



# ALTRU PRIME BY MEDICA<sup>SM</sup>

With complex specialty care at Mayo Clinic.

**INDIVIDUAL OR FAMILY COVERAGE**

**2016**  
 **MINNESOTA BENEFIT SUMMARY  
COPAY PLUS PLANS**

Valid January 2016 - December 2016

**Altru**<sup>®</sup>  
HEALTH SYSTEM

**MEDICA**<sup>®</sup>  
Individual & Family Plans

# PLAN HIGHLIGHTS

This is a brief overview; please see our specific policies available on [medica.com](http://medica.com) for complete details.



**Altru Prime by Medica copay plus plans** are designed for individuals and families who want a simple, easy-to-understand plan with straightforward copays for services.



Access to over 30 primary and specialty clinics, 13 hospitals, and a large localized network of convenience care, urgent care and outpatient centers throughout **northwestern Minnesota** and **northeastern North Dakota**.



**Copay plus plans** eliminate the hassle of coinsurance with most services covered at a copay before you begin paying your **deductible**.



Access to the expertise and resources of **Mayo Clinic** through the **Centers of Excellence program**, so you can get exactly the care you need, when you need it.

## VALUE ADDED SERVICES AND FEATURES



### Health Advocate – Your Health Care Lifeline (Medica Exclusive)

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 health care 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 questions about symptoms, medications and health conditions, and other self-care tips for non-urgent concerns.



### Healthy Living with Medica – Daily Health Rewarded (Medica Exclusive)

Personalized health and well-being programs, gym membership discounts, special offers for personal trainers sessions, and rewards for making healthy choices – Healthy Living offers all this and more! It's a web-based tool whose two-week programs will motivate and support you to make the changes you want in your health and life — get fit, eat healthier, manage stress, sleep better and find direction for your life. Earn points as you participate that you can redeem for discounts, be entered into raffles or you can use to donate to charities.



### Centers of Excellence Program Featuring Mayo Clinic

This program allows members to receive care for certain transplants, rare cancers and other complex medical conditions at Mayo Clinic. An allowance for transportation, lodging and living expenses for the patient and one travel companion is included.



### Online Access to Your Health Information

Schedule appointments, see your test results, communicate with your doctor and more with MyHealth. This secure website is your online health connection with your providers.



### Online Care—Anytime, Anywhere!

You'll have access to quick, convenient online care through virtuwel. Available anytime, anywhere from your computer or mobile device virtuwel can treat over 50 common conditions. Get a diagnosis, treatment plan and prescription (if needed) often in less than 30 minutes – so you – or your family – can get better faster.

# COPAY PLUS PLANS

NETWORK BENEFITS	GOLD	SILVER
<b>Deductible</b>	<b>Per member:</b> \$1,000 <b>Family:</b> \$3,000	<b>Per member:</b> \$2,500 <b>Family:</b> \$7,500
<b>Out-of-pocket maximum</b>	<b>Per member:</b> \$4,000 <b>Family:</b> \$8,000	<b>Per member:</b> \$6,000 <b>Family:</b> \$12,000
<b>Family plan deductible details</b>	Embedded <sup>1</sup> individual deductible	Embedded <sup>1</sup> individual deductible
<b>Preventive care</b>	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
<b>Office and urgent care visits</b>	\$30 copay	\$60 copay
<b>Convenience care visits</b>	\$20 copay	\$20 copay
<b>Prescription drugs</b> (Preferred Drug List)	<b>Tier 1 drugs:</b> \$5 copay <b>Tier 2 drugs:</b> \$35 copay <b>Tier 3 drugs:</b> \$150 copay	<b>Tier 1 drugs:</b> \$10 copay <b>Tier 2 drugs:</b> \$60 copay <b>Tier 3 drugs:</b> \$200 copay
<b>Emergency room</b> (Facility charge only)	\$150 copay	\$250 copay
<b>Hospital services</b> (Facility charge only)	\$250 copay per day for the first five days; then 100% coverage (deductible does not apply). Copay applies to facility charges only; professional fees apply toward deductible.	\$400 copay per day for the first five days; then 100% coverage (deductible does not apply). Copay applies to facility charges only; professional fees apply toward deductible.
<b>Enhanced imaging services</b> (e.g. MRI, PET scan)	\$150 copay per service. Copay applies to facility charges only; professional fees apply toward deductible.	\$250 copay per service. Copay applies to facility charges only; professional fees apply toward deductible.
<b>Ambulance</b> <b>Surgery</b> <b>Home health care</b>	75% coverage after deductible	65% coverage after deductible
<b>Lab and X-ray services</b>	\$30 copay	\$60 copay
<b>Maternity</b>	<b>Prenatal care:</b> 100% coverage (deductible does not apply) <b>Labor, delivery and postpartum care:</b> 75% coverage after deductible	<b>Prenatal care:</b> 100% coverage (deductible does not apply) <b>Labor, delivery and postpartum care:</b> 65% coverage after deductible
<b>Other eligible health care services</b>	75% coverage after deductible	65% coverage after deductible

<sup>1</sup>Covered family member only needs to satisfy their individual deductible not the entire family amount before receiving benefits.

To calculate your monthly premium, visit our quoting and enrollment tool at [personalplans.medica.com](https://personalplans.medica.com).

# COPAY PLUS PLANS

## OUT-OF-NETWORK BENEFITS

### Deductible

Individual: \$10,000  
Family: \$20,000

### Out-of-pocket maximum

There is no maximum for out-of-network services

### Benefit coverage

50% coverage after deductible

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. If you visit an out-of-network health care provider, certain services may be excluded or limited. Please see Altru Prime by Medica policy on [medica.com](http://medica.com) for details.

## OTHER IMPORTANT INFORMATION

### Eligibility

Individuals and families under age 65 who reside in Kittson, Marshall, Pennington, Polk, Red Lake, or Roseau county.

### Pediatric Dental

These plans do not include pediatric dental services. Pediatric dental is an essential health benefit that can be purchased as a stand-alone plan through Delta Dental®. For more information visit [deltadentalmn.org/mnindividualpediatric](http://deltadentalmn.org/mnindividualpediatric).

### Travel Program – National Provider Network

Traveling and need care? No worries. You can access your network benefits nationwide when traveling outside the Medica service area and you see a provider in our Travel Program. The program allows you to visit more than 4,500 hospitals, 80,000 care facilities and 700,000 providers nationwide through Multiplan's PHCS Healthy Directions network.

### 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 copays. 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](http://mnsure.org).

### Deductible Details

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 and/or may result from adjustments needed to keep plans within the range for a given metal level; metal levels (e.g., Gold, Silver, Bronze) must always be in compliance with the Affordable Care Act (ACA) for Qualified Health Plans (QHPs). On family the plan, each member has their own individual deductible. Any deductible amount paid by an individual will apply to the family deductible amount – but no individual is required to pay more than their individual deductible amount.

### 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.

# ALTRU PRIME BY MEDICA SERVICE AREA



## 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)

TTY users, please call the National Relay Center and ask for the number listed above.

Visit us on the web: **medica.com**

Email: **medicaindividualproducts@medica.com**

Connect with **Medica4Me**  

See us at **www.youtube.com/medica4me**



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Medica is a qualified health plan issuer in the MNsure Health Insurance Marketplace.

Medica does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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### Medica Privacy Notice

Medica takes its responsibility of protecting your personal information seriously. Where possible, Medica de-identifies or encrypts personal information. We use and disclose personal information only to the extent necessary to conduct treatment, payment and health care operations, or to comply with legal, regulatory or accreditation requirements. Medica's full Privacy Notice is available upon request by calling **1-800-670-5935** or by going to **medica.com**.

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

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