



MEDICA INDIVIDUAL CHOICESM

Sensible. Stable. Secure.

INDIVIDUAL OR FAMILY COVERAGE

2016
 **MINNESOTA BENEFIT SUMMARY
COPAY PLANS**

Valid January 2016 - December 2016

MEDICA[®]
Individual & Family Plans

PLAN HIGHLIGHTS

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



Medica Individual Choice copay plans are designed for individuals and families who like the comfort of knowing their costs for common health services, such as visits to their doctor and prescription drugs.



Access to one of our largest networks: nearly **33,000 providers** of all types at more than 6,000 offices, clinics and hospitals in **Minnesota, western Wisconsin, North Dakota and South Dakota.**



Copay plans provide some services at a copay before you begin paying your **deductible.**



You can choose **Gold, Silver, or Bronze** levels of coverage.

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.



24/7 Online Care

You'll have access to quick, convenient online care through virtuwell. Available anytime, anywhere from your computer or mobile device virtuwell 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 PLANS

NETWORK BENEFITS	GOLD 100	GOLD
Deductible	Per member: \$2,400 Family: \$7,200	Per member: \$300 Family: \$900
Out-of-pocket maximum	Per member¹: \$2,400 Family: \$7,200	Per member¹: \$5,000 Family: \$10,000
Family plan deductible details	Embedded ¹ individual deductible	Embedded ¹ individual deductible
Preventive care	100% coverage	100% coverage
Office and urgent care visits	\$30 copay	\$30 copay
Convenience care visits	\$10 copay for preferred providers \$20 copay for other providers	\$10 copay for preferred providers \$20 copay for other providers
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copay Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible	Tier 1 drugs: \$10 copay Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 50% coverage after deductible
Emergency room Hospital services Enhanced imaging services (e.g. MRI, PET scan) Ambulance Surgery Home health care Lab and X-ray services	100% coverage after deductible	70% coverage after deductible
Maternity	Prenatal care: 100% coverage (deductible does not apply) Labor, delivery and postpartum care: 100% coverage after deductible	Prenatal care: 100% coverage (deductible does not apply) Labor, delivery and postpartum care: 70% coverage after deductible
Other eligible health care services	100% coverage after deductible	70% coverage after deductible

¹Covered 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.

COPAY PLANS

NETWORK BENEFITS	SILVER	BRONZE
Deductible	Per member: \$2,600 Family: \$11,500	Per member: \$6,850 Family: \$13,700
Out-of-pocket maximum	Per member¹: \$5,750 Family: \$7,800	Per member¹: \$6,850 Family: \$13,700
Family plan deductible details	Embedded ¹ individual deductible	Embedded ¹ individual deductible
Preventive care	100% coverage	100% coverage
Office and urgent care visits	\$30 copay	\$100 copay
Convenience care visits	\$10 copay for preferred providers \$20 copay for other providers	\$10 copay for preferred providers \$20 copay for other providers
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copay Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 40% coverage after deductible	Tier 1 drugs: \$20 copay Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Emergency room Hospital services Enhanced imaging services (e.g. MRI, PET scan) Ambulance Surgery Home health care Lab and X-ray services	60% coverage after deductible	100% coverage after deductible
Maternity	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
Other eligible health care services	60% coverage after deductible	100% coverage after deductible

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

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COPAY 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 a Medica Individual Choice policy on medica.com for details.

OTHER IMPORTANT INFORMATION

Eligibility

Available to individuals and families under age 65 living in the Twin Cities metro. Must be a resident of Anoka, Benton, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington or Wright counties.

Preferred Convenience Care Copay

Save \$10 when you visit the convenience care clinic in your local Target store for your health needs. Get same-day service without an appointment, including nights and weekends.

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.

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.

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.

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: medicaidindividualproducts@medica.com

Connect with **Medica4Me**  

See us at www.youtube.com/medica4me



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Medica Individual Choice is a service mark of Medica Health Plans.

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.

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.

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