

OUT-OF-NETWORK CARE

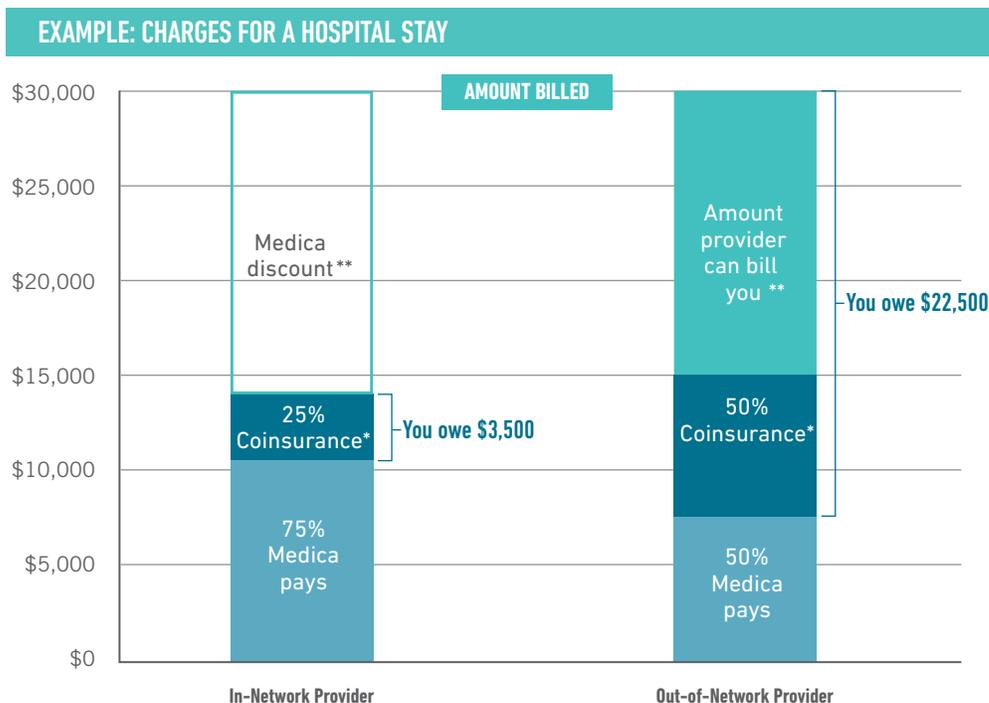
TIPS FOR UNDERSTANDING YOUR PLAN

CARE OUTSIDE YOUR NETWORK COSTS YOU MORE

You pay less out of your own pocket when you get care from providers in your plan's network. Why? We negotiate with these providers so you receive health care services at a discounted rate, saving you money. To find network providers, go to medica.com/members and enter the name of your Medica plan.

If you visit an out-of-network provider, our discounts don't apply. That means your out-of-pocket costs can be much higher. Plus, we usually pay out-of-network providers less than the amount they bill. When this happens, you're responsible for paying the provider the balance.

Here's an example that compares the cost of care received from an in-network and an out-of-network provider. This is just an example. Actual costs depend on the care you receive and your specific benefits.



*This example shows a network benefit of 25% coinsurance and out-of-network benefit of 50% coinsurance. The example assumes that the deductible has already been met. See your coverage document on mymedica.com for information about your specific benefits.

**When a provider contracts with Medica, they're required to accept Medica's payment in full; they aren't allowed to charge the member for the difference between the amount they bill and the amount Medica pays. When there is no contract, Medica pays the provider based on Medica's allowed amount (\$15,000 in the above example) and the provider is free to charge the difference to the member (\$15,000 in the above example). This additional amount doesn't count toward meeting the deductible or out-of-pocket maximum.

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IF YOU CHOOSE OUT-OF-NETWORK CARE

Here are a few things to keep in mind before receiving care from a provider who is not in your network.

- First, verify that you have out-of-network coverage. Then ask: What's my deductible? What's my coinsurance? What's my out-of-pocket maximum? How much will I have to pay?

Keep in mind: When you go out of network, you could end up paying more than the out-of-pocket maximum, because certain amounts you pay don't count toward the maximum (e.g., \$15,000 in the example on the previous page). Plus, even after you've met your out-of-pocket maximum, you'll continue to pay the difference between what the provider bills and what Medica pays.

- See whether the provider will negotiate. Ask whether they'll discount their services for you.

Note: Out-of-network providers aren't required to offer you a discount.

- Find out whether the provider will submit claims for you. If so, make sure they use the claims address on the back of your Medica ID card. If the provider won't submit your claim for you, you should complete the Medical Claim Form found on medica.com/members/group/forms and mail it to the address on the form.

Note: Claims you submit must include itemized diagnoses and procedure codes (you may need to get these from your provider). Keep a copy for your records.

- Understand how out-of-network claims are paid. In most cases, Medica pays its portion of the bill directly to you. You're responsible for paying the out-of-network provider's entire bill. That includes the amount Medica paid you, plus all other amounts you owe.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

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