HOW TO GET THE CARE YOU NEED

Medica State Public Programs
Attention. If you need free help interpreting this document, call the above number.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. Medica does not discriminate on the basis of any of the following:
- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: Medica provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact Medica at 1-888-347-3630 (toll free); TTY: 711 or at medica.com/contactmedicaid.

Language Assistance Services: Medica provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact Medica at 1-888-347-3630 (toll free); TTY: 711 or at medica.com/contactmedicaid.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:
- race
- color
- national origin
- age
- disability
- sex
Contact the OCR directly to file a complaint:
Director
U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)
800-537-7697 (TDD)
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

**Minnesota Department of Human Rights (MDHR)**
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

**Minnesota Department of Human Services (DHS)**
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:
- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.
DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Medica Complaint Notice
You have the right to file a complaint with Medica if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Medica Civil Rights Coordinator
Medica Health Plans
PO Box 9310, Mail Route CP250
Minneapolis, MN 55443-9310
952-992-3422 (voice and fax) TTY: 711
Email: civilrightscoordinator@medica.com

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.
HOW TO GET THE CARE YOU NEED

Your guide to your health insurance with Medica

Medica is here for you

When you become a Medica member, you belong to a health plan that works toward better health for all. This guide tells you where to find more information if you need it.

File it

Please read and save this document. It may help whenever you have questions about your coverage. Some Medica members keep all of their health care information in one file. Typical items you may want to include in your health care file are:

- Your coverage document, which is called your Member Handbook
- Information from your health care providers or clinic
- Immunization records for each family member
- Information about your prescriptions
- Information about dental or orthodontic care
- Information about eye care
- Receipts for copayments, prescriptions or other medical expenses

If any information in this guide conflicts with your coverage document, your Member Handbook will govern in all respects.

FIND WHAT YOU NEED ONLINE

Get the information you need about your covered services online. Go to medica.com/members and enter your plan name or care type (found on your Medica identification (ID) card). Throughout this document, we’ll let you know whenever more information is available online.

Do you need help?

Do you need answers or more information about your health care coverage?

Customer Service

- Medica DUAL Solution
  8 a.m. to 8 p.m., Central time, seven days a week. Please note: access to a representative is limited on weekends and holidays during certain times of the year.
  952-992-2580 or 1-888-347-3630 (toll free)
  TTY: 711

- Medica Choice Care MSC+ and Medica AccessAbility Solution
  8 a.m. to 6 p.m., Monday – Thursday; Friday 9 a.m. to 6 p.m., Central time. Please note: access to a representative is limited on weekends and holidays during certain times of the year.
  952-992-2580 or 1-888-347-3630 (toll free)
  TTY: 711

Please have your Medica ID card handy when you call.
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ABOUT YOUR COVERAGE

To find out what is and is not covered by your health insurance plan, see your Member Handbook. This document tells what portion, if any, you will pay for health services. You can access your Member Handbook by going to medica.com/members; select your plan name or care type (found on the front of your member ID card), and select Benefits and Coverage, then select Member Handbook under the Plan Documents heading.

In most cases you can find answers to questions about health insurance coverage in your Member Handbook. If you cannot find what you need, call Customer Service. You’ll find their number in the Important phone numbers section of this guide or on your Medica ID card.

CONNECTING YOU TO THE CARE YOU NEED

You and your family are supported by Medica. We start by connecting you with health care providers who will give you care.

Choosing a primary care provider

Medica wants you to choose a primary care provider. Your primary care provider is the doctor or other health professional you see at your primary care clinic. Your primary care clinic is your medical “medical home,” the place you have chosen to go for most of your health care needs. Having a primary care provider who knows your medical history can save you time and help improve the quality of your care.

Choose a primary care clinic or find a doctor online. Go to medica.com/members, enter your plan name or care type (listed on the front of your member ID card) and select Physicians and Facilities. You can choose a different primary care clinic for each member of your family.

There are four types of primary care providers. Some work only with women or children. If you need to choose a primary care provider, the following descriptions can help you decide which type would best meet your needs.

Family Practice—Doctors who provide care for the whole family—all ages, both sexes, each organ system and every type of disease. This specialty provides continuing, comprehensive health care for the individual and family.

Internists—Doctors who specialize in complex illnesses of adults, especially medical conditions that affect internal organs.

Pediatricians—Doctors who specialize in taking care of the general health needs of children, from birth to about age 17.

Obstetricians/gynecologists (OB/GYN)—Doctors who specialize in pregnancy, childbirth and diseases/problems of the female reproductive system. They are also trained in routine preventive and reproductive services.

To learn about the qualifications of a provider, you can contact the Minnesota Board of Medical Practice at 612-617-2130. TTY users, call 711.

The board can tell you your provider’s background, including professional qualifications such as medical school attended, residency completed and board certification status. If you want to change your primary care clinic or provider, please contact Customer Service.

Finding a physician or facility

There is a fast, easy online tool you can use to search for health care providers in your plan’s network. You can search for primary care physicians, specialists, clinics, hospitals and other care providers.

Go to medica.com/members, enter your plan name or care type (found on your Medica ID card) and select Physicians and Facilities.

Please confirm with the provider’s office that they accept your health plan and are accepting new patients before your first visit. If you have questions about whether your provider or clinic is in your plan’s network, or your covered services, call Customer Service.

Making appointments

When you are sick or need preventive care, contact your primary care clinic to make an appointment. You should always take your Medica ID card and any other insurance card with you because it has important information your provider may need. Certain services may require that you pay an amount to your provider. This amount is called a copay. You can find information on copays in your Member Handbook.

If you aren’t sure if you need to make a copayment, ask when you make your appointment. Or call Customer Service.

Specialty care

Medica DUAL Solution, Medica Choice Care MSC+ and Medica AccessAbility Solution members have open access to network specialists. This means you can see a network specialist without a referral from your primary care provider.
Specialists are listed in your Provider Directory. You can call Customer Service to make sure that the specialist you want to see is in your plan’s network. Keep in mind it may take up to six weeks to get a specialist appointment.

**Non-emergency hospital care**

There may be a time when your primary care provider or specialist recommends non-emergency care that you need to get at a hospital, for example, radiology, diagnostic services, rehabilitation or follow-up care. If so, you need to receive these services at a hospital in the Medica DUAL Solution, Medica Choice Care MSC+ or Medica AccessAbility Solution network. Network hospitals are listed in your Provider Directory. You can also call Customer Service to make sure that the hospital you want to use is in your plan’s network.

**Care after regular clinic hours**

If possible, you should make an appointment to see your primary care provider first. Your primary care provider is the person who knows the most about your medical history. Even when the clinic is closed, you can call and leave a message for your provider. Most clinics have on-call staff that can help you get the care you need.

If after-hours care from your regular clinic isn’t available, you can visit a retail convenience clinic or urgent care clinic in your plan’s network. These are listed in your Provider Directory. If you need fast help finding a location close to you, you can call the Medica nurse line 24 hours a day, seven days a week at 1-866-715-0915 (toll free). TTY: 711.

**Convenience clinics**

Convenience clinics are staffed with licensed providers who can treat minor illnesses for people older than 18 months. These clinics are not for life-threatening emergencies. Convenience clinics have daytime and evening hours. Some also are open on weekends and holidays. You don’t need to make an appointment, just walk in. Care is given on a first-come, first-served basis. These clinics are typically found in drug, grocery or other retail stores.

**Urgent care**

If your primary care clinic is closed, urgent care is a good place to go for things like earaches, strep throat, fever, a sprained ankle or minor cuts. Urgent care centers are staffed by doctors and nurses, but they are not for life-threatening emergencies. Urgent care is open days and evenings and many have weekend and holiday hours. You don’t need to make an appointment, just walk in. Care is given on a first-come-first-served basis.

Search for locations on medica.com/members, enter your plan name or care type (found on the front of your member ID card) and select Physicians and Facilities; or call Customer Service.

**Emergency care**

A medical emergency is something that needs treatment right away. It requires prompt medical attention to: save life; avoid serious physical or mental harm; avoid serious damage to body functions, organs or parts; or because there is continuing severe pain. If you have an emergency, go to the nearest emergency room. Emergency room services are usually offered at a hospital.

Please do not go to the emergency room for a minor problem or routine health concern. If your condition doesn’t need treatment right away, go to your primary care clinic. If that office is closed, go to a convenience care or urgent care clinic. If you go to the emergency room, the cost of care is a lot more than care elsewhere. It may cost you more because there may be a higher copayment. It may also take more of your time because emergency rooms treat patients with the most serious cases first.

Please only go to the emergency room for true emergencies so the doctors and nurses are able to treat people with serious problems right away. In an emergency that needs treatment right away, either call 911 or go to the nearest emergency room.

If you aren’t sure that your condition is a medical emergency call the Medica nurse line 24 hours a day, seven days a week at 1-866-715-0915 (toll free). TTY: 711.

Medical emergencies may include:

- Poisoning or drug overdose
- Trouble breathing or shortness of breath
- Pain or pressure in your chest or above your stomach
- Warning signs of stroke: sudden dizziness or change in vision; sudden weakness or numbness; trouble speaking or understanding speech
- Vomiting that won’t stop
- Bleeding that won’t stop after 10 minutes of pressure
- Coughing up blood or throwing up blood
- Sudden, sharp pain anywhere in the body
- Loss of consciousness or convulsions
- Broken bones or fractures
Injury to your spine
Major burns
Wanting to hurt other people or yourself
Change in mental status, such as unusual behavior

Care when you are outside of Minnesota

It is important to know that any health services or items received from providers located outside of the United States are not covered.

Urgent care and emergency medical treatment are covered when you are traveling away from home outside of Minnesota, but within the United States. However, routine or preventive care received while outside of Minnesota is not covered unless you have a service authorization (also called a prior authorization) from your primary care provider.

Please see your Member Handbook for your specific covered services.

You should carry your Medica ID card and any other insurance card with you when you are away from home. You or the health care provider you are seeing can call the numbers on your ID card for more information about your coverage.

If you are admitted to a hospital while outside of Minnesota, but within the United States, notify Medica as soon as possible by calling Customer Service. The phone number is on your Medica ID card.

You can fill an emergency prescription at one of the national pharmacies in our network: Wal-Mart®, Kmart®, Walgreens®, CVS and Target®.

UNDERSTANDING WHAT MEDICA DOES FOR YOU

Keeping health care affordable

As a non-profit organization, Medica works with you and your doctor to help keep health care affordable and accessible.

Health Maintenance Organization (HMO) must keep a reserve fund to provide quality health care coverage during a year when the organization’s costs to not exceed revenues.

Quality improvement

The Medica Quality Improvement program is made up of the projects and activities Medica performs to improve care, service, access and safety for our members. Medica chooses projects based on the best opportunities to improve care, service and safety for the greatest number of members.

These are just some of the areas we focus on:

- How can we help our members with chronic health problems?
- Do our members receive quality mental health and substance abuse care and service?
- How can we help our members be sure the care they receive is safe?
- Do our grievance and appeal processes work fairly and efficiently?
- How can we improve Medica’s work processes to serve our members better?
- How can we help members keep up-to-date on immunizations and preventive services?

After a project is selected, we set a goal or measurement. The effectiveness of the improvement is measured throughout the project. Medica prepares a progress report with updates on each project at regular intervals.

The Quality Improvement program is led by licensed physicians. Quality Improvement activities are supported by departments and staff throughout Medica. Medica’s Quality Improvement Subcommittee directs and oversees the program. It reports to the Medical Committee of the Medica Board of Directors, which reports to the full Medica Board of Directors.

Medica always welcomes member feedback! If you’d like to share your comments or suggestions or would like more information about Medica’s Quality Improvement Program, please contact Customer Service. See the important phone numbers at the back of this guide. If you get a survey from Medica asking about care and services, we encourage you to respond. This information helps us measure how we’re doing.

Utilization management

Utilization management is another service that helps make sure the care and services you are receiving are appropriate and covered by your plan. Otherwise, coverage might be denied. It is used in a small number of cases. Sometimes this means you will get a call from a nurse because we want to help coordinate your care. This is especially important if your
Medica plan requires prior authorization from Medica before you get certain services.

If coverage for a service is denied, it is important for you to know that Medica does not reward anyone for denying coverage. The doctors or other people who decide whether a service or care is covered are paid the same no matter what they decide. No one making these decisions is trying to limit or reduce your coverage. Keeping you healthy is very important. We want you to get the care you need. We do not want you to under-use the care available to you. That is why we so often recommend that members get checkups, health screenings and immunizations.

If you have questions or comments about utilization management or wish to speak to a representative of the Utilization and Care Services department, please contact Customer Service. See the Important phone numbers section of this guide.

If coverage is denied, you can appeal. See the Grievances, appeals and State fair hearings section of your Member Handbook or call Customer Service for more information. The number is listed in the Important phone numbers section of this guide.

For more information about your plan, see your Member Handbook.

Clinical practice guidelines

Medica follows evidence-based clinical practice guidelines developed by the U.S. Preventive Services Task Force (uspreventiveservicestaskforce.org). Medica maintains clinical practice guidelines for all providers in our network. These guidelines are available online. Visit medica.com/providers and select Policies and Guidelines. Select Preventive Services from the list under Clinical Guidelines.

How providers are added to our network

When a provider wants to join a Medica network, we look at that provider’s education and experience. We do this to make sure you have providers who meet our quality standards. If you are interested in your own provider’s background, call the Minnesota Board of Medical Practice at 612-617-2130. TTY users, call 711.

Evaluating safety and effectiveness of new medical technologies, medications and treatments/therapies

Medica is interested in the newest advances in medicine, including behavioral health. We review new devices and procedures and new uses of existing technologies to decide if they are included in your coverage. Medica uses many sources to evaluate new medical technology and procedures and behavioral health treatments/therapies. We thoroughly review clinical and scientific evidence. We consider the technology’s safety, effectiveness and effect on health outcomes. We also review laws and regulations, and get input from physician groups about community practice standards. Medica’s main concern when making coverage decisions is whether a new technology or procedure will improve health care for our members.

Medica also continually reviews new medications and the use of existing medications for new medical conditions. A committee of local independent physicians and pharmacists from various specialties reviews medications in all therapeutic categories. The committee decides whether to add them to the Medica covered drug list based on their safety, effectiveness and value.

ADVANCE DIRECTIVES

An advance directive, also known as a health care directive, is a written instruction that allows you to inform others of your health care wishes. You don’t have to have a health care directive, but writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don’t have a health care directive. You have the right to accept or refuse medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other advance directive. A suggested health care directive form is conveniently located in this Medica Member Resource Guide, or can be downloaded from HonoringChoices.org (click on the “Health Care Directives” tab).

Medica and your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. In the event that state law changes your health care directive, Medica will notify you no later than 90 days after the effective date of the change.

If you believe that your health care provider has not followed your health care directive requirements, then you can file a complaint with the Minnesota Department of Health (MDH) Office of Health Facility Complaints at 651-201-4200 (Metro Area) or toll-free at 1-800-369-7994. TTY users, call 711. Alternatively, you may file a grievance with Medica or file a complaint about Medica with the MDH Health Policy and Systems Compliance Monitoring division. See your Member Handbook for more information.
MEDICA’S FINANCIALS

The chart on the next page has important information for all Medica members. We hope you will take a moment to read it. On the right is a list of Medica’s assets, liabilities, revenue and expenses for the 2016 fiscal year. Beside that are the results for 2017. By comparing the 2017 results to 2016, you can see how Medica has performed in each category.

HERE ARE SOME KEY TERMS

**Assets:**
Items of value that Medica owns

**Expenses:**
Costs of providing health care covered services to members

**Liabilities:**
Amounts Medica owes on the assets

**Net Assets:**
The net worth of the company

**Net Income:**
Income after taxes

**Revenue:**
Premiums and fees collected for providing health care coverage and administrative services
# 2017 Financial Statement

## Combined Balance Sheet
**(in thousands):**

<table>
<thead>
<tr>
<th></th>
<th>December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
</tr>
<tr>
<td>Cash and investments</td>
<td>1,140,675</td>
</tr>
<tr>
<td>Other assets</td>
<td>369,958</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$1,510,633</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets:</strong></td>
<td></td>
</tr>
<tr>
<td>Claims payable</td>
<td>356,031</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>257,817</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$613,848</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>$896,785</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$1,510,633</td>
</tr>
</tbody>
</table>

## Combined Statement of Operation and Changes in Net Assets
**(in thousands):**

<table>
<thead>
<tr>
<th></th>
<th>December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
</tr>
<tr>
<td>Premiums, net of reinsurance</td>
<td>3,724,868</td>
</tr>
<tr>
<td>Administrative service contract fees</td>
<td>116,715</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$3,841,583</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Medical and other benefits, net of reinsurance</td>
<td>3,189,270</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>485,742</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$3,675,012</td>
</tr>
<tr>
<td><strong>Operating Income</strong></td>
<td>$166,571</td>
</tr>
<tr>
<td>Investment income, income taxes and other non-operating expenses</td>
<td>(10,245)</td>
</tr>
<tr>
<td>Net unrealized gains (losses) on investment</td>
<td>2,650</td>
</tr>
<tr>
<td>Contributions to the Medica Foundation</td>
<td>-</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>$158,976</td>
</tr>
</tbody>
</table>

Above financial statements are compiled and consolidated under Generally Accepted Accounting Principles.
IMPORTANT PHONE NUMBERS

Customer Service
Do you need answers or more information about your health care coverage? Go to medica.com/members and enter your plan name or care type (found on the back of your member ID card); or call Customer Service for help. Please have your Medica ID card available when you call.

- Medica DUAL Solution
  8 a.m. to 8 p.m. Central time, seven days a week.
  Please note: access to a representative is limited on weekends and holidays during certain times of the year.
  952-992-2580 or 1-888-347-3630 (toll free)
  TTY: 711

- Medica Choice Care MSC+ and Medica AccessAbility Solution
  8 a.m. to 6 p.m., Monday – Thursday; Friday 9 a.m. to 6 p.m., Central time.
  Please note: access to a representative is limited on weekends and holidays during certain times of the year.
  952-992-2580 or 1-888-347-3630 (toll free)
  TTY: 711

Provide-A-Ride
Medica can arrange transportation at no cost to Medica DUAL Solution, Medica Choice Care MSC+ and Medica AccessAbility members to and from health care visits. Please call three days in advance (Twin Cities metro) and five days in advance (outside the metro) to set up your ride.

- 8 a.m. to 5 p.m., Monday - Thursday; Friday 9 a.m. to 5 p.m.
  Access to a representative is limited evenings, weekends and holidays during certain times of the year.
  952-992-2580 or 1-888-347-3630 (toll free)
  TTY: 711

HealthAdvocate™ NurseLine™
NurseLine services are available 24 hours a day, seven days a week, at no cost to you.
1-866-715-0915 (toll free)
TTY: 711

Medica Tobacco Cessation Program
Members who use tobacco and are thinking of quitting can call the Medica tobacco cessation program.
Monday – Friday, 8 a.m. to 5 p.m.
1-866-905-7430 (toll free). TTY: 711

Delta Dental® of Minnesota
Please have your Medica ID card available when you call.
Monday – Friday, 9 a.m. to 5 p.m.
- In Twin Cities metro area: 651-406-5919
- Outside metro area: 1-800-459-8574 (toll free)
- TTY: 711
**Interpreter Services**
Medica can arrange interpreter services for medical, dental, mental health and substance use disorder visits. Interpreter services are available to Medica DUAL Solution, Medica Choice Care MSC+ and Medica AccessAbility members at no cost. You can call 8 a.m. to 8 p.m., Central time, seven days a week. Access to a representative may be limited evenings, weekends and holidays during certain times of the year.

- To request an interpreter, call Customer Service.

**American Sign Language Interpreter Services**
Medica will arrange American sign language interpreter services for your medical, dental, mental health and substance abuse visits. Interpreter services are available to Medica DUAL Solution, Medica Choice Care MSC+ and Medica AccessAbility Solution members at no cost. Besides answering your questions, Medica’s Customer Service representatives will arrange for an American sign language interpreter to be at your health care visit.

- TTY: 711