

MEDICA®

MINNESOTA



**MEDICA DIRECT SHORT-TERM<sup>SM</sup>**

Health plans as individual as you and your family.

This information is valid through February 28, 2011.



Thank you for your interest in Medica Direct Short-Term.<sup>SM</sup> This plan represents one of the best values in the marketplace. It's from a trusted name in health insurance and is backed by superior service.

### For times of transition.

A job search. A layoff. Graduation from college. A new business venture. Whatever the reason, there are times when you find yourself without health care coverage. Yet without a comprehensive health plan, you can jeopardize your future financial well being.

That's why there's Medica Direct Short-Term, a plan for individuals and families who need quality health care coverage during times of transition. By offering 30, 60 or 90 days of coverage, this innovative plan provides everything you need to avoid the financial risk associated with major medical expenses.

### Who is eligible?

To be eligible for Medica Direct Short Term, you must be:

- Between ages 18 and 64
- A Minnesota resident
- Ineligible for Medicare

### Contact us.

Questions? Contact your local Medica broker or give us a call.

**952-992-2080** or **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. – 5 p.m. Monday – Thursday  
9 a.m. – 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).

## Rate guide

Your premium depends upon the ages of your family, the length of your contract, and the individual/family deductible amount that you choose. To calculate your premium, **use the rate chart below**. Your application will be returned if full payment is not submitted with the application.

### Determining Your Premium:

1. Choose a deductible level:  
\$1,000, \$1,500, \$2,000, \$2,500.
2. Find your age range.
3. Choose 30, 60, or 90 day coverage.
4. Add the rates for yourself and (if applicable) your spouse and dependent children.

DEDUCTIBLE LEVELS												
Age	\$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
18–24	\$51.73	\$103.46	\$155.19	\$44.72	\$89.44	\$134.16	\$38.61	\$77.22	\$115.83	\$33.95	\$67.90	\$101.85
25–29	\$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
1 child	\$40.17	\$80.34	\$120.51	\$34.72	\$69.44	\$104.16	\$29.98	\$59.96	\$89.94	\$26.36	\$52.72	\$79.08
2 children	\$80.34	\$160.68	\$241.02	\$69.44	\$138.88	\$208.32	\$59.96	\$119.92	\$179.88	\$52.72	\$105.44	\$158.16
3+ children	\$120.51	\$241.02	\$361.53	\$104.16	\$208.32	\$312.48	\$89.94	\$179.88	\$269.82	\$79.08	\$158.16	\$237.24

**Note:** Newborns under 60 days are not eligible for coverage. If you have a birthday during the first month of coverage, you should use your new age to determine the correct rate. This policy may not be renewed but you may re-apply as long as you do not exceed Minnesota's short-term coverage limit of no more than 365 days within a 555 day period.

### Self-only Example:

A person age 28 who wants coverage for 90 days with the \$2,000 deductible level would pay:

Applicant	\$115.83
Total Amount to Submit:	\$115.83

### Family Example:

A family with age 30 applicant, age 28 spouse and 2 children for 60 days with the \$1,500 deductible level:

Applicant	\$98.54
Spouse	+ \$89.44
2 children	+ \$138.88
Total Amount to Submit:	\$326.86

**Refunds:** Once you have been accepted into the Medica Direct Short-Term plan, your premium will not be refunded. Rates are valid through February 28, 2011.

## Enrolling is easy.

Our goal is to make the application process easy for you. All you have to do is follow these steps:

- Complete the application in its entirety
- Sign and date the application

*(Note: Your application cannot be signed more than 60 days before the requested effective date)*

- Include a check or money order for your full policy payment with the application. Your application will not be accepted if payment is not received in full.

## How to apply.

- Applying online is a snap. From the Medica Direct Short Term page on [medica.com](http://medica.com), click on Get a Quote to begin. Call or send an email with any questions.
- Or to apply by mail, send your application and payment to:

Medica, Mail Route CP312, PO Box 9310  
Minneapolis, MN 55440-9745

*(Note: If you're working with your local Medica broker, he or she should sign the application before it is mailed to Medica)*

Medica Direct Short-Term	Lowest deductible	Middle deductibles		Highest deductible
<b>One-person deductible</b> Family maximum of 3 times	\$1,000	\$1,500	\$2,000	\$2,500
<b>One-person out-of-pocket maximum*</b> Family maximum of 3 times	\$2,000	\$2,500	\$3,000	\$3,500
<b>Prescription Drugs</b> List of Preferred Drugs (Formulary) applies	80% after deductible			
<b>Office and urgent care visits</b> Non-preventive office visits (e.g., physician, chiropractor)				
<b>Inpatient and outpatient hospital services</b>				
<b>Lab and X-ray services</b>				
<b>Emergency care and ambulance service</b>				
<b>Medical supplies</b>				
<b>Occupational, physical and speech therapy</b>				
<b>Home health care up to \$25,000 per calendar year</b>				
<b>Skilled nursing facility services</b>				
<b>Pre-natal care</b>				
<b>Well-child services to age 6, immunizations to age 18</b>				
<b>Preventive care</b> Office visits for screenings and physicals	No coverage			
<b>Maternity labor, delivery, and postpartum care</b>	\$1 million			
<b>Lifetime maximum per person</b>				

\*You receive the highest level of benefits and the lowest out-of-pocket costs when you use a network provider. If you choose to receive services from a non-network provider, you will be responsible for any deductible or coinsurance, and the difference between Medica's non-network reimbursement amount (generally based on a fee schedule) and the non-network provider's billed charges. The difference between Medica's non-network reimbursement amount and the non-network provider's billed charges does not apply to your out-of-pocket maximum.

**Pre-existing conditions:** No coverage for pre-existing conditions during the entire term of the policy. Pre-existing conditions are physical or mental conditions for which you had medical treatment, symptoms or any manifestations before your enrollment date. If you choose to apply for another short-term policy after one ends, conditions that develop under the first short-term policy will be

considered pre-existing conditions and will not be covered under the second short-term policy.

**Exclusions:** Services not covered include pre-existing conditions; mental health; pregnancy and childbirth (prenatal care is covered); contraceptives; smoking cessation drugs; private-duty nursing; custodial care or rest care; eye wear; 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 and physical examinations.

This is a brief review of the general benefits of this plan. Please see a Minnesota Medica Direct Short-Term policy document for a detailed explanation of your coverage.

## Visit [MainStreetMedica.com](http://MainStreetMedica.com) for important online tools.

This resource can help you stay in control and make informed decisions, including:

- Decision-support tools:
  - Treatment cost estimator — you choose how much to spend
  - Quality data on hospitals, physicians, clinics, radiology centers, surgery centers, pharmacies and other health care providers
  - Health-related news and articles
- The Medica list of Preferred Drugs (formulary)
- Personalized health care and benefits information available via myMedica.com

## Choose your provider.

You may see medical providers of your choice. More than 96% of Minnesota providers are in Medica's network. You receive the highest level of benefits and the 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 provider, who is not in the network, your costs will be higher—often significantly more.

## Notice concerning policyholder rights in an insolvency under the Minnesota Life and Health Insurance Guaranty Association law

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, subject to limits and exclusions, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance  
Guaranty Association  
4760 White Bear Parkway, Suite 101  
White Bear Lake, MN 55110  
Telephone: 651-407-3149  
Fax: 651-407-3150

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value. Unallocated annuity contracts

issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the Guaranty Association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

*The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association.*

*This notice is required by Minnesota state law to advise policyholders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.*

## MEDICA®

PO Box 9310  
Minneapolis, MN 55440

© 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 Short-Term<sup>SM</sup> is a service mark of Medica Health Plans.

IFB5757-11010