

## Contact us.

Contact your local Medica broker or give us a call.

**1-800-670-5935**

Hearing Impaired: Please call the National Relay Center at 1-800-855-2880 and ask for the number 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®

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# MEDICA®

SOUTH DAKOTA



## MEDICA SYMPHONY® FOR HSA

Health plans as individual  
as you and your family.

## PRODUCT SUMMARY

This information is valid June 2012 through May 2013.

## Medica Symphony for HSA Coverage at a Glance\*

80% Plans		
Benefit*	In-Network Coverage**	
	<b>One-person deductible options</b>	Deductible
\$1,500 \$1,900		\$2,700 \$3,150
<b>Family deductible options</b>	Deductible	Out-of-pocket maximum
	\$3,050 \$3,900	\$4,100 \$4,900
<b>Non-preventive office visits</b> (e.g., physician, chiropractor)	80% coverage after deductible	
<b>Preventive office visits</b> (e.g., routine physicals, immunizations and cancer screenings)	100% coverage (deductible doesn't apply)	
<b>Prescription drugs</b> (Preferred Drug List)	80% coverage after deductible	
<b>Mental health care</b> (treatment of biologically based illness)	80% coverage after deductible	
<b>Inpatient treatment of alcoholism</b> (Limited to 30 days within any consecutive 6 month period. Lifetime maximum of 90 days.)	80% coverage after deductible	
<b>Delivery and post-delivery care</b>	First 18 months, no coverage; thereafter, 80% coverage after deductible.	
<b>Other eligible health care services*</b>	Generally, 80% coverage after deductible	

100% Plans		
Benefit*	In-Network Coverage**	
	<b>One-person deductible options</b>	Deductible
\$2,300 \$3,050		\$2,300 \$3,050
<b>Family deductible options</b>	Deductible	Out-of-pocket maximum
	\$4,500 \$5,800	\$4,500 \$5,800
<b>Non-preventive office visits</b> (e.g., physician, chiropractor)	100% coverage after deductible	
<b>Preventive office visits</b> (e.g., routine physicals, immunizations and cancer screenings)	100% coverage (deductible doesn't apply)	
<b>Prescription drugs</b> (Preferred Drug List)	100% coverage after deductible	
<b>Mental health care</b> (treatment of biologically based illness)	100% coverage after deductible.	
<b>Inpatient treatment of alcoholism</b> (Limited to 30 days within any consecutive 6 month period. Lifetime maximum of 90 days.)	100% coverage after deductible	
<b>Delivery and post-delivery care</b>	First 18 months, no coverage; thereafter, 100% coverage after deductible.	
<b>Other eligible health care services*</b>	Generally, 100% coverage after deductible	

Primary applicants must be ages 19 or older. Newborns under 60 days old are not eligible for coverage. Any portion of the yearly deductible satisfied during the last three months of a calendar year (October, November or December) can be applied toward the next calendar year's deductible. 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).

Please see the South Dakota Medica Symphony for HSA Rate Guide to calculate your premium.

Services not covered include 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 while on military duty. Refer to the Outline of Coverage for general exclusions available at [medica.com](http://medica.com).

\* This is a brief review of the general benefits of this plan. Please see a South Dakota Medica Symphony for HSA policy document for a detailed explanation of your coverage.

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

For applicants ages 19 and over, pre-existing conditions that you had within the six months before your enrollment date may not be covered during the first 12 months following your enrollment date. However, if you have maintained qualifying health coverage prior to your enrollment date, the 12 month period may be reduced.