

BREAKING DOWN YOUR MEDICA INVOICE

ENROLLED IN INDIVIDUAL & FAMILY PLANS



YOUR HEALTH INSURANCE PREMIUM

Each month you'll receive an invoice for your health insurance premium. Your premium is the amount you pay every month for your coverage. Here are tips on how to read your invoice and your options for paying.

Address. This is our office address. Do not send payments here.

MEDICA
Individual & Family Health Plans
CW2971FB
PO Box 9310
Minneapolis, MN 55440-9310

Invoice

Invoice No: 1234567
Invoice Date: 01/01/20XX
Subscription ID: 1234567891
Plan Name: Your Plan Name Here
Coverage Period: mm/dd/yyyy – mm/dd/yyyy

Coverage period. Always check the coverage period to know what month(s) you're paying for.

Past due amount. If this has a negative dollar amount, you had a credit on your account. We'll remove any credits from your current month due.

John Doe
PO Box 123456
City, MN 55555-0000

Have Questions?

Visit medica.com/payments or call us at **1-800-918-6164** (TTY: 711) Monday – Friday 8 a.m. – 6 p.m.

Current Month Summary

Current Month Due	Past Due Amount	Total Amount Due	Due Date
\$123.00	-\$80.00	\$43.00	mm/dd/yyyy

Current Month Due includes your Advance Premium Tax Credit (subsidy) and/or other credit(s).

Total amount due. This is the total amount you pay. If you're enrolled in automatic payments, we'll withdraw this amount.

Important account information. This section shows if you're enrolled in automatic payments. It also explains general information regarding balances, credits and due dates.

Important Account Information

You do not need to submit payment. You are enrolled in Medica's Automated Payment Plan. This is a copy for your records.

This invoice includes both your current month charges and any past due amounts for which Medica has not received full payment. As a reminder, health insurance premiums are due on the first day of the month for that month's coverage. If you didn't pay last month's premium in full, the balance is shown in the past due amount column and you have entered your grace period. You must pay your premium in full to avoid cancellation of your Medica policy. If you have made a recent or mid-month change to your policy, that change may not be reflected until your next invoice.

Thank you for choosing Medica

Please return the portion below with payment

Subscriber Name	Subscription ID	Invoice No.
John Doe	123456791	1234567

Return payment to:

Past Amount Due: -\$80.00
Current Month Due: \$123.00
Total Amount Due: \$43.00
Due Date: mm/dd/yyyy

Medica
PO Box 856523
Minneapolis MN 55485-6523

AMOUNT PAID \$ _____

Pay slip. Paying by mail? Use the return envelope included in your bill to return your payment (check or money order) and pay slip on the bottom of your invoice to Medica. Make sure you mail it well in advance!

OPTIONS FOR PAYING YOUR HEALTH INSURANCE PREMIUM

You have four payment options:



Online

We offer a secure payment site for members who prefer to make a payment online. Log into your secure member site at medica.com/IndividualLogin to make your payment.



Automatic Withdrawal

You can set up your payment to come out automatically on the first business day each month by enrolling in our Automated Payment Plan. Log into your secure member site at medica.com/IndividualLogin to enroll.



Phone

Call Customer Service at **1-888-592-8211** to pay your payment over the phone.



Mail

Use the return envelope provided with your invoice to make your check or money order payment. Include the pay slip on the bottom of your invoice with your payment. Make sure you mail it well in advance!

Medica
PO Box 856523
Minneapolis, MN 55485-6523

IT'S IMPORTANT TO PAY YOUR PREMIUM ON TIME

The best way to make sure you have coverage when you need it is to pay your premium in full by the first of each month. If you don't, we'll wait to process your medical claims and prescriptions. This means you may be responsible for the full cost of your prescription or health care service.



Have a question?

Visit medica.com/payments for answers to common billing questions. Or, call Customer Service at the number on the back of your Medica ID card.

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

MEDICA®

© 2018 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, Medica Health Management, LLC and MMSI, Inc.

IFB12136-1-00418

COMIFB-0517-J