

MEDICA
PRELUDESM

For when your life is changing beats.



ONE OR MORE



TRANSITIONERS



IN MINNESOTA

PLAN HIGHLIGHTS



Prelude is available as a **one-person or family** plan.



Primary applicants must be between 60 days old and age 64. Additional applicants must be at least 60 days old.



See the Minnesota Prelude Rate Guide on the next page or follow the QR code on the back to **calculate your monthly premium**.



This is a brief overview of the Prelude plan. Please see a policy document available on www.medica.com for complete details.

What's Covered?

BENEFIT*	IN-NETWORK COVERAGE**			
One-person deductible Family maximum of 3 times	\$1,000	\$1,500	\$2,000	\$2,500
One-person out-of-pocket maximum Family maximum of 3 times	\$2,000	\$2,500	\$3,000	\$3,500
Prescription drugs (Preferred Drug List)	80% coverage after deductible			
Office visits and urgent care visits	80% coverage after deductible			
Inpatient and outpatient hospital services				
Emergency care and ambulance services				
Preventive care	No coverage, except for cancer screenings			
Maternity	100% coverage for prenatal care (deductible does not apply). Labor, delivery and postpartum care not covered.			
Well-child services to age 6, immunizations to age 18	Medica provides 100% coverage. Deductible does not apply.			
Lifetime maximum per person	\$1 million			

* This is a brief review of the general benefits of this plan. Services not covered include mental health; pregnancy and childbirth; contraceptives; smoking cessation drugs; private-duty nursing; custodial care or rest care; eyewear; most dental services; cosmetic services; refractive eye surgery; infertility services; services that are investigational, not medically necessary or received on military duty, care outside the United States; physical examinations and pre-existing conditions. Pre-existing conditions are physical or mental conditions for which you had the medical treatment, symptoms or any manifestations before your enrollment date. Please see a Minnesota Prelude policy document at www.medica.com for a detailed explanation of your coverage.

** If you choose to receive services or supplies from an out-of-network provider, you are responsible for the deductible, any coinsurance and the difference between Medica's out-of-network reimbursement amount (generally based on a fee schedule) and the charges billed by the out-of-network provider.

DETERMINE YOUR PLAN

1: Find your age range.

For minor-only plans, please quote the first applicant for someone under 18. Additional applicants under age 18 should be quoted as children.

2: Choose a deductible level.

3: Choose 30, 60 or 90 days of coverage.

4: Add the rates for yourself, your spouse and dependent children if applicable.

You pay a maximum of three dependents (not including spouse).

5: Include the full policy payment with your application.

Your application will not be accepted until your payment is received in full.

DEDUCTIBLE LEVELS AND MONTHLY RATES

	\$1,000			\$1,500			\$2,000			\$2,500		
	30 DAY	60 DAY	90 DAY	30 DAY	60 DAY	90 DAY	30 DAY	60 DAY	90 DAY	30 DAY	60 DAY	90 DAY
0-17	42.17	84.34	126.51	36.46	72.92	109.38	31.48	62.96	94.44	27.68	55.36	83.04
18-29	51.73	103.46	155.19	44.72	89.44	134.16	38.61	77.22	115.83	33.95	67.90	101.85
30-34	56.99	113.98	170.97	49.27	98.54	147.81	42.54	85.08	127.62	37.41	74.82	112.23
35-39	63.57	127.14	190.71	54.96	109.92	164.88	47.45	94.90	142.35	41.72	83.44	125.16
40-44	71.54	143.08	214.62	61.85	123.70	185.55	53.40	106.80	160.20	46.95	93.90	140.85
45-49	82.68	165.36	248.04	71.48	142.96	214.44	61.72	123.44	185.16	54.27	108.54	162.81
50-54	111.42	222.84	334.26	96.33	192.66	288.99	83.17	166.34	249.51	73.13	146.26	219.39
55-59	134.55	269.10	403.65	116.33	232.66	348.99	100.43	200.86	301.29	88.31	176.62	264.93
60-64	154.22	308.44	462.66	133.33	266.66	399.99	115.11	230.22	345.33	101.22	202.44	303.66

ADDITIONAL RATES BY NUMBER OF DEPENDENTS

	\$1,000			\$1,500			\$2,000			\$2,500		
	1 Child	42.17	84.34	126.51	36.46	72.92	109.38	31.48	62.96	94.44	27.68	55.36
2 Children	84.34	168.68	253.02	72.92	145.84	218.76	62.96	125.92	188.88	55.36	110.72	166.08
3+ Children	126.51	253.02	379.53	109.38	218.76	328.14	94.44	188.88	238.32	83.04	166.08	249.12

PRODUCT FEATURES

Your provider's probably in our network

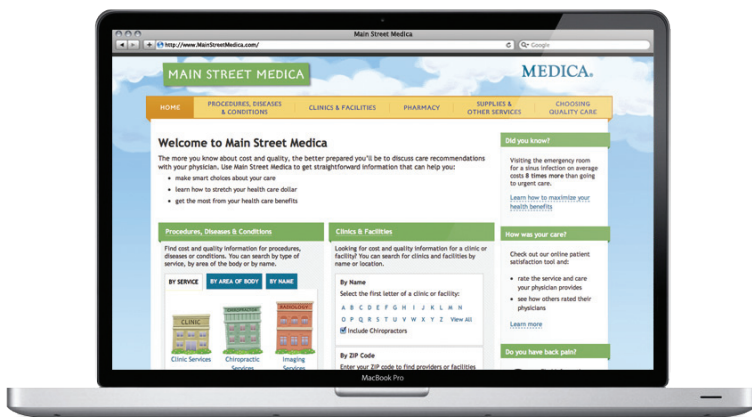
With a Medica plan, you may see the medical provider of your choice. In fact, more than 96% of Minnesota providers are in our network. Of course, you receive the highest level of benefits and lowest out-of-pocket costs when you use providers that are part of the Medica network. If you choose to receive services or supplies from a non-participating provider, in addition to any deductible, copayment or coinsurance, you will also be responsible for Medica's non-network reimbursement amount (generally based on a fee schedule) and the charges billed by the non-network provider.

Medica CallLink® Nurse Line

Registered nurses are available to Medica members by phone, 24 hours a day, toll-free at 1-800-962-9497. The nurses can assist you by providing answers to health questions, self-care tips and information that can help you choose the appropriate care.






Get the most out of your benefits

Resources and tools are available on www.MainStreetMedica.com. This site can help you stay in control and make informed decisions. Online resources and tools include personalized health information, decision-support tools and the Medica list of preferred drugs.



Eligibility

In your application, you will be asked questions about the eligibility of each person seeking coverage. If you answer "Yes" to any of the eligibility questions, a Medica Prelude policy can not be issued. Applicants must be:

-  Between 60 days old and age 64
-  Additional applicants must be at least 60 days old
-  A Minnesota resident
-  In general good health
-  Not eligible for Medicare

Enrolling

Step 1: Complete, sign and date the application. Your effective date must be within 60 days of your signature date. If you are working with a broker, be sure that he or she signs the application as well.

Step 2: Include a check or money order for your full premium.

Step 3: Mail in your application and payment, or submit it online for a faster response.

Getting Accepted

If your application is accepted, we will notify you of the date your coverage starts. If we cannot currently offer you coverage, we will return your premium payment. Please allow up to one to three weeks for processing your application.



Scan this code to see if this plan hits the right notes.

Contact us

952-992-2080 | 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)

If you're hearing impaired, please call the National Relay Center and ask for one of the numbers listed above.

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Connect with us



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