

OUT-OF-NETWORK CARE

ENROLLED IN INDIVIDUAL & FAMILY PLANS WITH OUT-OF-NETWORK BENEFITS



CARE OUTSIDE YOUR NETWORK COSTS YOU MORE

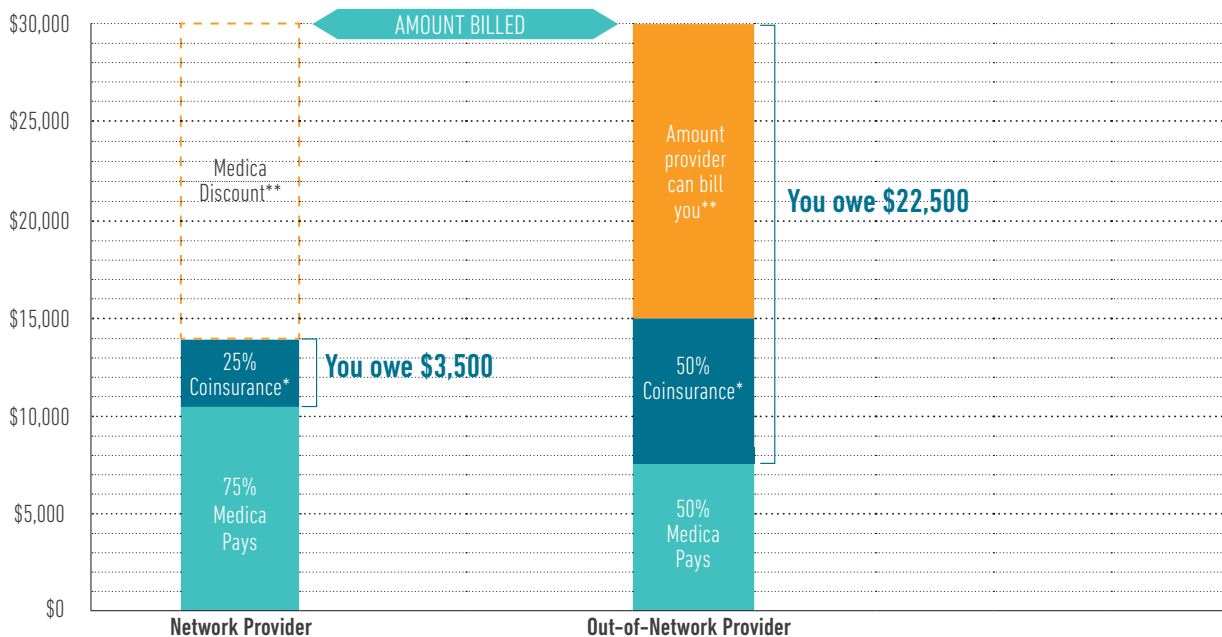
You pay less out of your own pocket when you get care from providers in your plan's network. Why? We negotiate with these providers so you receive health care services at a discounted rate, saving you money.

Our Discounts Don't Apply to Out-Of-Network Providers

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 this happens, you're responsible for paying the provider the balance.

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 out-of-network benefit of 50% coinsurance. The example assumes that the deductible has already been met. See your policy on medica.com for information about your specific benefits.

**When a provider contracts with Medica, they are required to accept Medica's payment in full; they aren't allowed to charge the member for the difference between the amount they bill and the amount Medica pays. When there is no contract, Medica pays the provider based on Medica's 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 does not 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 who is not in your network.

Verify Your Coverage

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 use out-of-network services, most plans do not have an out-of-pocket maximum — meaning there is no limit on the amount you pay for out-of-network care. Plus, you'll continue to pay the difference between what the provider bills and what Medica pays.

See Whether the Provider Will Negotiate

Ask whether they'll discount their services for you. However, know that out-of-network providers aren't required to offer you a discount.

Find out Whether the Provider Will Submit Claims for You

- » If they will, make sure they use the claims address on the back of your Medica ID card.
- » If they won't, you should complete the Medical Claim Form found on your secure member site on medica.com/IndividualLogin 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.



To learn how to submit your claim, read our "Submitting a Claim" tip sheet found on medica.com/ifbmembertips.

Understand How Out-Of-Network Claims Are Paid

In most cases, Medica pays its portion of the bill directly to you. You're responsible for paying the out-of-network provider's entire bill. That includes the amount Medica paid you, plus all other amounts you owe.



Have a question?

For additional details, view your policy document by logging into your secure member site on medica.com/IndividualLogin. Or, call Customer Service at the number on the back of your Media 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.

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Note: Emergency services and certain out-of-network services approved by Medica will be covered at network-level benefits regardless of the provider you use.