIME SOLUTION[®] (COST) PLAN

A Different Type of Medicare Plan

Medica Prime Solution is a Cost plan, a different type of Medicare plan that gives providers the prompt reimbursement and ease-of-use they need, and gives patients coverage that is both comprehensive and affordable.

Medica's Cost plan serves over 80,000 members across a six-state area that includes counties in Iowa, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin. We are working to expand the Prime Solution service area for 2021 into Kansas and additional counties in Iowa and Nebraska.

Prime Solution works with Original Medicare but has a more affordable premium than Medicare Supplement (Medigap) plans. There is no medical underwriting so any Medicare beneficiary can enroll regardless of health.



Medica is a nonprofit health plan providing health care coverage in the Midwest for more than 40 years. We serve nearly 1 million members in the employer, individual, Medicare and Medicaid markets in communities across Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota and Wisconsin.

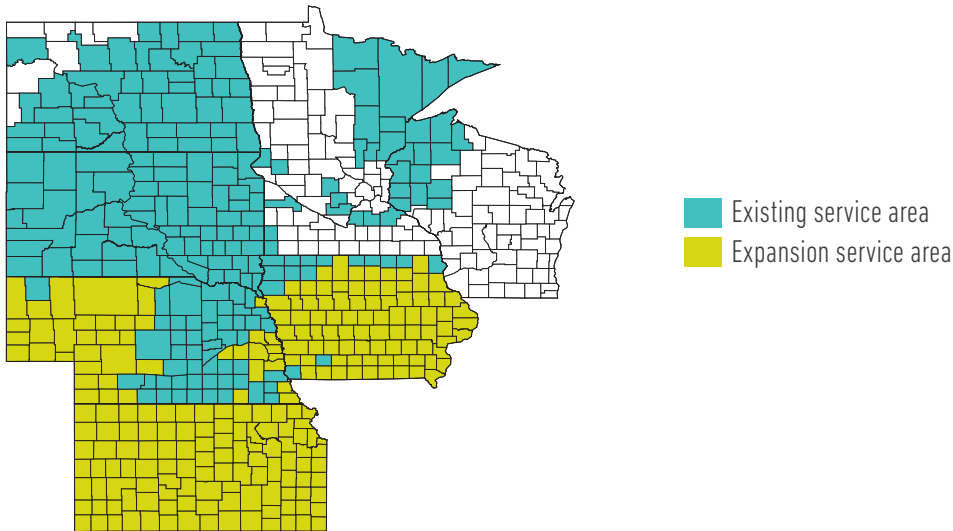
Medica's vision is to be trusted in the community for our unwavering commitment to high-quality, affordable health care.

What Makes a Medicare Cost Plan Different?

Member	Community	Provider
Premium cost less than Original Medicare with Medigap plan	Affordable health coverage; new options	Reimbursement better than Original Medicare (for Part B services where Medica is primary)
Less cost sharing vs. Original Medicare <ul style="list-style-type: none"> » Low or no out-of-pocket expenses beyond premium » Maximum annual out-of-pocket protection 	Useable and sustainable health coverage with patients more likely to seek care before it becomes critical	Less patient cost share to collect
More benefits than Original Medicare (covers routine physicals and annual eye and hearing exams as well as dental, eyewear, fitness club membership and hearing aids)	Benefits support prevention, wellness and comprehensive Medicare member needs	Faster payment via electronic funds transfer (EFT) for Medica primary Part B services
No medical underwriting (required for Medigap plans); no lock-in period (required for Medicare Advantage plans)	Accessible health coverage	Medica Provider Portal with easy-to-use web tools for eligibility and claims look-up Dedicated Provider Services Team with years of experience in Medicare

MEDICA[®]

Medica Prime Solution Service Area



COMPARING CONSUMER OPTIONS

	Original Medicare	Medicare Cost Plan	Medigap Plan
Coverage	Coverage for Part A & B only	Primary coverage for Part B services, secondary coverage for Part A services; covers Original Medicare deductibles and coinsurance	Usually covers Original Medicare deductibles, coinsurance and copayments
Supplemental Benefits	None	Yes; Typically includes coverage for routine physicals, annual eye and hearing exams, dental services, eyewear, hearing aids and fitness club benefits.	None
Premium Cost	Part B premium only	Monthly premium average \$ No Age Rating	Monthly premium average \$\$\$ Attained Age Rated
Patient Cost Share	Highest	Low or no copays for services	Lowest
Patient Out-of-Pocket Limits	None	Provides annual out-of-pocket maximum protection	Varies
Medical Underwriting	No	No	Yes, after initial enrollment period (turning 65)
Participating Provider Network	No	Yes, including out-of-area Snowbird coverage	No
Part D Prescription Drug Coverage	No	Option to bundle with medical coverage in some states; one premium, one ID card	No, must purchase separately



Have a question?

Contact Medica provider services at NetManQuest@medica.com

MEDICA®

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

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