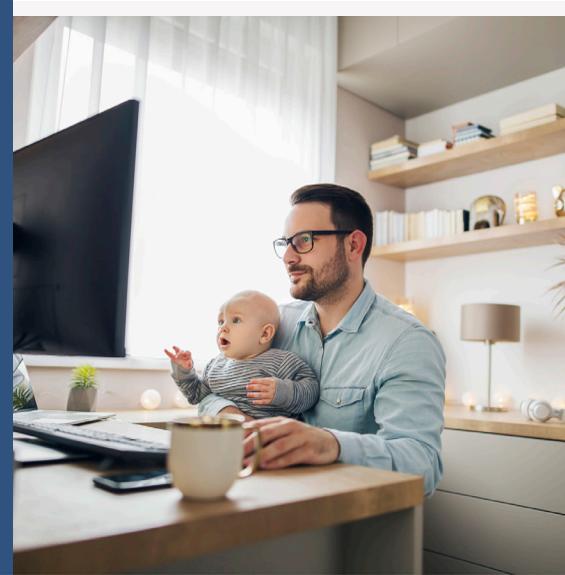


Out-of-network care



In-network vs. out-of-network care: What's the difference?

In-network care

You pay less out of your own pocket when you get care in your plan's network. Why? We negotiate with these providers so you get health care services at a discounted rate, which saves you money. To find network providers, go to [Medica.com/Members](https://www.Medica.com/Members) and select your plan's name.

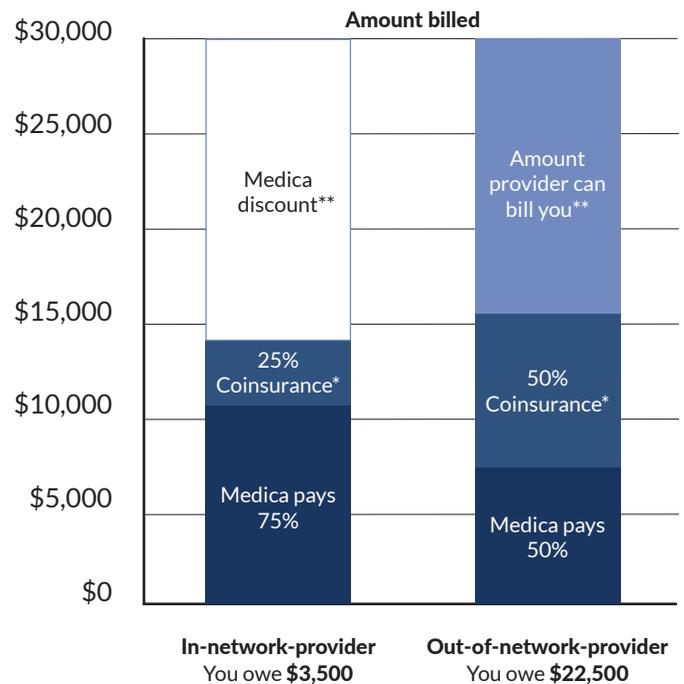
Out-of-network care

If you visit an out-of-network provider, our discounts don't apply. That means your out-of-pocket costs can be much higher. Plus, we usually pay out-of-network providers less than the amount they bill. When that happens, you'll have to pay the provider the balance.

Cost comparison for in-network vs. out-of-network care

Here's an example that compares the cost of care from an in-network provider and an out-of-network provider. This is only an example. Actual costs depend on the care you get and your plan's benefits.

Example: Charges for a hospital stay



*This example shows a network benefit of 25% coinsurance and out-of-network benefit of 50% coinsurance. It assumes the deductible has already been met. See your coverage document on your secure member site (listed on the back of your Medica ID card) for information about your specific benefits.

**When a provider contracts with Medica, they're required to accept our payment in full. They aren't allowed to charge the member for the difference between the amount they bill and the amount we pay. When there is no contract, we pay the provider based on our allowed amount (\$15,000 in the above example), and the provider is free to charge the difference to the member (\$15,000 in the above example). This additional amount doesn't count toward meeting the deductible or out-of-pocket maximum.

If you choose out-of-network care

Here are a few things to keep in mind before receiving care from a provider not in your network.

- First, verify that you have out-of-network coverage. Then ask:
 - What's my deductible?
 - What's my coinsurance?
 - What's my out-of-pocket maximum?
 - How much will I have to pay?

Keep in mind: When you go out-of-network, you could end up paying more than the out-of-pocket maximum. Why? Because certain amounts you pay don't count toward the maximum (e.g., \$15,000 in the example on the previous page). Plus, even after you've met your out-of-pocket maximum, you'll continue to pay the difference between what the provider bills and what we pay.

- See if the provider will negotiate or discount their services for you.
Note: Out-of-network providers aren't required to offer you a discount.
- Find out if the provider will submit claims for you. If so, make sure they use the claims address on the back of your Medica ID card. If the provider won't submit your claim for you, complete the **Medical Claim Form** (found on your secure member site at [Medica.com/SignIn](https://www.medicacommunity.com/SignIn)) and mail it to the address on the form.
Note: Claims you submit must include itemized diagnoses and procedure codes (you may need to get these from your provider). Keep a copy for your records.
- Understand how out-of-network claims are paid. In most cases, we'll pay our portion of the bill directly to you. You're responsible for paying the out-of-network provider's entire bill. That includes the amount we paid you, plus all other amounts you owe.
- If there are no in-network providers available, contact Customer Service (at the number listed on the back of your Medica ID card).



Have a question?

Call Customer Service at the number on the back of your Medica ID card. (TTY: **711**).