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

Summary of Benefits

January 1, 2027 – December 31, 2027

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 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 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 at 1 (855) 844-6395 (toll-free) (TTY: 711).

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 1 (800) 575-2330 (toll-free) (TTY: 711).
- If you are not a member of this plan, call 1 (855) 844-6395 (toll-free) (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: Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Worth;

Minnesota: Aitkin, Becker, Carlton, Chippewa, Clay, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Norman, Otter Tail, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Swift, Traverse, Wilkin, and Yellow Medicine;

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;

South Dakota: Aurora, Beadle, Bennett, Bon Homme, Brown, Brule, Buffalo, Charles Mix, Clay, Douglas, Edmunds, Faulk, Grant, Gregory, Hand, Hanson, Hughes, Hutchinson, Hyde, Jerauld, Jones, Lake, Lincoln, Lyman, McCook, McPherson, Mellette, Miner, Minnehaha, Moody, Oglala Lakota, Potter, Stanley, Sully, Todd, Tripp, Turner, Union, and Yankton;

Wisconsin: Ashland, Barron, Bayfield, Burnett, Clark, Douglas, Dunn, Iron, Pepin, Pierce, Polk, Price, Sawyer, St. Croix, Taylor, and Washburn.

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, 2027 – December 31, 2027

	Medica Group Prime Solution w/Rx (Cost)
MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	$92
Medical Deductible	$400 per year
Maximum Out-Of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $9,850 annually for services you receive from in-network providers.

	Medica Group Prime Solution w/Rx (Cost)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital Coverage	$490 copay per day for days 1 through 5 $0 copay for days 6 through 90 $0 copay for unlimited extra days
Outpatient Hospital Coverage	$450 copay for each outpatient surgery $0 copay for diagnostic colonoscopies Observation services: $450 copay per stay
Ambulatory Surgery Center	$400 copay for each outpatient surgery $0 copay for diagnostic colonoscopies
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician visit: $40 copay Specialist visit: $60 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	$40 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: $60 copay Lab services: $0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: Primary care physician visit: $40 copay Specialist visit: $60 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 of 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 services: $60 copay Non-Medicare-covered dental services and orthodontic services are not covered.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye: Primary care physician visit: $40 copay Specialist visit: $60 copay 1 refraction associated with a Medicare-covered eye service: $0 copay

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	Medicare-covered glaucoma and diabetic retinopathy screening: $0 copay
	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: $490 copay per day for days 1 through 5 $0 copay for days 6 through 90
	For services provided by a psychiatrist: Outpatient group or individual therapy visit: $55 copay
	For services provided by other mental health care providers: Outpatient group or individual therapy visit: $40 copay
Skilled Nursing Facility (SNF)	$0 copay for days 1 through 20
	$221 copay per day for days 21 through 100
	Our plan covers up to 100 days in a SNF
Outpatient Rehabilitation Services	Physical, Speech, or Occupational Therapy: $55 copay per visit
Ambulance Services	Per trip: $500 copay
Transportation	Not covered
Medicare Part B Drugs	For chemotherapy drugs: 20% of the total cost
	Other Part B drugs: 20% of the total 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 no more than $35 per a one-month supply. Plan level deductibles do not apply.

PART D PRESCRIPTION DRUG BENEFITS

Deductible

$700 (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 Stage

After you pay your yearly deductible, you pay the following until your yearly out-of-pocket drug costs reach $2,400. 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.

Tier	Standard Retail Cost Sharing	
	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)	25% 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.	

Tier	Preferred Mail-Order Cost Sharing
	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.

Tier	Standard Mail-Order Cost Sharing
	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 $2,400, 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: $60 copay
Health and Wellness Programs	HealthAdvocate℠ 24-hour NurseLine: $0 copay One Pass™ Fitness Program: $0 annual fee
Home Health Care Services	$0 copay
Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic and orthotic devices and related medical supplies)	**Medicare-covered Abbott FreeStyle® (InsuLinx, Lite, Optium EZ, Optium Neo, Precision Neo, or Precision Xtra) and Ascensia Contour® (Next or Plus) test strips, diabetic testing supplies, and blood glucose monitors (BGMs) and Abbott FreeStyle Libre and Dexcom continuous glucose monitors (CGMs):** $0 copay for CGMs when obtained at a retail pharmacy or 20% of the total cost when obtained from a medical supplier and for non-preferred manufacturer exceptions approved by our plan. $0 copay for BGMs when obtained at a retail pharmacy or 20% of the total cost when obtained from a medical supplier and for non-preferred manufacturer exceptions approved by our plan. $0 copay for test strips and diabetic testing supplies. Medicare-covered diabetic footwear and inserts: 30% of the total cost Durable medical equipment and prosthetic and orthotic devices: 30% of the total cost Medical supplies: 30% of the total cost Surgical supplies, splints or casts: $0 copay You pay no more than $35 for a one-month supply of insulin furnished through an external insulin pump.
Outpatient Substance Use Disorder Services	Group or individual therapy visit: $40 copay

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Renal Dialysis	20% of the total 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.

العربية/Arabic

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. Dean Health Plan، اتصل على الرقم 1-877-317-2410 (الهاتف النصي: 711) بشأن خطة الرعاية الصحية Medica Plan/Prevea360 Health Plan

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: ຂໍ້ຄວນເອົາໃຈໃສ່: 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 ຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

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/ထၢနှာ်လီၤဖဲအံၤ: ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤကညီကျိာ်နၫ် တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး ပှၤနီၢ်ခိက့ၢ်ဂီၤတဆူဉ်တကျၢၤအဂီၢ် ပီးလီဒီးတၢ်တိစၢၤမၤစၢၤလၢအကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှၢ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-800-952-3455 (TTY: 711) လၢ Medica အဂီၢ်, ကိး 1-877-317-2410 (TTY: 711) လၢ Dean Health Plan/Prevea360 Health Plan အဂီၢ်, မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ်နၤတၢ်ကွၢ်ထွဲတက့ၢ်.

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።

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

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