

## Contact us.

Contact your local Medica broker or give us a call.

**952-992-2080**

**1-800-670-5935**

Hearing Impaired: Please call the National Relay Center at 1-800-855-2880 and ask for one of the numbers listed above.

## Hours

8 a.m. to 5 p.m. Monday – Thursday;  
9 a.m. to 5 p.m. Friday.

You may also visit us  
at [medica.com](http://medica.com) or e-mail us at  
[medicaindividualproducts@medica.com](mailto:medicaindividualproducts@medica.com).

**MEDICA®**

PO Box 9310  
Minneapolis, MN 55440-9310

© 2010 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.

Medica Direct HSA™ is a service mark of Medica Health Plans.  
IFB5707-11210

**MEDICA®**

MINNESOTA



**MEDICA DIRECT HSA<sup>SM</sup>**

Coverage for one or more people.

**BENEFIT SUMMARY**

This information is valid January 2011 through December 2011.

## Plan Highlights

- Medica Direct HSA is available as an individual or family plan.
- Primary applicants must be between ages 19 and 64. Additional applicants must be at least 60 days old.
- See the Minnesota Medica Direct HSA Rate Guide to calculate your monthly premium.
- This is a brief overview of the plan. Please see a policy document available on [medica.com](http://medica.com) for complete details.

Benefits	In-Network Coverage	
	80% Coverage	100% Coverage
<b>One-person plan</b> Annual deductible / out-of-pocket maximum	\$1,500 / \$2,500 \$3,000 / \$4,000 \$5,000 / \$5,900	\$2,000 / \$2,000 \$3,300 / \$3,300 \$4,600 / \$4,600 \$5,900 / \$5,900
<b>Family plan</b> Annual deductible / out-of-pocket maximum	\$3,000 / \$4,000 \$5,500 / \$6,500 \$8,000 / \$9,000	\$4,000 / \$4,000 \$7,000 / \$7,000 \$9,500 / \$9,500 \$11,900 / \$11,900
<b>Office visits</b> Non-preventive care (e.g., physician, chiropractor)	80% coverage after deductible	100% coverage after deductible
Preventive care	100% coverage (Coinsurance and deductible do not apply)	
<b>Prescription drugs</b>	80% coverage after deductible	100% coverage after deductible
<b>Convenience care center visits</b>		
<b>Urgent care center visits</b>		
<b>Emergency room</b>		
<b>Lab and X-ray services</b>		
<b>Hospital services</b>		
<b>Ambulance</b>		
<b>Surgery</b>		
<b>Maternity</b> Prenatal care	100% coverage for prenatal care (deductible does not apply)	
Maternity, labor, delivery, and postpartum care	Not covered for first 12 months; after 12 months, 80% coverage after deductible	Not covered for first 12 months; after 12 months, 100% coverage after deductible
<b>Other eligible healthcare services</b>	80% coverage after deductible	100% coverage after deductible

Additional Coverage Options	
<b>Remove mental health/substance abuse coverage</b>	You have the option to remove your mental health and substance abuse coverage already included in the plan. <i>Choosing to remove this coverage <b>reduces</b> your monthly rate. Check the rate guide to see your monthly rate.</i>

Travel Program	
<b>Program details</b>	You receive in-network coverage when you travel in the United States and use a Travel Program provider. Find more information on the Minnesota Product Features page.

Benefits	Out-of-Network Coverage*
<b>Out-of-network annual deductible</b>	Out-of-network annual deductible is double the in-network annual deductible
<b>Out-of-network annual out-of-pocket maximum</b>	There is no out-of-pocket maximum for out-of-network services
<b>Benefit coverage</b>	60% coverage after deductible
<b>Lifetime maximum benefits</b>	\$1 million
<b>Other details</b>	If you visit an out-of-network healthcare provider, certain services may be excluded or limited. Please see a Medica Direct HSA policy on <a href="http://medica.com">medica.com</a> for details.

\*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.

## Other Important Information

- For individuals ages 19 and over, a pre-existing condition exclusion may apply. If continuous qualifying health coverage has been maintained, this limitation is in effect for 12 months, but will be reduced based upon length of previously qualifying coverage. If continuous qualifying health coverage has not been maintained, this limitation is in effect for the first 18 months.
- Services not covered include custodial care or rest care; eyewear; most dental services; cosmetic services; refractive eye surgery; infertility services; and services that are investigational, not medically necessary or received while on military duty.
- The deductible is subject to a "cost of living" increase on a yearly basis. This "cost of living" increase is tied to the Consumer Price Index (CPI).
- On a family plan, everyone shares one deductible. The deductible can be met by any combination of family members.