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ENROLLMENT GUIDE

ProAct, Inc.

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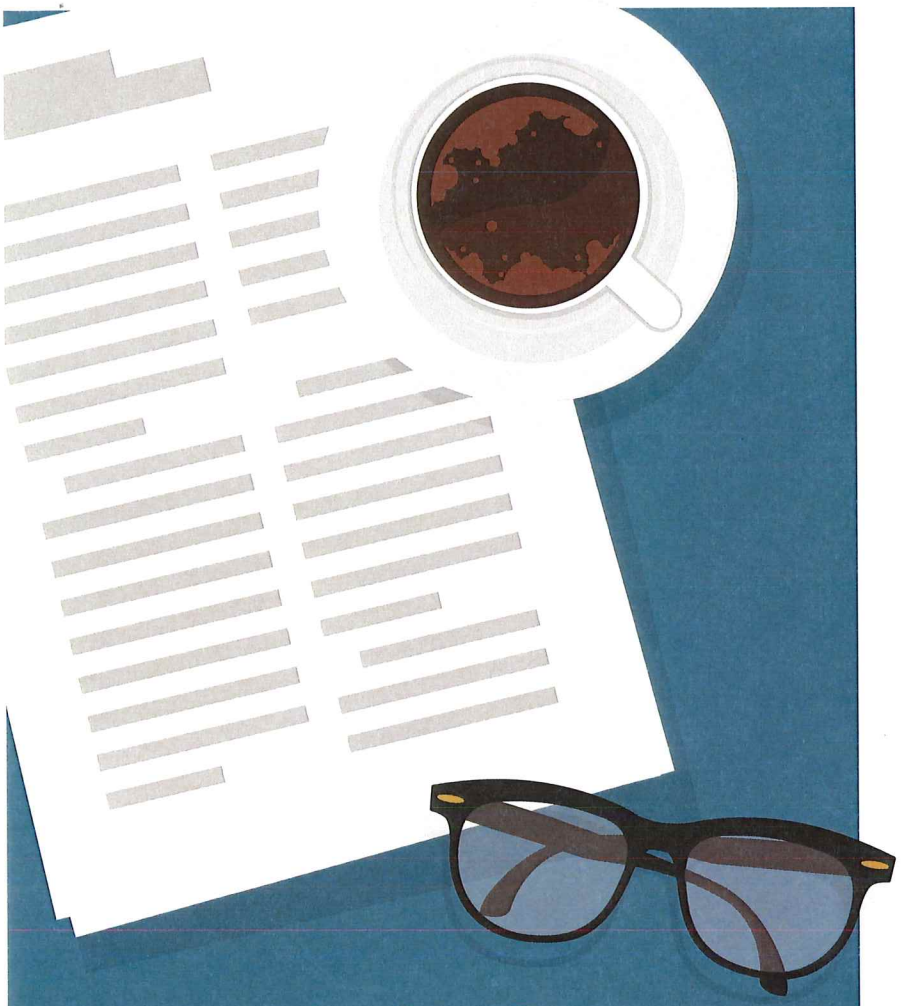

DECISIONS, DECISIONS...

Making choices can be fun – like deciding what color to paint your living room or where to go on your next vacation. But choosing your health insurance? Yeah, we get it – not so fun. Still, it doesn't have to be hard. This guide will explain what's covered, how much it will cost and how to find out which providers are in the network. Have questions? Help is just a call or click away.

Looking for more information about how insurance works?

Check out the tip sheets and videos at medica.com/membertips.

Watch your mailbox around the time your Medica plan starts.

If you have a new plan, we'll mail you an ID card and a kit with more detailed information about your benefits.

Once your plan starts, you can manage your benefits online.

Just log on to mymedica.com to order extra ID cards, track your claims, see what your plan covers and more.

Have questions or need more information?

Call us at 952-945-8000 or 800-952-3455. We're here to help!

What a choice!

You have a choice of benefit plans (how your care is covered) and provider networks (where you get care). Network choices are on the "About the Network" pages. Benefit summaries show your benefit plan choices. Note that each benefit plan option can be paired with any network option.

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WHICH ONE SHOULD I CHOOSE?

When you have more than one plan to choose from, it can be hard to know which one to pick.

PLUS, YOU MAY HAVE A CHOICE OF:

PLAN BENEFITS

How your care is covered.

Your plan benefits determine how things are covered (for example, whether the plan has a deductible and/or coinsurance) and what your share of the costs will be. You'll find this information in the plan's **benefit summary**, available in this guide.

PROVIDER NETWORKS

Where you go for care.

What's a network? It's a group of doctors, hospitals and other health care providers who have a contract with Medica to provide services to our members, usually at a discount. You receive your highest level of benefits when you see providers in your plan's network.

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WHICH ONE SHOULD I CHOOSE?

If you have more than one network or plan to pick from, answering the following questions can help you pick what's right for you.

CHOOSING NETWORKS

- [ ] Know who's in the network
- [ ] Check the referral requirements
- [ ] Consider what size network you'll need

Is it important to keep your current doctor?

yes!

Check each plan's network to see whether your doctor, hospital and other health care providers are included. Be sure to choose a network that meets the needs of your entire family, since you'll all share the same network.

Do you need to see specialists?

With some networks, you'll need a referral to see a specialist in certain cases (for example, in a care system network, when you want to see a provider outside of your care system). With other networks, you won't need a referral as long as you stay in the network.

What size network do you need?

Plans with a smaller network usually have lower premiums. Accountable care organizations (ACOs) have a smaller network, but offer added features and support, usually at a lower cost. If an ACO is one of your options, and you and your family already see providers in that ACO, then this type of network might be right for you. If it's important to have access to a wider range of doctors and other providers, a larger network might be a better fit.

CHOOSING BENEFITS

- [ ] Understand your coverage
- [ ] Estimate your health care costs
- [ ] Know your maximum

Would you rather pay your costs up front, or as you go?

Plans with more coverage usually have higher premiums (the set amount you pay for your coverage), but offer lower costs when you receive care. Plans with lower premiums usually have higher deductibles and other out-of-pocket expenses, meaning you'll pay more as you receive care. To learn more about these terms, see the next section ("What's covered? How much will it cost?").

Are you expecting a lot of health care expenses this year?

Compare each plan's out-of-pocket expenses (the deductible, coinsurance, out-of-pocket maximum, etc.) to see which plan best fits your situation. To get an idea of your overall cost, be sure to also factor in your premiums.

What if you get seriously ill?

Could you afford to pay the plan's out-of-pocket maximum (also called an out-of-pocket limit)? This amount is the most you would pay for covered services in a year. After that, your plan pays 100%. Keep in mind that a plan may have an individual and a family limit, and separate limits for in- versus out-of-network care.

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WHAT'S COVERED? HOW MUCH WILL IT COST?

When you get down to it, there are two types of health care costs:

PREMIUMS

Think of premiums like your health club dues, where you pay a monthly fee to access the gym. Your health insurance premiums give you a certain level of coverage, including 100% coverage of preventive care. Your plan also includes some nice extras, at no additional charge. These are like the hot tub or steam room in our health club example – you have access to them just because you're a member.

OUT-OF-POCKET COSTS

Out-of-pocket costs are what you pay as you receive care. These costs will vary depending on the plan you pick. Below are some examples of common out-of-pocket costs. To see which costs apply and how much you'll be responsible for, check the plan's **benefit summary**, available in this guide.

Premium

The amount you pay each month or every pay period for the insurance plan.

Have questions about your premium amounts? Check with your employer.

Copay

A set amount you pay up front when you receive care.

For example, $40 for a doctor visit.

Deductible

The amount you pay each year before your insurance starts to pay.

For example, if your deductible is **$2,000**, that's what you'll pay before your insurance starts to pay. Some charges don't count toward your deductible (for example, copays and services that aren't covered). And you might receive coverage for some things, like preventive care, even if you haven't met your deductible.

Coinsurance

Your share of the costs after you've paid your deductible. Coinsurance is a percentage of the charges for the service.

For example, you pay **20%** of the charges and Medica pays 80%.

Out-of-Pocket Maximum

The most you pay in a year for health care services covered by your insurance.

Once you meet this limit, your insurance pays 100% of any additional covered charges for the rest of the year.

To learn more about out-of-pocket costs, see the tip sheet at **medica.com/membertips.**

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Save money — see network providers

Many (though not all) plans have out-of-network benefits.

If they do, they'll be listed on the plan's **benefit summary**. But even with these benefits, your costs will be much higher if you see a provider outside your plan's network. That's because of three things:

1. **Out-of-network benefits cover less than in-network benefits.** For example, a plan may have 40% coinsurance for out-of-network care vs. 20% coinsurance for in-network care (this is just an example – for actual amounts, see a plan's **benefit summary** available in this guide).

2. **We negotiate discounts with network providers.** When you leave the network, you lose those discounts. So the percentage you're paying above? It's a percentage of the full bill, not the discounted amount when you see a network provider.

3. **We usually pay out-of-network providers less than the amount they bill.** When this happens, you're responsible for paying the balance to the provider.

So it really does pay to stay in your plan's network.
To see an example of how much more out-of-network care can cost, go to **medica.com/membertips**.

What about prescriptions?

You can see how a plan covers prescription drugs by looking at the **benefit summary**, available in this guide.

With some plans, you'll pay a set copay when you fill a prescription. With other plans, you'll pay the full cost of prescriptions until you meet your deductible. Rarely, a few plans have a combination of both copays and a deductible for prescriptions.

Whichever the case, it's helpful to know what to expect before you fill your prescriptions. And if you have a choice of plans that cover prescriptions differently, you'll want to compare potential costs under each plan. To get an idea of how much a particular drug will cost, you can use the online search tool. Just go to **mymedica.com** and choose Pharmacy Information (in the "Links and Tools" box on the right).

Once your plan starts, log in to mymedica.com to see prices specific to the plan you've chosen. You'll also be able to look up pharmacies where you can fill your prescriptions. For ongoing prescriptions, many plans also offer mail order or 90-day refills.

GET THE DETAILS YOU NEED ONLINE

Once your plan starts, you can find the information you need on **mymedica.com**.

- ✓ See what your plan covers and find out your share of the costs
- ✓ Check prices for prescription drugs
- ✓ Track your claims
- ✓ See who's in your plan's network
- ✓ Print a temporary ID card or order extras
- ✓ Pick up some healthy habits and learn more about wellness