



PREMIUM REFUNDS

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. It's our goal to bill you the correct amount each month. However, if you're overbilled and pay too much or make a duplicate payment, you have the right to a refund.

Examples that Result in Over Billing:

- » **A billing error or an error calculating the amount you owe.**
- » **Delay of federal tax credit information.** This is financial assistance from the government to help lower your monthly health insurance premium. Also known as an Advanced Premium Tax Credit or subsidy.

The list above is not all inclusive.

IF YOU OVER PAY YOUR PREMIUM

You have two options:



Request a Refund

To request a refund, call Customer Service at the number on the back of your Medica ID card. We'll send you a refund for the amount you overpaid. Refunds may take up to 30 days.



Apply the Amount to Your Bill

If you choose this option, you don't need to take any action. The amount you overpaid will apply automatically to your next bill.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

MEDICA®

© 2020 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

IFB15958-1-01220

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.

COMIFB-0119-J