Implementation/administrative guide for fully insured employers

Medica

Introduction

Thanks for choosing Medica. This guide assists in implementing and administering your organization's Medica health plan for employees. We offer ongoing personal and technical support for issue resolution. Detailed information on eligibility, administration, enrollment, contracts, and billing procedures is included for your reference. We also provide ongoing personal and technical support to help you resolve issues and answer questions. These resources, along with detailed information about eligibility, administration, enrollment, contracts and billing procedures, are all included in this guide.

Administrative Resources

Telephone + Email Support

The Employer Service Center is the place to call when you have questions about benefits, enrollment, claims, and more — and need answers fast. It's also your best resource for routine, day-to-day questions and concerns.

Phone: **1 (952) 992-2200** or **1 (800) 936-6880** (TTY: **711**)
Fax: **1 (952) 992-3199**
Email: **MedicaServiceCenter@medica.com**

Hours of Operation:
Monday-Wednesday and Friday from 8 a.m. to 5 p.m.
Thursday from 9 a.m. to 5 p.m.

Online Support

We encourage you to visit **Medica.com** anytime — day or night. Click on the *For Employers* tab for a wealth of information about our products, value-added health and wellness programs, online versions of our publications and the most recent Medica news.

Employer eServices®

To make it easier to do business with us, Medica offers Employer eServices®, an online application that gives you immediate, secure access to health care benefits information.

Through Employer eServices, you can conduct your enrollment and billing online in real time. In addition, information is available electronically through **EmployerEServices.com.**

To sign up for Employer eServices, contact your account manager. You'll need to designate a Client Master Administrator (CMA) for your group. The CMA can:

- Add users
- Deactivate users
- Assign functional permissions, including eligibility and billing, to users in your organization

View the **Employer eServices user guide.**

Have a general question about Employer eServices or experience a technical issue while using eServices? Contact Employer eServices customer support at **1 (800) 651-5465.**

Emails From Medica

Below is a list of Medica email addresses that you and/or your employees may receive emails from. Sometimes these emails can get caught in SPAM filters. Please provide this list to your IT department.

- Employer eServices (**Employer_eServices@UHC.com**)
- Electronic monthly administrative invoice ready notification (**NoReply@Notifications.UHC.com**)
- Medica Employer Communications (**Employer.Comm@Email-Medica.com**)
- My Health Rewards by Medica (**Medica@HealthyEmail.com**)
- Medica CDH (@HealthAccountServices.com)
- Medica ONESource (@HealthAccountServices.com)
- Medica Do No Reply (@HealthAccountServices.com)
- Medica Dental through Delta Dental (**DeltaDentalConnect@DeltaDentalMNAdmin.org**)
- Be.Well by Medica (**MedicaMemberComm@Email-Medica.com**)
- Virgin Pulse (@VirginPulse.com)

Keeping In Touch

Stay in the loop about important Medica developments, insurance industry news, fun and informative events and more through *Employer Update*, Medica's monthly employer e-newsletter.

Visit **Medica.com/Employers** for a variety of resources to help administer your plan, including: forms, worksite wellness resources, member materials and more. Our **Monthly Health and Wellness Toolkit** focuses on select topics and Medica resources each month to raise awareness about care services and encourage healthy living.

Tell us how we can help. If there's an issue you'd like us to address, email us at **Employer.Comm@Medica.com.**

Getting Started

Account Setup

There are multiple ways to set up your plans through group numbers, departments and/or master group numbers, depending on your reporting, location or billing requirements.

Group Numbers

Each plan design will have at least one 5-digit group number assigned to it. All of your 5-digit group numbers will roll to one 6-digit master group number. Your Medica account manager will help you determine the number of group numbers needed.

Reporting Requirements

Claims experience is broken out by the 5-digit group number. Often, an employer will have different locations or different classes of employees and request that each location/class has its own group number for claims experience reasons. With this request, each location must be set up with its own 5-digit group number.

Depending on your group's reporting requirements, you may need additional group numbers or additional master group numbers.

Departments

Within a 5-digit group number you can break your membership down further by assigning each member to a specific department. This option is available when your bills are received electronically through Employer eServices. Through Employer eServices you can then download your invoice and sort it any way needed.

Master Group Numbers

This 6-digit master group number ties all the 5-digit group numbers together. Each master group number that is created will generate its own billing invoice.

Billing requirements

For example, if your group has three plans, there will be three 5-digit group numbers. Each master group number (or location) would also have its own set of three 5-digit group numbers under it.

Location 1 – Master Number: 123456
Plan A, Group #11111
Plan B, Group #22222
Plan C, Group #33333

Location 2 – Master Number: 123456
Plan A, Group #44444
Plan B, Group #55555
Plan C, Group #66666

Billing invoices are run at the master group level. So, if you have two master group numbers, you will receive two billing invoices (same invoice date, two separate bills).

Note: *If you need assistance in determining the number of group numbers, if departments are needed and/or the number of master group numbers your group will need, please contact your Medica account manager.*

Master Group Contract(s)

This document in conjunction with the certificate(s) of coverage is the formal agreement between your organization and Medica. The master group contract defines:

- The contract's effective date
- Termination provisions of the contract
- Your responsibilities as an employer under the contract
- Billing information

Medica Identification (ID) Cards

Medica ID cards are mailed within three to ten business days. Members will receive two ID cards per family*. If the member is on an Elect product, then each family member will receive an ID card with their respective clinic name on it. If members require additional cards they can log in to **Medica.com/SignIn** or contact Member Services to request them.

**Medica will automatically issue additional ID cards for any dependents over the age of 16.*

Alternate ID Number

To protect your employees' and their dependents' confidential health care information, we've replaced the Social Security Number (SSN) as the primary identifier for them with an alternate 9-digit ID number. While you will still provide us the SSN of each enrollee, we will assign an alternate ID for each enrollee record. This eliminates the public disclosure of SSNs on any external enrollee communications including all correspondence, websites, ID cards, letters and Explanations of Benefits.

Note: *Please remind your employees to present their new ID card when they visit their provider.*

Next Steps for Your Employees

Remind employees to watch the mail for their ID card and member welcome kit. When it arrives (the ID card usually arrives first), it's a good idea for them to review the information and learn how their plan works. The welcome kit should be stored in a safe place and employees should carry their ID card at all times so that it's available when they need care.

Register

Employees should sign up for the Medica programs and services that help them take charge of their benefits and make informed decisions about their health. They will need only a few minutes and the information on their ID card to create a username and password for **Medica.com/SignIn.**

Understanding the plan

Urge employees to take the time to understand their plan by reviewing the information upon arrival. Emphasize the importance of examining details such as copays, coinsurance, and out-of-pocket costs. It's crucial for them to grasp how seeking care from an out-of-network provider might impact costs, and to be aware of coverage details while traveling.

Know where to go for help and information

Your employees will probably have questions when they start using their plans. Help them out by promoting these helpful resources:

- Member Services
  - Monday - Friday, 7 a.m. - 8 p.m. CT, (closed Thursday, 8 - 9 a.m. CT)
  - Saturday, 9 a.m. - 3 p.m. CT
  - Note: The Member Services phone number is on the back of their ID card
- Medica CallLink®
  - Staffed with advisors and nurses who can offer advice and answer questions 24/7 at **1 (800) 962-9497**.
- Member website
  - Members can create an account at **Medica.com/SignIn** to access their member ID card and find theit health plan documents, links to pharmacy information, coverage information, health and wellness information, and more.
- Member app
  - Members can search "Medica Member" in the App Store or Google Play to access their health plan information, download their ID card to their mobile wallet, find in-network providers, and more.

Translation Services

Medica wants to ensure all of your employees can make informed decisions about their care and benefits, regardless of their native language. The preferred method to help our members who aren't fluent in English is to direct them to Medica Member Services, where they can identify their language choice. We've developed email messages in 11 languages that direct non-English-speaking members to call Medica Member Services for access to an interpreter. Contact your account manager to request the email message(s).

Eligibility Administration

COBRA

When an employee is terminating their Medica coverage, please send the termination notice to Medica immediately. You do not need to wait until the end of their COBRA election period.

If you currently utilize a vendor for your COBRA administration, please share the following reminders with the vendor:

- Please remind your vendor that Medica needs to have all enrollment requests submitted on the appropriate Medica forms.
- Requests should be submitted within the time allowed on your Master Group Contract (MGC). This will help ensure that enrollment is accurate and completed in a timely manner.
- Do not send COBRA paid-through reports or COBRA election forms to Medica. These documents provide more information than needed and we want to protect our members by receiving only necessary information.
- To avoid any confusion, only use the **Group Enrollment/Change/Cancellation** form when notifying Medica of COBRA enrollments or terminations.
- Send the form to the address/fax listed on the bottom of the form. The Medica enrollment department cannot accept forms by email.

View the **COBRA enrollment tip sheet.**

Medicare Part D

Medicare Part D notices are sent by Medica annually.

Notices are required each year to be sent prior to Medicare open enrollment which starts Oct. 15. Medica completes the mailing by late-September to early October. The notice is mailed to only those members and their covered dependents who are eligible for Medicare Part D, or who will be eligible in the next 12 months. The notice will include details on the creditable or non-creditable status of the member's prescription drug coverage. Employers will be mailed a cover letter and sample notices prior to the mailing so they will be aware what their employees will be receiving.

Maximum Dependent Age

Dependents are defined by the Affordable Care Act (ACA) as children under the age of 26, regardless of student status or marital status. Medica will notify members that their coverage will terminate at the end of the month in which the member turns 26. We will also send a copy of the notification to you. Members whose coverage ends may be eligible for COBRA/continuation.

Below are the state requirements around full time students that extend beyond the age 26. Medica will keep dependents on until the appropriate student age as noted below at the request of the group. Medica does not track full-time student eligibility.

STATE	MAXIMUM DEPENDENT AGE	FULL-TIME STUDENT AGE
MN	26	26
WI	26	No Limit
ND	26	26
SD	26	30

Disabled Dependent Review

Disabled dependents over the maximum dependent age who are neither full-time students nor employed on a full-time basis are eligible for coverage for as long as they continue to meet disabled dependent criteria. A dependent child may be an adult. There is no upper age range for a disabled dependent.

Medica does not conduct a medical review for disabled dependents. We rely on the member's primary care physician to indicate that the member is disabled. If Medica's Request For Extended Coverage Form is completed and signed by the member's physician, the dependent will be enrolled with a disabled status.

Any dependents reaching the age of 26 will be reviewed by our eligibility team. If the dependent is already noted as a disabled dependent, no further action will be taken. If not, a completed **Request For Extended Coverage Form** will be needed to continue coverage. The Maximum Dependent Age letter sent to the member will provide instructions for obtaining and completing the **Request For Extended Coverage Form.** They have 31 calendar days from the date the dependent reaches age 26 to complete and return the form to us. If they do not return the form within the 31 days, the dependent will be terminated from the plan.

Coordination of Benefits (COB)

COB happens when someone has more than one insurance plan. This can be with Medicare, Medical Assistance, individual policies, or commercial plans from other employers. To prevent getting too much insurance or double payments, all programs need to work together to coordinate benefit payments. That can help reduce out-of-pocket expenses like copayments and deductibles.

We check enrollment and claim data to find out who's most likely to have other insurance, and send a letter to members to verify if they have other insurance. When there is other insurance, Medica or Rawlings (our vendor) may need to reach out to you to confirm employment status in order to determine which insurance should pay first. Claims are not held during this process.

A member traditionally would not be contacted more than once per year; however, in certain situations in which the member's COB information changes multiple times within a year, the member may be contacted more than once.

Medicare Reclamation

When Centers for Medicare and Medicaid Services (CMS) pay a claim they believe should have been paid by a Group Health Plan (GHP), they issue a notice requesting payment to the employer and GHP of the member. The notice sent by CMS is called a Medicare Reclamation Notice. As an employer group, you can pay the debt or appeal (dispute) the debt. Responses to these notices must be made within 60 days of the demand letter or it will be considered delinquent. If you receive one of these notices, please contact your account manager for assistance right away.

Subrogation

If a member receives benefits for a condition or injury caused by a third party, and later receives payment for that same condition or injury from another party, the plan has the right to recover any payments already made. The process of recovering earlier payments is called subrogation. Some examples where this might happen:

- Animal bites
- Your Business or premise liability (slips and falls)
- Disputed workers' compenstation cases
- Medical malpractice
- Motor vehicle accidents

Medica uses a number of different methods to identify potential subrogation cases:

- From claims data
- From the members who call in to notify us
- From a provider
- From an attorney

When a potential subrogation issue is identified both the member and the employer may be contacted by Medica or our subrogation vendor Optum for additional information.

Enrollment

Enrollment Options

Enrollment can be done online through Employer eServices, electronic file, spreadsheet (initial and Open Enrollment only) or by mail.

Upload enrollment forms securely on **Medica.com.** Enrollment documents can be securely uploaded **here.**

***Note**: Only Medica's **Group Enrollment/Change/Cancellation form** and Medica-approved enrollment spreadsheets (which can be requested through your Medica representative) are accepted through this method. We have four different enrollment spreadsheets available based on group size and if a group is new to Medica or has renewed.*

Employer eServices

You can quickly and easily log into the secure website to enroll new employees and/or dependents at **EmployerEServices.com.**

Electronic File

Customers with 75 or more participating employees can set up an electronic file with Medica to transmit enrollment updates. Medica's file specifications must be followed. Lead time to set up a file is typically 8-10 weeks. Ask your account manager if you are interested in learning more about this option.

Spreadsheet

Spreadsheets can be used for your initial enrollment submission to Medica and can also be used in certain instances for your open enrollment updates. Medica's spreadsheet templates must be used. Ask your account manager for more information about this option.

Mail

Mail enrollment information or changes to:

Medica
P.O. Box 30986
Salt Lake City, UT 84130-0986

Or fax to:
1 (844) 280-3838

Frequently Asked Questions

Which form should I use?

TO...	USE...
Add a new employee	Enrollment/Change/ Cancellation Form
Add a dependent	
Terminate coverage for an existing employee	
Change an employee address	
Change an employee name	
Change from one plan option to another plan option at open enrollment or special enrollment	Medica Plan Selection Form

How do we order the necessary forms?

Enrollment forms and tips for employers are also available at **Medica.com** > For Employers > Guides and forms. These should be printed as needed rather than keeping a large supply on hand, as the forms are updated periodically.

Please call the Employer Service Center at **1 (952) 992-2200** or **1 (800) 936-6880** to ensure that you receive the correct form(s). Our representatives can provide you with the appropriate form(s) needed to enroll participants or make participant-directed changes.

When can employees enroll?

Examples of when employees can enroll: during open enrollment, when an employee is newly eligible, or following a special enrollment event (such as loss of other coverage in certain instances, birth, adoption, marriage).

Please refer to your Certificate of Coverage for a more detailed description of when employees can enroll.

Are social security numbers (SSN) required?

- SSN is required for the subscriber/employee and all dependents.
- The Federal Centers for Medicare and Medicaid Services (CMS) requires health plans to provide quarterly reports to comply with Medicare Secondary Payer requirements. CMS requires social security numbers for "active covered individuals" covered under the plan, this would include dependents.
- If the employee is a non-US citizen without an assigned SSN, Medica requires their work visa number be submitted.

What is the process for retroactive terminations?

The Patient Protection and Affordable Care Act ("PPACA") includes legislation prohibiting group health plans and health insurance issuers offering group or individual coverage from rescinding coverage with respect to an enrollee once the enrollee is covered under the plan, except where the individual commits fraud, makes an intentional misrepresentation of material fact or non-payment.

A rescission is defined as any cancellation or discontinuance of coverage that has a retroactive effect. This means that retroactive terminations by employers are rescissions and would only be allowed for non-payment of premiums or contributions from the employee or if the retroactive termination were for fraud or intentional misrepresentation of a material fact.

Medica's standard retro termination process is 60 days for fully-funded groups and will remain in place for those allowable retroactive terminations – i.e. non-payment. If a contribution has been made by the employee or in the case of an employer contributing 100% of the premium then the termination must be prospective.

Billing + Payment

When Premiums Are Due

Premiums are due on the first of each month with a 10-day grace period. Be sure to pay your premium on time to avoid termination of your group's coverage.

Late Payments

- If Medica does not receive your payment by the date specified in your master group contract, we will send you a late payment notice that will be due immediately upon receipt.
- If your group's coverage is terminated due to late payment, you may be able to reinstate coverage. There is an administrative service fee for processing the reinstatement request and direct debit is required for future payments.
- To reinstate your group's coverage after it is terminated, you must provide the following to Medica:
  1. A completed reinstatement form.
  2. A cashier's check for all outstanding premiums due plus the administrative service fee for reinstatement.
  3. A completed automatic payment form which allows Medica to automatically withdraw all future premium payments directly from your organization's bank account.

Note: *Medica will allow reinstatement for late payment only twice. Please call the Medica Service Center at* ***1 (952) 992-2200*** *or* ***1 (800) 936-6880*** *if you have questions about reinstatement.*

Monthly Payment Options

Below are payment options available to you to pay for your monthly premiums.

1. Direct debit, also known as Automated Clearinghouse (ACH). The fee and/or premium is withdrawn from your bank account on the 10th of the month. If the 10th falls on a weekend, the ACH draft will occur on the next business day.
2. Online payment remittance through Employer eServices billing. You simply click the payment submit button.
3. Electronic Funds Transfer (EFT) i.e. wire transfers. These are customer initiated.
4. Check.

Please contact your account manager to discuss payment options.

Employer eServices Electronic Billing

Electronic billing solutions through **Employer eServices** provide simplified invoices, downloadable data and real-time calculations and payments. Employer eServices is a standard service available to all our customers.

You will receive a monthly e-mail notification when your invoice is ready for review and payment. You can then:

- View current activity or prior period activity (up to 12 months).
- Download, save and print invoice detail into a spreadsheet application such as Excel.
- Request an adjusted invoice to reflect eligibility changes.
- Pay bills online.

We recommend that you give at least two users access to online billing for back up purposes. Paper invoices are not generated when a group has electronic billing.

Our eligibility and billing systems are linked. If you need to make multiple eligibility changes, you can do so on employereservices.com and then request an adjustment invoice. Your changes will be reflected in the online adjustment invoice that is requested. This adjustment invoice, combined with your current invoice, will provide a more up-to-date payment amount due for that month.

Explanation of Benefits (EOB)

An EOB will be provided to members for all in-network and out-of-network claims, including claims where the member liability is a flat dollar copayment.

Monthly Invoice

See the following page for a guide to understanding your monthly invoice.

An improved billing system and easier-to-understand invoice.

How to read your new invoice.

Use this guide to get more information about the summary page of your invoice.

1 Manage your account.

Invoice number: The number for each invoice.

Invoice date: The date the invoice is created.

Customer number: This is the number we gave to the account.

Bill group number: This number is based on the billing address. There will only be one bill group number.

Coverage period: These are the dates being paid for.

Due date: The date the payment is due, subject to the grace period.

2 Account summary.

Previous balance: The total due on the last invoice.

Payments: The amount paid since the last invoice.

Account and current adjustments: You can find more information about adjustments made to the account on the Details page of the invoice.

Current charges: New amounts you owe since the last invoice.

Total balance due: This is the amount owed.

3 About your payment.

These are the payment options.

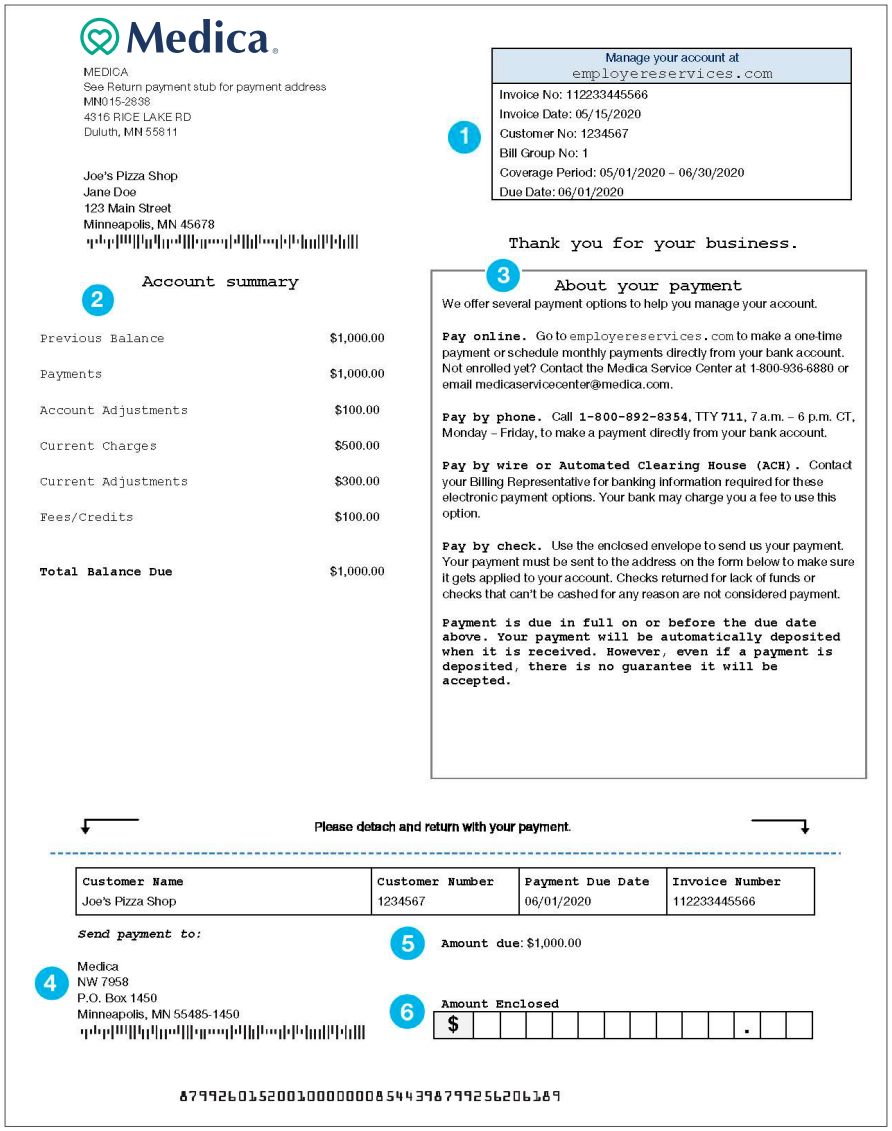
4 Send payments to this address.

5 The amount needed to be paid.

6 Please write the amount (dollars and cents) being paid in the boxes.

Be sure to write the customer number on the check.

Your invoice also includes more details about the coverage selected. If you have any questions, please call us toll-free at **1-800-892-8354**, TTY **711**, 7 a.m. – 6 p.m. CT, Monday – Friday.



Medica

MEDICA
See Return payment stub for payment address
MN015-2838
4316 RICE LAKE RD
Duluth, MN 55811

Joe's Pizza Shop
Jane Doe
123 Main Street
Minneapolis, MN 45678

Manage your account at employereservices.com

1
Invoice No: 112233445566
Invoice Date: 05/15/2020
Customer No: 1234567
Bill Group No: 1
Coverage Period: 05/01/2020 – 06/30/2020
Due Date: 06/01/2020

Thank you for your business.

Account summary

2

Previous Balance	$1,000.00
Payments	$1,000.00
Account Adjustments	$100.00
Current Charges	$500.00
Current Adjustments	$300.00
Fees/Credits	$100.00
Total Balance Due	$1,000.00

3 About your payment

We offer several payment options to help you manage your account.

Pay online. Go to employereservices.com to make a one-time payment or schedule monthly payments directly from your bank account. Not enrolled yet? Contact the Medica Service Center at 1-800-936-6880 or email medicaservicecenter@medica.com.

Pay by phone. Call **1-800-892-8354**, TTY **711**, 7 a.m. – 6 p.m. CT, Monday – Friday, to make a payment directly from your bank account.

Pay by wire or Automated Clearing House (ACH). Contact your Billing Representative for banking information required for these electronic payment options. Your bank may charge you a fee to use this option.

Pay by check. Use the enclosed envelope to send us your payment. Your payment must be sent to the address on the form below to make sure it gets applied to your account. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Payment is due in full on or before the due date above. Your payment will be automatically deposited when it is received. However, even if a payment is deposited, there is no guarantee it will be accepted.

Please detach and return with your payment.

Customer Name	Customer Number	Payment Due Date	Invoice Number
Joe's Pizza Shop	1234567	06/01/2020	112233445566

Send payment to:

4
Medica
NW 7958
P.O. Box 1450
Minneapolis, MN 55485-1450

5 Amount due: $1,000.00

6 Amount Enclosed
$

8799260152001000000085443987992562061897

Medica

Medica Class Code Options

The responsibility to properly assign class codes (i.e. single, family) resides with the employer. This is most important for those employers who elect to enroll electronically or use our Employer eServices application.

Medica assigns a class code number to each type of premium rate structure. As an employer, you determine the rate structure applicable to your enrollees at the time you accept Medica as your carrier or annually upon renewal. This information is noted in the Premiums section of your Master Group Contract.

Medica may designate unique situations (i.e., divorce, COBRA, retirement) by a separate class code in order to comply with state and federal regulatory requirements. The most common scenarios used by most groups are noted below and should be followed unless special arrangements have been made with your Medica account manager.

These options apply only to fully insured, class-code rated large groups. They do not apply to small groups, which are age-gender rated.

Standard 2 — Tier Class Codes
Class Code 1 Single (employee only)
Class Code 4 Family
Class Code 10 D-Split Family – MN Only
Class Code 29 COBRA Single (employee or subscriber only)
Class Code 32 COBRA Family
Class Code 33 COBRA D-Split – MN Only

Standard 3 — Tier Class Codes
Class Code 1 Single (employee only)
Class Code 2 Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 4 Family
Class Code 10 D-Split Family – MN Only
Class Code 11 D-Split Employee + one (EE+1) or Employee + spouse (EE+Sp) – MN Only
Class Code 29 COBRA Single (employee or subscriber only)
Class Code 30 COBRA Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 32 COBRA Family
Class Code 33 COBRA D-Split – MN Only

Standard 4 — Tier Class Codes
Class Code 1 Single (employee only)
Class Code 2 Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 3 Employee + child(ren) or Employee + 2 (EE+2)
Class Code 4 Family
Class Code 10 D-Split Family – MN Only
Class Code 11 D-Split Employee + one (EE+1) or Employee + spouse (EE+Sp) – MN Only
Class Code 12 D-Split Employee + two (EE+2) – MN Only
Class Code 29 COBRA Single (employee or subscriber only)
Class Code 30 COBRA Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 31 COBRA Employee + child(ren) or Employee + 2 (EE+2)
Class Code 32 COBRA Family
Class Code 33 COBRA D-Split – MN Only

COMPLETE LIST OF ASSIGNED CLASS CODES

Medica Standard Class Codes
Class Code 1 Single (employee only)
Class Code 2 Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 3 Employee + child(ren) or Employee + 2 (EE+2)
Class Code 4 Family

Divorce Class Codes (D-Split)
(Minnesota ONLY where divorce has occurred and part of the family is on COBRA)
Class Code 10 D-Split Family
Class Code 11 D-Split Employee + 1 (EE+1) or D-Split Employee + Spouse (EE+Sp)
Class Code 12 D-Split Employee + 2 (EE+2)

COBRA Class Codes
Class Code 29 COBRA Single (employee or subscriber only)
Class Code 30 COBRA Employee + one (EE+1) or Employee + spouse (EE+Sp)
Class Code 31 COBRA Employee + child(ren) or Employee + 2 (EE+2)
Class Code 32 COBRA Family
Class Code 33 COBRA Divorce-Split rate included where Active EE carries the full premium under
Divorce Class code (applies to MN groups ONLY)

Retiree Class Codes
Class Code 5 Ret<65
Class Code 6 Ret>65
Class Code 7 Sp/Ret<65
Class Code 8 Sp/Ret>65
Class Code 9 1>65, 1<65
Class Code 45 Ret<65 + Child(ren)
Class Code 46 Ret>65 + Child(ren)
Class Code 47 Ret<65 + Family
Class Code 48 Ret>65 + Family
Class Code 49 1>65, 1<65 + Family

Network Access

Continuity of Care

If a member's physician or hospital is no longer part of their health plan's network, members may request authorization from Medica to continue with their existing primary care physician, clinic, specialist, or hospital for ongoing outpatient services. Medica's Nurse Case Managers will review their request to identify if they are engaged in a current course of treatment. Examples are provided below. A full list can be referenced in your Certificate of Coverage.

- An ongoing course of treatment for an acute condition
- An ongoing course of treatment for a chronic condition
- Undergoing a course of institutional or inpatient care from the provider or facility
- Scheduled non-elective surgery, including postoperative care
- Pregnant and undergoing a course of treatment for pregnancy. Health services may continue to be provided through the completion of postpartum care.

Medica may require medical records and other supporting documentation from a member's physician in support of the request and will consider each request on a case-by-case basis. Once approved, authorization will be granted at the highest benefit level up to the period defined by their plan. Direct members to contact Member Services at the number on the back of their ID card for details on how to request continuity of care.

Care Availability

Medica will provide access to all provider specialties for members living in Medica's service area. Medica will provide in-network coverage for a member to see an out-of-network provider in the following circumstances:

- There are no participating providers for primary care, general hospital services, or mental health services within 30 miles/minutes of the member's current address. Primary care would be family practice, internists and ob/gyns.
- There are no participating providers for specialty physician, specialized hospital services, skilled nursing facility or ancillary service within 60 miles/minutes of the member's current address.

To qualify, members must get approval and should call Member Services at the number on the back of their ID card to start the approval process.

Commonly Used Health Insurance Terms

Benefit Design
The process a health plan uses to determine which benefits or level of benefits to offer to enrollees, the degree to which enrollees will be expected to share the costs of such benefits, and how enrollees can access medical care through the health plan.

Copay
A fixed dollar amount that you pay when you see a doctor, fill a prescription or receive other services.

Coinsurance
The percentage of the covered charges that you pay.

Deductible
The amount you must pay each year before your health plan begins paying benefits.

Health Insurance Portability and Accountability Act (HIPAA)
A federal law that protects people who change jobs or who have pre-existing medical conditions and establishing privacy requirements.

Network
The group of physicians, hospitals and other medical care providers with whom Medica contracts to deliver medical services to its members.

Out-of-Pocket Maximum
The total amount of charges for covered services an enrollee may have to pay each plan year in deductibles, copays, and coinsurance. Once the maximum is met, the plan pays 100 percent of the covered charges received from network providers, up to the applicable lifetime maximum.

Drug List
A listing of drugs, classified by therapeutic category or disease class, which are considered preferred therapy for a given managed population.

Questions? We're here to help.

Contact the Employer Service Center at **1 (952) 992-2200** or **1 (800) 963-6880**

Fax: **1 (952) 992-3199**

Email us at **MedicaServiceCenter@Medica.com**.

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