

THESE VALUE EXTRAS ARE STANDARD WITH ANY PLAN YOU CHOOSE.

Your Health Care Lifeline **HealthAdvocate**
Need help navigating the world of health insurance and medical care? Health Advocate is there for you 24/7. Get help making appointments with hard-to-reach doctors, resolving medical claims and getting answers to questions about medical treatment. You can even get help with healthcare issues facing your parents and parents-in-law. Health Advocate is an independent and confidential service.

24-Hour NurseLine™
As part of the Health Advocate services offered with this health plan, you receive 24/7 access to highly trained nurses to help answer your questions about symptoms, medications and health conditions, and other self-care tips for non-urgent concerns.

Get Healthy and Earn Discounts and Rewards **NOVU**
Take control of your health and earn rewards and discounts with Novu. It's a fun, easy and interactive online tool that helps you improve your health one choice at a time. Create a personalized wellness program and receive points for taking positive steps. Redeem points for products, local deals or charitable contributions. Participation also entitles you to discounts at health clubs and with personal trainers.

LASIK Eye Surgery Discounts **QualSight LASIK**
Save 40 to 50 percent off the national average price of traditional LASIK with preferred pricing from QualSight® Inc.

ADDITIONAL FEATURES:

- *Preferred Convenience Care Copay at Target Clinics* – Save \$10 on your convenience care copay by visiting one of Target Clinic's 26 convenient locations in the Minneapolis/St. Paul area for your care. Get same-day service without an appointment, even on evenings and weekends.
- *Just One Phone Number to Call* – One call connects you to all your healthcare and coverage resources, from appointments and care to benefits and claims.
- *Care Connections* – A 24/7 care concierge provides nurse triage, appointment scheduling, prescription refills and more.
- *Ways to Wellness Program* - Discounted programs and services, including weight management, personal training, Pilates training, health and wellness coaching, cardiac wellness program, and special metabolic and exercise testing.

OTHER IMPORTANT INFORMATION

Pediatric Dental
This policy does not include pediatric dental services. You are required to purchase pediatric dental services under the federal Patient Protection and Affordable Care Act. Pediatric dental coverage can be purchased as a stand-alone product through Delta Dental® For More information visit deltadentalmn.org/MNIndividualPediatric.

MNsure and Cost-Sharing Reduction Plans
You may be able to receive help paying your health insurance premium or qualify for plans with reduced deductibles and copayments. You can get this assistance if you get health insurance through MNsure, your income is below a certain level, and you choose a health plan from the Silver plan category. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits. To see if you're eligible, please visit MNsure.org.

Deductible Details
On a family plan, everyone shares one deductible. The deductible can be met by any combination of family members. The deductible and out-of-pocket maximum are subject to a "cost of living" increase on a yearly basis. This increase is tied to the Consumer Price Index.

Excluded Services
Services not covered include, but are not limited to, custodial care, adult eyewear, most dental services, cosmetic services, refractive eye surgery, those received while on military duty, and services that are investigational or not medically necessary.



GOT QUESTIONS? CONTACT US.

Call **952-992-2080** or **1-800-670-5935**
Monday-Thursday 8 a.m. to 5 p.m. and Fridays 9 a.m. to 5 p.m.
1-800-855-2880 (National Relay Center)
If you're hearing impaired, please call the National Relay Center and ask for one of the numbers listed above.
Email: medicaindividualproducts@medica.com

Connect with **Medica4Me**  
See us at www.youtube.com/medica4me
IFB9231-1-00813

MEDICA
Individual & Family Plans



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HealthEast is a registered trademark of HealthEast Care System.
Inspiration Health by HealthEast and MedicaSM is a Qualified Health Plan issuer in the MNsure Health Insurance Marketplace.
This is a brief overview of the plan. Please see a policy document available on www.medica.com for complete details.
Notice concerning policyholder rights in an insolvency under the Minnesota Life and Health Insurance Guaranty Association Law.
If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer. In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, subject to limits and exclusions, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.
Minnesota Life and Health Insurance Guaranty Association
4760 White Bear Parkway, Suite 101
White Bear Lake, MN 55110
Telephone: 651-407-3149
Fax: 651-407-3150

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$500,000. Subject to this \$500,000 limit, the guaranty association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$250,000 in the present value of annuity benefits including net cash surrender and net cash withdrawal values, \$410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.
The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association. This notice is required by Minnesota state law to advise policyholders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice in no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.



INDIVIDUAL
OR FAMILY
COVERAGE



INSPIRATION HEALTH BY HEALTHEAST AND MEDICASM

Your coverage. Your care. Your way. **It's your thing.**



HealthEast
Care System

 **MINNESOTA HSA AND COPAY PLANS**
Valid January 2014 – December 2014

MEDICA
Individual & Family Plans

SAY “HELLO” TO INSPIRATION HEALTH BY HEALTHEAST AND MEDICA.

Choosing a family or individual health plan is important. Especially when you’re buying your own coverage. It’s a very personal choice. So you want a plan that fits your life, and your own personal style. And right here in the Twin Cities metro, you’re in luck.

HealthEast and Medica have worked together to create a unique network offering that delivers quality care, patient satisfaction and lower costs. Inspiration Health by HealthEast and Medica provides easy access to the largest healthcare provider in the Twin Cities’ east metro area. With Inspiration Health coverage, you can enjoy your coverage, your care – your way.

Inspiration Health by HealthEast and Medica gives you the freedom to do your thing, right near home.

- Inspiration Health Copay or HSA coverage is available as a one-person or family plan, through MNsure or directly from Medica. Your insurance agent can assist you in either situation.
- You can choose Gold, Silver, or Bronze levels of coverage.
- It’s available to individuals and families living in Ramsey, Washington, Dakota and Hennepin counties.
- You have access to the largest localized healthcare provider in the Twin Cities’ east metro, with more than 17 primary and specialty care clinic locations and 4 hospitals: Bethesda Hospital, St. John’s Hospital, St. Joseph’s Hospital and the Woodwinds Health Campus.
- You’re free to see other providers, but you receive the highest level of benefits and lowest out-of-pocket costs when you see providers in the HealthEast Provider Network.
- For family plans, the primary applicants must be age 21 or older.

CHOOSE YOUR COVERAGE AND YOUR CARE – YOUR WAY.

INSPIRATION HEALTH HSA COMPATIBLE PLANS

IN-NETWORK Benefits	GOLD HSA	SILVER HSA	BRONZE HSA
Deductible	Individual: \$1,300 Family: \$3,900	Individual: \$1,300 Family: \$3,900	Individual: \$6,300 Family: \$12,700
Out-of-pocket maximum	Individual: \$2,350 Family: \$7,050	Individual: \$5,450 Family: \$12,700	Individual: \$6,300 Family: \$12,700
Primary care office visit Specialty care office visit	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Prescription drugs (Preferred Drug List)	Tier 1 drugs: 70% coverage after deductible Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 70% coverage after deductible	Tier 1 drugs: 60% coverage after deductible Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 60% coverage after deductible	Tier 1 drugs: 100% coverage after deductible Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits Urgent care center visits Emergency services Lab and X-ray services Hospital services Ambulance Surgery	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Maternity	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 70% coverage after deductible	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 60% coverage after deductible	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 100% coverage after deductible
Mental Health/ Substance Abuse	Inpatient: 70% coverage after deductible Outpatient: 70% coverage after deductible	Inpatient: 60% coverage after deductible Outpatient: 60% coverage after deductible	Inpatient: 100% coverage after deductible Outpatient: 100% coverage after deductible
Other eligible health care services	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
No in-network lifetime maximum			

INSPIRATION HEALTH COPAY PLANS

IN-NETWORK Benefits	GOLD Copay	SILVER Copay	BRONZE Copay
Deductible	Individual: \$100 Family: \$300	Individual: \$2,200 Family: \$6,600	Individual: \$6,350 Family: \$12,700
Out-of-pocket maximum	Individual: \$6,250 Family: \$12,700	Individual: \$6,250 Family: \$12,700	Individual: \$6,350 Family: \$12,700
Primary care office visit Specialty care office visit	\$30 copayment (No visit limit)	\$30 copayment (No visit limit)	\$60 copayment (No visit limit)
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copayment Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 50% coverage after deductible	Tier 1 drugs: \$10 copayment Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 40% coverage after deductible	Tier 1 drugs: \$20 copayment Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits	\$20 copay for most providers \$10 copay for our preferred provider, Target Clinic (No visit limit)	\$20 copay for most providers \$10 copay for our preferred provider, Target Clinic (No visit limit)	\$20 copay for most providers \$10 copay for our preferred provider, Target Clinic (No visit limit)
Urgent care center visits Emergency services Lab and X-ray services Hospital services Ambulance Surgery	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Maternity	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 70% coverage after deductible	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 60% coverage after deductible	Prenatal care: 100% coverage (deductible does not apply). Labor, delivery and postpartum care: 100% coverage after deductible
Mental Health/ Substance Abuse	Inpatient: 70% coverage after deductible Outpatient: \$30 copayment	Inpatient: 60% coverage after deductible Outpatient: \$30 copayment	Inpatient: 100% coverage after deductible Outpatient: \$60 copayment
Other eligible health care services	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
No in-network lifetime maximum			

OUT-OF-NETWORK DETAILS: APPLIES TO BOTH HSA COMPATIBLE AND COPAY PLANS

OUT-OF-NETWORK Benefits	GOLD HSA/Copay	SILVER HSA/Copay	BRONZE HSA/Copay
Deductible	Individual: \$10,000 Family: \$20,000	Individual: \$10,000 Family: \$20,000	Individual: \$10,000 Family: \$20,000
Out-of-pocket maximum	There is no maximum for out-of-network services	There is no maximum for out-of-network services	There is no maximum for out-of-network services
Benefit coverage	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
Lifetime maximum benefits	\$1 million	\$1 million	\$1 million

If you visit an out-of-network healthcare provider, certain services may be excluded or limited. Please see an Inspiration Health policy on [medica.com](https://www.medicacom.com) for details.

If you choose to receive services or supplies from a non-network provider, you are responsible for any differences between Medica's non-network reimbursement amounts (generally based on a fee schedule) and the charges billed by the non-network provider.

To calculate your monthly premium, visit our quoting and enrollment tool at personalplans.medicacom.com.

