

Make the most out of your plan

For individual + family plans with out-of-network benefits



Put the power of your network to work for you

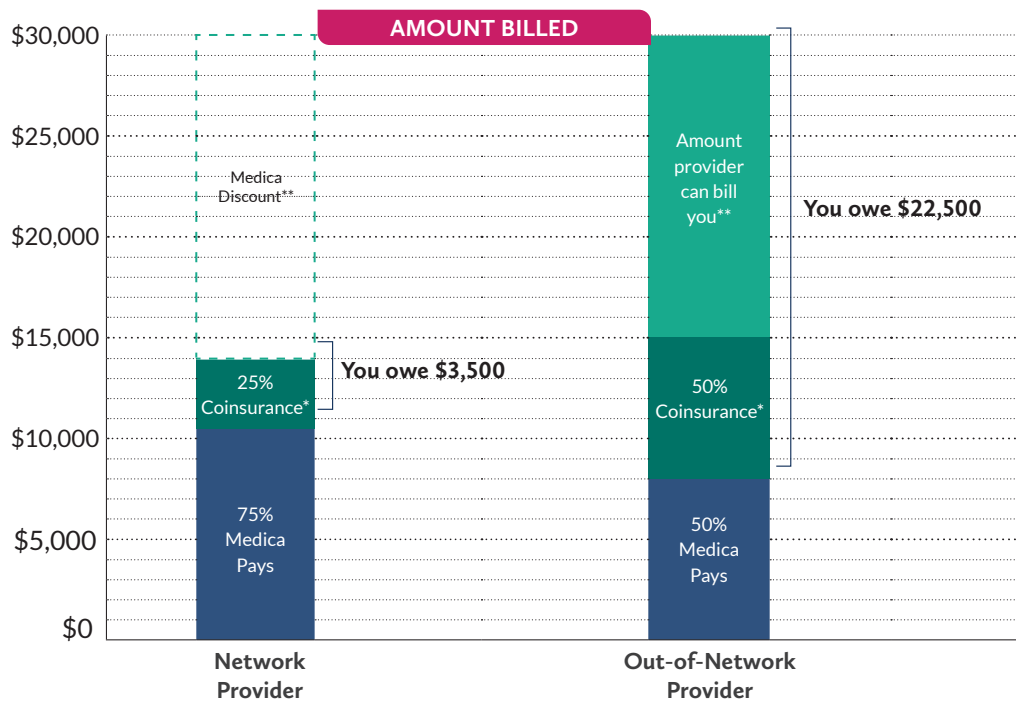
You pay less out of your own pocket when you get care from providers in your plan's network. Why? We negotiate with them so you get health care services at a discounted rate. And that saves you money.

What happens if you go to an out-of-network provider?

The short answer: Our discounts won'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 that happens, you'll have to pay the balance.

Here's an example that compares the cost. Actual costs depend on the care you get 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/SignIn](https://www.Medica.com/SignIn) 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.



Out-of-Network Care: What to Know

Here are a few points to keep in mind before you get care from a provider who's 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 don't have an out-of-pocket maximum — which means there's no limit on how much you pay for the care. Plus, you'll continue to pay the difference between what the provider bills and what we'll pay.

Ask if the provider will negotiate

Ask if they'll discount their services for you. Just keep in mind that out-of-network providers aren't required to offer you a discount.

Find out if 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, complete the Medical Claim Form found on your member account on [Medica.com/SignIn](https://www.Medica.com/SignIn) 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.

Emergency services exception

In an emergency, some services will apply to your network benefits — even if you visit a provider outside your plan's network. That means you won't be responsible for any out-of-network cost-sharing amounts that are subject to the No Surprises Act.

Understand how out-of-network claims are paid

In most cases, we pay our part of the bill directly to you. You're responsible for paying the out-of-network provider's full bill. That includes the amount we paid you, plus all other amounts you owe.



Have a question?

For more details, view your policy document by signing in to your member account on [Medica.com/SignIn](https://www.Medica.com/SignIn). You can also call Member Services at the number on the back of your Medica ID card.