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.

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.

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

Current Month Summary

<table>
<thead>
<tr>
<th>Current Month Due</th>
<th>Past Due Amount</th>
<th>Total Amount Due</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$123.00</td>
<td>-$80.00</td>
<td>$43.00</td>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Subscriber Name</th>
<th>Subscription ID</th>
<th>Invoice No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>123456791</td>
<td>1234567</td>
</tr>
</tbody>
</table>

Return payment to:

Medica
PO Box 856523
Minneapolis MN 55485-6523

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

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

Pay slip. Paying by mail? Use the return envelope included 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 three payment options:

**Online**
Log into your secure member site at medica.com/IndividualLogin and select Premium Pay to make a one-time payment using your bank account or credit/debit card (Visa and Mastercard only). You can also set up your payment to come out automatically each month by enrolling in our Automated Payment Plan.

**Phone**
Call Customer Service at 1-888-592-8211 to pay your payment over the phone using your bank account, pre-paid debit card or a credit/debit card (Visa and Mastercard only).

**Mail**
Return the pay slip at the bottom of the invoice along with your check or money order in the envelope provided. Allow 10 business days for mailing and processing.

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 khev 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.