Medica Group Prime Solution℠ w/Rx (Cost)
Plan 11

Summary of Benefits

January 1, 2026 – December 31, 2026

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).

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Medica.

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, Jewell, 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, Morrill, Otoe, Polk, Richardson, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sioux, and York;

North Dakota: Adams, Barnes, Benson, Billings, Bottineau, Bowman, Burke, Cass, Cavalier, Dickey, Divide, Dunn, Eddy, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McKenzie, McLean, Mercer, Mountrail, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Renville, 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, Campbell, Charles Mix, Clay, Corson, Dewey, Douglas, Edmunds, Faulk, Grant, Gregory, Haakon, Hand, Hanson, Harding, Hughes, Hutchinson, Hyde, Jackson, Jerauld, Jones, Lake, Lincoln, Lyman, McCook, McPherson, Mellette, Miner, Minnehaha, Moody, Oglala Lakota, Perkins, Potter, Stanley, Sully, Todd, Tripp, Turner, Union, Walworth, Yankton, and Ziebach;

Wisconsin: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Iron, Jackson, Pepin, Pierce, Polk, Price, Rusk, Sawyer, St. Croix, Taylor, 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.

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. 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. 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, 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, 2026 – December 31, 2026

	Medica Group Prime Solution w/Rx (Cost)
MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	$79
Medical Deductible	No deductible
Maximum Out-Of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $6,750 annually for services you receive from in-network providers.

	Medica Group Prime Solution w/Rx (Cost)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital Coverage	$400 copay per day for days 1 through 5
	$0 copay for days 6 through 90
	$0 copay for unlimited extra days
Outpatient Hospital Coverage	Outpatient surgery: $0 - $450 copay
	Observation services: $450 copay per stay
Ambulatory Surgery Center	$0 - $400 copay
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician visit: $15 copay
	Specialist visit: $40 copay
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	$130 copay (worldwide)
Urgently Needed Services	$30 copay for convenience care/retail clinic and traditional urgent care clinic

	Medica Group Prime Solution w/Rx (Cost)
Diagnostic and Therapeutic Services/Labs/ Imaging	Diagnostic radiology services: $400 copay Therapeutic radiology services: $85 copay Diagnostic tests and procedures: $150 copay X-rays: $40 copay Lab services: $0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: Primary care physician visit: $15 copay Specialist visit: $40 copay **Routine Hearing Exam – Services from EPIC® Hearing Providers:** Limited to 1 visit per calendar year. $0 copay **Fitting Evaluation(s) for Prescription Hearing Aids – Services from EPIC® Hearing Providers:** One hearing aid fitting-evaluation is available with the purchase of private label Silver, Gold, or Platinum level hearing aids. Additional fitting-evaluation(s) available based on hearing-aid level. $0 copay per fitting-evaluation for hearing aid. **Hearing Aids – All Types Hearing Aids from EPIC® Hearing Providers:** Unlimited hearing aids every year. $549 copay per Silver level hearing aid, $799 copay per Gold level hearing aid, $1,299 copay per Platinum level hearing aid, and $999 copay per pair of non-prescription (OTC) hearing aids.
Dental Services	Medicare-covered dental services: $0 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye: Primary care physician visit: $15 copay Specialist visit: $40 copay 1 refraction associated with a Medicare-covered eye service: $0 copay Medicare-covered glaucoma and diabetic retinopathy screening: $0 copay

	Medica Group Prime Solution w/Rx (Cost)
	Routine eye exam (1 exam and 1 refraction each calendar year): $0 copay
	Eyeglasses or contact lenses after cataract surgery: $50 copay for Medicare-covered eyewear.
Mental Health Services (including inpatient)	Inpatient visit: Medicare-covered hospital stay: $400 copay per day for days 1 through 5
	$0 copay for days 6 through 90
	For services provided by a psychiatrist: Group or individual therapy visit: $40 copay
	For services provided by other mental health care providers: Group or individual therapy visit: $15 copay
Skilled Nursing Facility (SNF)	$0 copay for days 1 through 20
	$218 copay per day for days 21 through 100
	Our plan covers up to 100 days in a SNF
Physical Therapy	$40 copay per visit
Ambulance	Per trip: $500 copay
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 insulin pump, you will pay up to a $35 copay per a one-month supply.

PART D PRESCRIPTION DRUG BENEFITS

Deductible

$350 (Does not apply to Tier 1 drugs)

The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. You will start receiving coverage immediately.

Initial Coverage

After you pay your yearly deductible, you pay the following until your yearly out-of-pocket drug costs reach $2,100. Total yearly drug costs are the total drug costs paid by you.

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

	Standard Retail Cost Sharing	
Tier	**One-month (30-day) supply**	**Three-month (90-day) supply**
Tier 1 (Preferred Generic)	$10 copay	$30 copay
Tier 2 (Generic)	$20 copay	$60 copay
Tier 3 (Preferred Brand)	20% of the total cost	20% of the total cost
Tier 4 (Non-Preferred Drug)	50% of the total cost	50% of the total cost
Tier 5 (Specialty Tier)	20% of the total cost	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. The deductible does not apply.	

	Preferred Mail-Order Cost Sharing
Tier	**Three-month (90-day) supply**
Tier 1 (Preferred Generic)	$30 copay
Tier 2 (Generic)	$60 copay
Tier 3 (Preferred Brand)	20% of the total cost
Tier 4 (Non-Preferred Drug)	50% of the total cost
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. The deductible does not apply.

	Standard Mail-Order Cost Sharing
Tier	**Three-month (90-day) supply**
Tier 1 (Preferred Generic)	$90 copay
Tier 2 (Generic)	$120 copay
Tier 3 (Preferred Brand)	20% of the total cost
Tier 4 (Non-Preferred Drug)	50% of the total cost
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. The deductible does not apply.

Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,100, the plan pays the full cost for your covered Part D drugs. You pay nothing.

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

	Medica Group Prime Solution w/Rx (Cost)
ADDITIONAL BENEFITS AND SERVICES	
Chiropractic Services	Medicare-covered chiropractic services: $20 copay
Diabetes Self-Management Training	$0 copay
eVisits by Amwell®	$0 copay
Foot Care *(podiatry services)*	Medicare-covered podiatry services: $40 copay
Health and Wellness Programs	HealthAdvocate℠ 24-hour NurseLine: $0 copay
	One Pass™ Fitness Program: $0 annual fee
Home Health Care	$0 copay
Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)	Diabetic testing supplies: $0 copay
	Continuous Glucose Monitors (CGMs) received from a retail pharmacy: $0 copay
	Continuous Glucose Monitors (CGMs) received from a medical supplier: 20% of the cost
	Medicare-covered diabetic footwear and inserts: 30% of the cost
	Durable medical equipment and prosthetic devices: 30% of the cost
	Medical Supplies: 30% of the cost
	Surgical supplies, splints or casts: $0 copay
	Up to a $35 copay for a one-month supply of insulin furnished through an external insulin pump.
Outpatient Substance Use Disorder	Group or individual therapy visit: $40 copay
Renal Dialysis	20% of the cost

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-952-3455 (TTY: 711) for Medica, call 1-877-317-2410 (TTY: 711) for Dean Health Plan/Prevea360 Health Plan, or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. También están disponibles de forma gratuita asistencia y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-952-3455 (TTY: 711) para Medica, llame al 1-877-317-2410 (TTY: 711) para Dean Health Plan/Prevea360 Health Plan o hable con su proveedor de atención médica.

Vietnamese/Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-952-3455 (TTY: 711) đối với Medica, gọi theo số 1-877-317-2410 (TTY: 711) đối với Dean Health Plan/Prevea360 Health Plan hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Chinese Traditional: 注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-952-3455 (TTY: 711) 聯絡 Medica，致電 1-877-317-2410 (TTY: 711) 聯絡 Dean Health Plan/Prevea360 Health Plan，或與您的提供者討論。

Hmong/Lus Hmoob: LUS CEEV: Yog hais tias koj hais Lus Hmoob ces muaj kev pab txhais lus pub dawb rau koj. Muaj khoom siv thiab muaj kev saib xyuas pab uas tsim nyog los npaj kom muaj cov ntaub ntawv uas siv tau dawb. Hu rau 1-800-952-3455 (TTY: 711) rau Medica, hu rau 1-877-317-2410 (TTY: 711) rau Dean Health Plan/Prevea360 Health Plan, los sis tham rau koj tus kws kuaj mob.

German/Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-952-3455 (TTY: 711) für Medica bzw. 1-877-317-2410 (TTY: 711) für Dean Health Plan/Prevea360 Health Plan oder sprechen Sie mit Ihrem Gesundheitsdienstleister.

Cushitic-Oromo: XIYYEEFFANNOO: Ingiliffaa dubbattu taanaan, tajaajilli deggersa afaan bilisaa ni jira. Tajaajilli deggersa bu'ura dhiheessii odeeffannoo kaffaltii tokko malee ni jira. Lakkoofsa bilbilaa 1-800-952-3455 (TTY: 711) Tajaajila Fayyaaf, lakkoofsa Medica 1-877-317-2410 (TTY: 711), Dean Health Plan/Prevea360 Health Plan, ykn dhiheessaa keessan dubbisaa.

Arabic/العربية

كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه:
(الهاتف النصي: 711) للتواصل مع 1-800-952-3455اتصل على الرقم المعلومات بتنسيقات يمكن الوصول إليها مجانًا.
Medica بشأن خطة الرعاية الصحية (الهاتف النصي: 711) 1-877-317-2410 اتصل على الرقم ،Dean Health Plan/Prevea360 Health Plan

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Korean/한국어: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. Medica 의 경우 1-800-952-3455(TTY: 711)번으로, Dean Health Plan/Prevea360 Health Plan 의 경우 1-877-317-2410(TTY: 711)번으로 전화하시거나, 서비스 제공업체에 문의하십시오.

Russian/Русский: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-952-3455 (TTY: 711) относительно Medica, позвоните по телефону 1-877-317-2410 (TTY: 711) относительно Dean Health Plan/Prevea360 Health Plan или обратитесь к своему поставщику услуг.

Laos/ ລາວ: ຂໍ້ຄວນເອົາໃຈໄສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ນອກຈາກນີ້ ຈະມີເຄື່ອງຊ່ວຍເສີມ ແລະ ບໍລິການແບບທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ 1-800-952-3455 (TTY: 711) ສໍາລັບ Medica, ໂທ 1-877-317-2410 (TTY: 711) ສໍາລັບ Dean Health Plan/Prevea360 Health Plan ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

French/ Français: ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-952-3455 (TTY : 711) pour Medica, appelez le 1-877-317-2410 (TTY : 711) pour le régime de santé Dean Health Plan/Prevea360, ou parlez à votre prestataire de santé.

Serbo-Croatian: PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge tumača. Odgovarajuća dodatna pomagala i usluge za pružanje informacija u pristupačnim formatima su takođe dostupne besplatno. Za Medica zdravstveno osiguranje pozovite 1-800-952-3455 (TTY: 711), za Dean/Prevea360 zdravstveno osiguranje pozovite 1-877-317-2410 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-952-3455 (TTY: 711) para sa Medica, tumawag sa 1-877-317-2410 (TTY: 711) para sa Dean Health Plan/Prevea360 Health Plan, o makipag-usap sa iyong tagapagbigay ng serbisyo.

Karen/ထ၊နုာ်လီ၊ဖဲအံ၊: ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိ၊ကညီကျိာ်နၣ် တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမ၊စ၊၊ လ၊တလၢ်ဘူဉ်လၢ်စ့၊လ၊နဂီၢ်လီ၊. တၢ်အိဉ်ဒီး ပှ၊နီၢ်ခိက့ၢ်ဂီ၊တဆူဉ်တကျ၊၊အဂီၢ် ပီးလီဒီးတၢ်တိစ၊၊မ၊စ၊၊လ၊အကြ၊းအဘဉ် လ၊ကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိ၊ လ၊တၢ်မ၊နၣ်အီ၊သ့တဖဉ် လ၊တလၢ်ဘူဉ်လၢ်စ့၊ လ၊နဂီၢ်လီ၊. ကိး 1-800-952-3455 (TTY: 711) လ၊ Medica အဂီၢ်, ကိး 1-877-317-2410 (TTY: 711) လ၊ Dean Health Plan/Prevea360 Health Plan အဂီၢ်, မ့တမ့ၢ် ကတိ၊တၢ်ဒီး နပှ၊လ၊ဟ့ဉ်န၊တၢ်ကွၢ်ထွဲတက့ၢ်.

Amharic/ አማርኛ:- ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። ለMedica በ1-800-952-3455 (TTY: 711) ይደውሉ፣ ለDean የጤና እቅድ/Prevea360 የጤና እቅድ በ1-877-317-2410 (TTY: 711) ይደውሉ ወይም ለእርስዎን አቅራቢ የሆነውን ያነጋግሩ።

Medica.

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

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