

OUT-OF-NETWORK CARE

ENROLLED IN INDIVIDUAL & FAMILY PLANS WITH NO OUT-OF-NETWORK BENEFITS



CARE OUTSIDE YOUR NETWORK COSTS YOU MORE

When a doctor, hospital or other provider accepts your plan, they're in your network. When you go to a provider who doesn't, they're out-of-network. You typically pay a smaller share of the costs when you get care from providers in your plan's network.

Three Things to Keep in Mind

If you choose to receive care from a provider who is not in your network, keep these things in mind.

1. No Out-of-Network Benefits

Unless it's an emergency or approved in advance by Medica, your plan won't pay for services or supplies you receive from providers outside your network. That means you're responsible for the full cost of any services you received. Emergency services and certain out-of-network services approved by Medica will be covered at network-level benefits regardless of the provider you use.

2. Our Discounts Will Not Apply

We negotiate with network providers so you receive health care services at a discounted rate, saving you money. If you visit an out-of-network provider, your plan doesn't provide coverage so our discounts will not apply. That means your share of the costs can be much higher.

3. No Out-of-Pocket Maximum

When you use out-of-network services, you generally don't have coverage. This means there is no limit (out-of-pocket maximum) on the amount you pay for care. Any amount billed by your provider will not apply to your plan's out-of-pocket maximum.

4. Emergency Services Exception

In an emergency, some services will apply to your network benefits even if you visit a provider outside your plan's network.

This means you won't be responsible for any out-of-network cost-sharing amounts that are subject to the federal No Surprises Act.

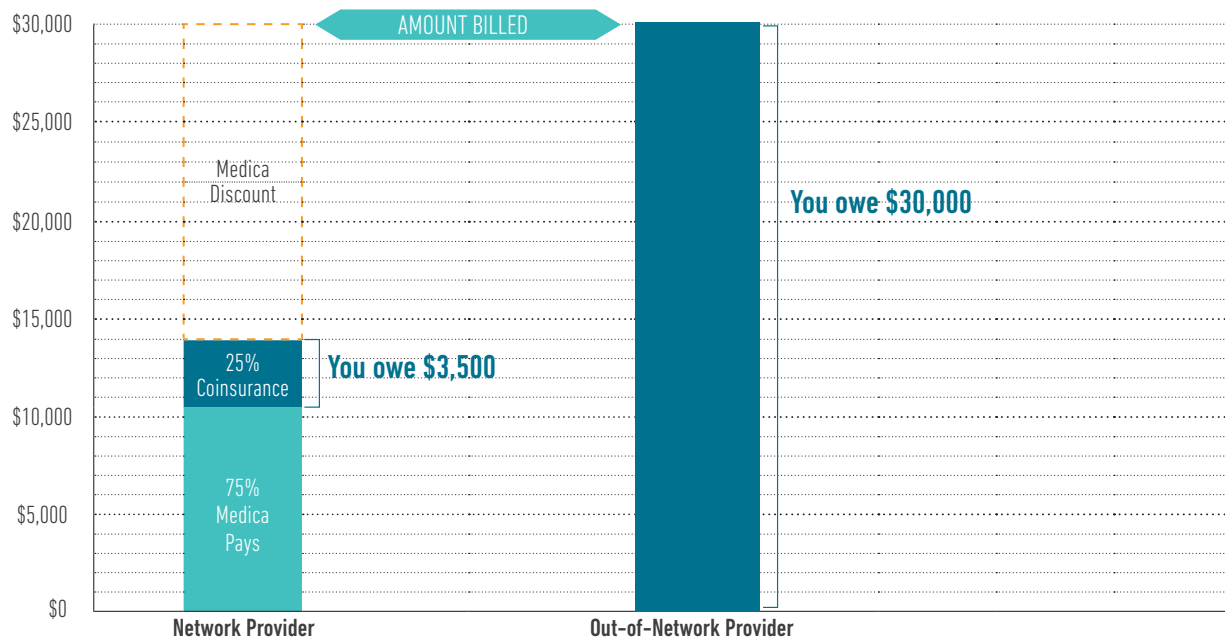


If you see an out-of-network provider for care, ask whether they'll discount their services for you. However, know that out-of-network providers aren't required to offer you a discount.

NETWORK VS. OUT-OF-NETWORK COST COMPARISON EXAMPLE

Here's an example that compares the cost. This is just an example. Actual costs depend on the care you receive and your specific benefits.

EXAMPLE: CHARGES FOR HOSPITAL STAY



This example shows a network benefit of 25% coinsurance and no out-of-network benefits. The example assumes that your deductible has already been met. See your policy on [Medica.com](https://www.Medica.com) for information about your specific benefits.



Have a question?

For additional details, view your policy document by logging into your secure member site on [MedicaMember.com](https://www.MedicaMember.com). Or, call Customer Service at the number on the back of your Medica ID card.

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