

TIERED NETWORKS & BENEFITS

ENROLLED IN INDIVIDUAL & FAMILY PLANS



THE PROVIDER YOU VISIT DETERMINES YOUR BENEFITS

With a Medica tiered network, what you pay (your benefits) for the health care services you receive is determined by the provider you visit. Medica assigns every network provider to a tier according to the cost of the services they provide. You'll only receive your benefits when you see Tier 1 or Tier 2 providers. These are providers in your network who we negotiate with so you receive health care services at a discounted rate, saving you money. If you visit a provider who's not in your network (Tier 3), you'll be responsible for the full cost of care.

There Are Three Tiers of Providers

Tier 1 - Preferred Network Providers

If you visit one of these providers for care:

- » You receive your highest level of coverage (Tier 1 benefits).*

Lowest deductible

Lowest out-of-pocket maximum

Lowest copays (if applicable)

- » Your costs are likely to be lowest.

Tier 2 - Standard Network Providers

If you visit one of these providers for care:

- » You receive moderate level of coverage (Tier 2 benefits).*

Moderate deductible

Moderate out-of-pocket maximum

Moderate copays (if applicable)

- » Your costs are likely to be moderate.

Tier 3 - Out-of-Network Providers

If you visit one of these providers for care:

- » You're responsible for the full cost of any care. Your plan will pay no benefits.

No deductible

No out-of-pocket maximum

No copays

- » Your costs are likely to be highest.



Emergency services and certain out-of-network services approved by Medica will be covered at Tier 1 — Preferred network benefits regardless of the provider you visit.



WHAT IS A NETWORK PROVIDER?

A doctor, clinic, hospital, pharmacy or other health care provider that contracts with Medica to provide services to our members, generally at a discounted rate.

WHY USE A NETWORK PROVIDER?

- » Save money
- » Reduce your share of the costs
- » No need to submit claims

HOW NETWORK PROVIDERS BENEFIT YOU:

You visit a Tier 1 network provider and the service is billed at \$300. Medica has a negotiated rate with the provider for the services provided at only \$200. Your share of the cost is based on the lower amount.

View What Tier a Provider is in by Using the Plan's Online Search Tool

To get started, log into your secure member site on **MedicaMember.com**. Then, select *Find Care* and choose the type of provider you're looking for (Physicians and Care Providers; Clinics, Hospitals and Facilities; Network Pharmacies; and more). When applicable the tier the provider is in will display next to their name or the name of the facility.

KEEP IN MIND

You receive your best benefits and typically pay the least amount when you see Tier 1 - Preferred providers. This is because:

- » Services received from Tier 1 network providers will cross accumulate to (apply to both) the plan's Tier 1 and Tier 2 network deductible and out-of-pocket maximum.
- » Services received from Tier 2 network providers will only accumulate to the plan's Tier 2 network deductible and out-of-pocket maximum. However, you're not required to pay more than the plan's Tier 2 amounts.
- » You have no coverage if you visit a provider who is not in your plan's network. This means you'll be responsible for the full cost of any service.
- » Services will not accumulate to either deductible.

Use this table to help you understand what cost sharing your health care costs will apply to depending on the tier of the provider you visit.

Cost Share Amount Applies To	Type of Provider Health Care Services Are Received From		
	Tier 1 — Preferred Providers	Tier 2 — Standard Providers	Tier 3 — Out-of-Network Providers
Tier 1 Deductible	X		You're responsible for the full cost of any services.
Tier 2 Deductible	X	X	
Tier 1 Out-of-Pocket	X		
Tier 2 Out-of-Pocket	X	X	
	Never responsible for more than Tier 2 cost share amounts		No maximum out-of-pocket amount



Have a question?

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

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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.

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IFB17341-1-01220

COMIFB-0119-J

*With an HSA-compatible, Copay CSR, Share or Catastrophic plan, your benefits are the same for network (Tier 1 and 2) providers.