

**MEDICA**  
**SOLO**<sup>SM</sup>

*From the one man to family bands.*



ONE OR MORE



INDIVIDUALISTS



IN MINNESOTA

# PLAN HIGHLIGHTS



Medica Solo is a **one-person or family** plan.



See the Minnesota Medica Solo Rate Guide or follow the QR code on the back to **calculate your monthly premium**.



Applicants must be between ages **19 and 64**.  
Additional applicants must be at least **60 days old**.



This is a brief overview of the plan. Please see a policy document available on [www.medica.com](http://www.medica.com) for complete details.

## What's Covered?

BENEFIT	IN-NETWORK COVERAGE			
	Single Plans		Family Plans	
	80% Coverage	100% Coverage	80% Coverage	100% Coverage
Deductible options	\$3,150 \$6,300 \$9,450 \$12,600	\$3,150 \$6,300 \$9,450 \$12,600	\$6,300 \$12,600 \$18,900 \$25,200	\$6,300 \$12,600 \$18,900 \$25,200
Out-of-pocket maximum	Equal to chosen deductible plus \$1,000	Equal to chosen deductible	Equal to chosen deductible plus \$2,000	Equal to chosen deductible
Office visits	<b>With \$3,150 deductible:</b> \$30 copay <b>With \$6,300 deductible:</b> \$40 copay <b>With \$9,450 deductible:</b> \$50 copay <b>With \$12,600 deductible:</b> \$60 copay Copay applies for first 3 visits per calendar year. After 3rd visit, 80% or 100% coverage after deductible.		<b>With \$6,300 deductible:</b> \$30 copay <b>With \$12,600 deductible:</b> \$40 copay <b>With \$18,900 deductible:</b> \$50 copay <b>With \$25,200 deductible:</b> \$60 copay Copay applies for first 3 visits per person calendar year. After 3rd visit, 80% or 100% coverage after deductible.	
Preventive care	100% coverage (deductible does not apply)			
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copayment Tier 2 drugs: You pay 100% at Medica's discounted rate			
Convenience care center visits	\$20 copay for first 3 visits per person per calendar year; after 3rd, 80% or 100% coverage after deductible.			
Urgent care center visits	\$100 copayment for first visit per person per calendar year; after first visit, 80% or 100% coverage after deductible.			
Emergency room	\$200 copayment for first visit per person per calendar year; after the first visit, 80% or 100% coverage after deductible.			
Lab and x-ray services	80% or 100% coverage after deductible			
Hospital services				
Ambulance				
Surgery				
Maternity	100% coverage for prenatal care (deductible does not apply). Labor, delivery, and postpartum care not covered.			
Eyewear	Medica pays up to \$50 per person per calendar year			
Other eligible health care services	80% or 100% coverage after deductible			

## Out-of-Network Details

BENEFIT	COVERAGE
Out-of-network annual deductible	Out-of-network annual deductible is double the in-network annual deductible
Out-of-network annual out-of-pocket maximum	There is no out-of-pocket maximum for out-of-network services
Benefit coverage	60% coverage after deductible
Lifetime maximum benefits	\$1 million
Other details	If you visit an out-of-network health care provider, certain services may be excluded or limited. Please see a Medica Solo policy on <a href="http://www.medica.com">www.medica.com</a> for details.

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

## Additional Features

- Remove Mental Health & Substance Abuse Coverage**  
You have the option to remove your mental health and substance abuse coverage already included in the plan. Choosing to remove this coverage reduces your monthly rate.
- + Upgrade Prescription Drug Coverage**  
Increased coverage would include: Tier 2 drugs: \$50 copayment; Tier 3 drugs: \$100 copayment. This coverage is in addition to the Tier 1 drugs coverage already included in the plan. Choosing to upgrade this coverage increases your monthly rate. See our Preferred Drug List on [www.medica.com](http://www.medica.com) to find a list of drugs in each tier.
- ✓ Travel Program**  
You receive in-network coverage when you travel in the United States and use a travel program provider. Find more information on [www.medica.com](http://www.medica.com).
- ✓ Fit Choices**  
To provide an extra incentive to work out regularly, the Fit Choices by Medica program provides a \$20 credit toward your monthly membership dues when you work out 12 or more times a month. Our network features top names in the health club business, as well as hometown fitness facilities, so there's something for everyone.

## Other Important Info

### Applicable Payments

Copayments do apply to your out-of-pocket maximum. Some services, such as lab work and X-rays, may apply toward your deductible and may not be covered by a copayment.

### Pre-existing Conditions

For people ages 19 and over, a pre-existing condition exclusion may apply. If continuous qualifying health coverage has been maintained, this limitation is in effect for 12 months, but will be reduced based upon length of previously qualifying coverage. If continuous qualifying health coverage has not been maintained, this limitation is in effect for the first 18 months.

### Excluded Services

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

### Deductible Details

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

# PRODUCT FEATURES

## Your provider's probably in our network

With a Medica plan, you may see the medical provider of your choice. In fact, more than 96% of Minnesota providers are in our network. Of course, you receive the highest level of benefits and lowest out-of-pocket costs when you use providers that are part of the Medica network. If you choose to receive services or supplies from a non-participating provider, in addition to any deductible, copayment or coinsurance, you will also be responsible for Medica's non-network reimbursement amount (generally based on a fee schedule) and the charges billed by the non-network provider.

## Medica CallLink® Nurse Line

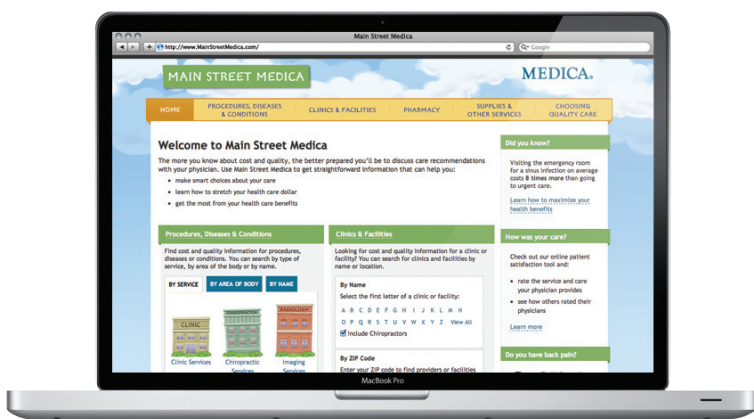
Registered nurses are available to Medica members by phone, 24 hours a day, toll-free at 1-800-962-9497. The nurses can assist you by providing answers to health questions, self-care tips and information that can help you choose the appropriate care.

## Summary of Benefits & Coverage (SBC)

As part of the Affordable Care Act, you can view a uniform Summary of Benefits and Coverage (SBC) for any Medica Individual and Family long-term plan. Beginning September 23, 2012, find a SBC online at [medica.com](http://medica.com) or request a free paper copy by calling 952-992-2080 or 1-800-670-5935.






## Get the most out of your benefits

Resources and tools are available on [www.MainStreetMedica.com](http://www.MainStreetMedica.com). This site can help you stay in control and make informed decisions. Online resources and tools include personalized health information, decision-support tools and the Medica list of preferred drugs.



## Eligibility

To gather information that will be used during the underwriting process, you will be asked questions about the health history of everyone seeking coverage. For example, if you are a smoker, overweight, or have certain health conditions, you may pay more, or may not be offered coverage. Applicants must be:

-  Between ages 19 and 64
-  Additional applicants must be at least 60 days old
-  A Minnesota resident
-  In general good health
-  Not eligible for Medicare

## Enrolling

- Step 1:** Complete, sign and date the application. Your effective date must be within 60 days of your signature date. If you are working with a broker, be sure that he or she signs the application as well.
- Step 2:** Include a check or money order for your first month's premium. Ongoing payments can be set up with ACH automatic payment from a checking account.
- Step 3:** Mail in your application and payment, or submit it online for a faster response.

## Getting Accepted

If your application is accepted, we will notify you of the date your coverage starts. If we cannot currently offer you coverage, we will return your premium payment. Please allow up to one to three weeks for processing your application.



*Scan this code to see if this plan hits the right notes.*

## Contact us

**952-992-2080 | 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.

***medicaindividualproducts@medica.com***

## Connect with Medica4Me



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IFB6902-11012