



WELCOME KIT

INSPIRATION HEALTH BY HEALTHEAST AND MEDICASM

Your coverage. Your care. Your way.
It's your thing.

The information in this kit will help you get the most from your plan, so you're ready to do your thing. Welcome to Inspiration Health by HealthEast and Medica.

HealthEast 
Care System

MEDICA[®]
Individual & Family Plans

 **MINNESOTA HSA PLAN**
Valid January 2014 – December 2014

WELCOME TO MEDICA!

Dear <<subscriber first name>>,

Thank you for choosing Medica. We appreciate the trust you have placed in us and look forward to serving you as a member.

This welcome kit contains information that will help you get the most out of your health insurance. It includes a brief summary of your benefits, a listing of helpful resources, and important things to keep in mind as you receive health care. If you have any questions about your health insurance, please call us at <<XXX-XXX-XXXX>>.

The Language of Health Care – Special Terms Defined

The world of health care has a language all its own. To help you understand the meaning of some of these words, we've included a glossary at the end of this welcome kit. Also, wherever you see italicized words, you can check the glossary for easy-to-understand definitions.

Privacy Notice

Medica is required by law to provide a privacy notice explaining how we maintain your privacy. We've included this privacy notice in the back of this welcome kit.

In good health,

A handwritten signature in black ink, appearing to read "Jorge Lomeli". The signature is stylized and fluid, with the first name "Jorge" and last name "Lomeli" clearly distinguishable.

Jorge Lomeli

Director of Operations and Customer Service

YOUR BENEFITS AT A GLANCE

This is a partial list of services covered by Inspiration Health by HealthEast and Medica. For more detailed information about coverage for other services, see your policy. If the information provided is different than your policy, your policy is always considered correct.

The in-network deductible for your plan is \$<<xxxx>> (individual) or \$<<xxxxx>> (family). Your in-network maximum out-of-pocket cost for the year is \$<<xxxx>> (individual) or \$<<xxxxx>> (family).

SERVICE	YOUR IN-NETWORK COST*
Prescription Drugs	Tier 1: <<xx>>% coverage after deductible; Tier 2: <<xx>>% coverage after deductible; Tier 3: <<xx>>% coverage after deductible
Office Visits – Illness and Injury	<<xx>>% coverage after deductible
Preventive Care (including well-baby care)	100% coverage
Convenience Care	<<xx>>% coverage after deductible
Urgent Care Emergency Room Care Hospitalization Other Health Services	<<xx>>% coverage after deductible

*Your costs for in-network coverage are lower than out-of-network coverage. Call Customer Service to learn more about your costs for out-of-network care.



RESOURCES

Important Phone Numbers

Customer Service. <<xxx-xxx-xxxx>>. Call Customer Service if you have any questions. This number is also listed on the back of your ID card.

Nurse Line. 1-866-668-6548. Available 24 hours every day for you and your family, you can talk to a nurse for advice on where and when to get care, or how to provide care safely at home. In a medical emergency, please call 911.

Language and Translation Assistance. If you need help understanding your health insurance or would like to see certain documents in another language, please call Customer Service at <<xxx-xxx-xxxx>>.

TTY Usage. TTY users, call the National Relay Center at 1-800-855-2880 and ask them to dial Medica at <<xxx-xxx-xxxx>>.

Health Advocate. 1-866-668-6548. Specialists from Health Advocate help you navigate the world of health insurance and medical care.

Medica.com

Much of the information you may need can be viewed at **medica.com**. You'll find items that are commonly requested, including:

- A summary of benefits, covered individuals, *deductible* and *out-of-pocket* amounts
- A listing of *providers* and pharmacies in your *network*
- Information on various health topics
- Forms to help you add dependents, change your address, set up automatic premium payments and submit various claims

More detailed, personalized information can be found through secured access on **medica.com**. With your member ID number, you can log on to view important details about your health insurance, including claims and letters or notices from Medica.

MEDICA ID CARD

If you haven't already received your Medica ID card, you should be receiving it shortly. Be sure the information on the card is correct. If it is not, or if you have not received your card and need to use it, please call Customer Service.

You will receive up to four cards depending on the number of dependents in your family and their ages.

If you need more cards, you can order them from Customer Service or by visiting **medica.com**. You can also print a temporary card from **medica.com**.

Few things in your purse or wallet are more important than your Medica ID card. You'll need it when you:

- Visit a clinic, hospital or pharmacy
- Require emergency care
- Need to call Customer Service or Medica's 24-hour nurse line



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Understanding Your ID Card

Your ID card includes important information. Much of this information is for clinics, hospitals and pharmacies. It helps them know your share of the cost of services and to submit accurate claims to Medica.

Each section of the ID card is explained below:

- 1) ID: This identifies your Medica policy.
- 2) Name: Name of the subscriber, who has primary responsibility for the coverage, and names of other people covered on your policy.
- 3) Two-digit ID suffix that identifies specific member.
- 4) Care type: The kind of insurance policy you have.
- 5) Address for submission of paper claims (used mostly by providers).
- 6) Customer service number.
- 7) Health Advocate number for 24-hour advice from a registered nurse.
- 8) Government agency for appeals. Call this number to file a complaint with your state's agency.

IMPORTANT THINGS TO KEEP IN MIND

It can be hard to understand all the information that's part of health care. The more you know, the more you'll feel in control of your care – and the more you'll get out of your insurance coverage. This section includes some basic points about your health insurance that we want to be sure you know about.

Paying Your Premium

Your health insurance *premium*, the monthly payment for your health insurance, is due on the first day of each month. You may pay your premium by check or by automatic payment withdrawal from your bank. We are not able to accept premium payments by credit card or process payments on **medica.com**.

You have up to 31 days after the due date to pay your premium to ensure you keep your coverage. If you do not pay your premium by this time, you will lose insurance coverage and have to wait for *Open Enrollment* to re-enroll.

If you pay your insurance through the government's *Advanced Tax Payment Credit* (subsidy) program, you have up to three months to pay your premium.

Help Paying Your Health Insurance Premiums



As part of the Affordable Care Act, the government now provides financial support for some individuals and families, depending on family size and income. To find out if you qualify and how to enroll, contact your insurance agent, visit MNSure at **mn.gov/hix** or call Medica Customer Service at <<xxx-xxx-xxxx>>.

How to Find Providers in Your Network

There are two easy ways to find in-network providers. For the most convenient and up-to-date information, use the online provider directory at **medica.com/inspirationhealtheastproviders**. The online directory also includes a variety of features, such as the ability to create a personalized provider directory and to search providers by location and specialty. You can also map directions to the provider of your choice.

A second way to find a provider is by calling Customer Service and asking for assistance or a printed list of providers in your area.

Costs Are Always Lowest When Using In-Network Providers

Your costs are lowest when you choose a doctor or clinic that's in your Inspiration Health by HealthEast and Medica *network*. Your network includes primary care physicians, specialists and hospitals near you. You are free to see any in-network physician or specialist without needing a *referral* from your *primary care doctor*.

If you choose to see a *provider* who's not in the network, you may have to file your own medical claim and your costs will likely be significantly higher. For detailed information about *out-of-network* care, costs and how they are calculated, call Customer Service.

Pharmacy Benefits

Our goal is to make sure you always receive the most appropriate and affordable drugs. Your health insurance covers a portion of the cost of prescription drugs and supplies received from a pharmacy. The exact amount you pay depends on the specific drug you require and the type of coverage you have. If you are not sure of your cost for prescription drugs, please call Customer Service. You may also check with your pharmacist or by visiting **medica.com**.

Medica's pharmacy network includes more than 56,000 pharmacies nationwide. To find an in-network pharmacy, visit **medica.com** or call Customer Service.

For your convenience, Medica offers a pharmacy option where you can get a three-month supply of medicines that you use regularly. Choice90^{Rx} gives you the opportunity to purchase three months of prescription drugs at one time at a designated retail pharmacy. To find a Choice90^{Rx} pharmacy near you, visit **medica.com**.

HEALTH AND WELLNESS EXTRAS

Good health is essential to getting the most out of life. Medica is committed to providing you with the tools and resources to help you stay on top of your health. For a complete list of the health and wellness benefits available to you, including pregnancy programs, eye surgery discounts and preventive care information, please visit [medica.com](https://www.medica.com).

HealthAdvocate™

Your Healthcare Lifeline

Finding your way through the healthcare system can be confusing. Health Advocate is an independent resource that helps you find your way around the world of health insurance and medical care. Think of it as your personal “go to” source for any questions you have about your health or medical coverage.

Some of the ways Health Advocate can help you include:

- Answering questions about test results, treatments and medications prescribed by your physician
- Helping you understand the type of doctor you need to see for the care you require – and help in scheduling an appointment
- Explaining your benefits and helping resolve insurance claims
- Providing a nurse line that offers advice on a medical condition or care needed for you or a family member
- Addressing elder care needs and related issues for your parents or parents-in-law

The wide-ranging services of Health Advocate are available 24 hours a day. You may even use them for your extended family, including those living in other parts of the country. Visit [medica.com/healthadvocate](https://www.medica.com/healthadvocate) to learn more about Health Advocate.



Improve Your Health One Step at a Time

Daily lifestyle changes are the key to reaching your best health. Novu is a fun, easy and interactive online tool that helps you improve your health one step at a time. Novu creates a personalized wellness program based on your age, gender and goals. You receive points for taking positive steps for your health, which can be redeemed for products, local deals and charitable contributions. You can upload physical activity data and engage with friends and others with similar interests and goals. Your participation in Novu also entitles you to discounts at health clubs and with personal trainers. Visit medica.com/novu to get started.

MEDICA®

Medica Health Management

We understand that everyone's health situation is different. Our goal is to get you the type of care you need, quickly and efficiently. We have services and programs designed to help members with certain health conditions manage their overall care and treatment. Some of these health conditions include:

- Health challenges that require frequent and ongoing attention, such as for diabetes, heart disease, cancer, kidney disease, respiratory and lung disease, or back pain
- Pregnancy
- Tobacco use

If you'd like to learn more about how we can help you manage special health concerns, please call our health management team at 1-855-235-0511.

IMPORTANT DOCUMENTS

Medica is required by law to make several legal documents available to you.

Policy Document, Related Amendments and Other Notices

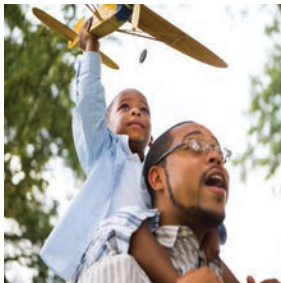
This is the legal document (policy) that describes your coverage in detail, plus any related amendments or state notices. You also have the right to view a uniform Summary of Benefits and Coverage (SBC). These documents may be downloaded at **medica.com** or you may request a free paper copy by calling Customer Service.

How to Get the Care You Need Guide

This guide includes many important notices that Medica is required to provide to members each year. Use the guide to find information about how you can get the most out of your health insurance, such as:

- Access to preventive screenings and immunizations
- Your rights and responsibilities as a Medica member
- How to file a complaint or appeal

To view the booklet online, visit **medica.com**. If you'd like a printed copy, please call the Customer Service number on the back of your member ID card.



COMMON QUESTIONS

Here are some common questions we hear from our members. Please call Medica Customer Service at <<xxx-xxx-xxxx>> if you have additional questions.

Do I have coverage while traveling? In-network coverage when traveling outside Medica's service area will be limited to emergency medical services. Non-emergency services will be considered out-of-network coverage, resulting in a higher cost.

Do dependents living outside of the area served by Medica have coverage? The type of coverage they have depends on the care required. They will receive in-network coverage for emergency services and out-of-network coverage for non-emergency services.

How do I add coverage for a new baby and will this affect my health insurance cost? You may add coverage for your newborn by calling Customer Service or by visiting [medica.com](https://www.medica.com). Adding coverage for a newborn will increase the cost of your premium, unless you already have three dependents on your policy.

How can I check the status of my premium payments? Please call Customer Service to check the status of premium payments.

May I allow others to act on my behalf? Family members may call us to obtain general benefit information, such as coverage for certain procedures. However, if they would like to pay your premiums and find out more specific information about your insurance, we require verbal or written permission from you.

What happens if my needs for health insurance change? In certain circumstances – such as marriage, birth, adoption, divorce or death of the policy holder – you can make changes to your health insurance. You can also make adjustments to your health insurance if changes to your income cause you to gain or lose eligibility for subsidies through the health insurance marketplace. Otherwise, you need to wait for the next *open enrollment* period.

When does my deductible start and end? Your deductible accumulates over the course of the calendar year, running from January 1 to December 31. This is the case whether your insurance coverage starts at the beginning of the year or during the year.

HEALTH INSURANCE GLOSSARY

Here are definitions for some of the more common health care terms that may help you to understand your health insurance.

Advance Premium Tax Credit: This is a type of subsidy available to individuals and families who purchase their health coverage through the health insurance marketplace (the “Exchange”) and whose income is up to 400 percent of the federal poverty level. These subsidies help make health insurance more affordable for people who do not have health coverage through their employers.

Coinsurance: Your share of the costs of a covered health care service or prescription, calculated as a percentage.

Convenience care: Care for minor illnesses and injuries you receive in clinics “conveniently” located in retail stores and pharmacies.

Deductible: The fixed-dollar amount you pay each *plan year* before your insurance starts to pay.

In-network provider: Doctors, hospitals and other health care providers who have agreed to accept a discounted payment from Medica for the care they provide. You can find an up-to-date list of in-network providers by going to medica.com.

Member: Any person covered by a Medica plan (for example, the subscriber and any covered family members).

Open Enrollment: A set period of time during the year when you can change your health insurance. The open enrollment period for 2014 will begin in October.

Out-of-network provider: Clinics, doctors, pharmacies and hospitals that are not in Medica’s network.

Out-of-pocket: A general term describing your share of the cost of healthcare services. Copays, *coinsurance* and *deductibles* are all examples of out-of-pocket expenses because they are paid with your money, out of your “pocket.”

Out-of-pocket maximum: The maximum amount that you may have to pay before your plan pays 100 percent of your eligible health costs for in-network services.

Plan: A term used by health insurance companies to describe your health insurance policy.

Plan year: The 12-month period running from January 1 through December 31.

Pharmacy network: Pharmacies that are part of Medica's network. Visit **medica.com** to see an up-to-date list of network pharmacies.

Premium: The monthly payment for your health insurance that's due on the first of each month.

Primary care doctor: The doctor you choose to coordinate your total care. Primary care doctors know your health history and provide referrals to specialists.

Provider: A doctor, hospital, clinic, home health agency, skilled-nursing facility or pharmacy that provides healthcare or prescriptions.

Referral: A written notice from a member's *primary care doctor* or clinic that allows the member to see a specialist for care.

Specialist: A healthcare *provider* who specializes in the care of a specific system of the body. Some examples of specialists are cardiologists (heart health), dermatologists (care of the skin) and allergists (treatment and control of allergies and asthma).

Subscriber: The person to whom a policy is issued.

Supplier: Another word for provider.

Urgent care: Immediate, short-term medical care for minor, immediate medical conditions.

HOW MEDICA PROTECTS YOUR PRIVACY

Summary

There are several state and federal laws requiring Medica Health Plans, Medica Health Plans of Wisconsin and Medica Insurance Company (collectively, “Medica”) to protect its members’ personal *health* information. The most comprehensive regulations were issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). These regulations have been updated from time to time. Essentially, HIPAA regulations require entities like Medica to provide you with information about how your protected health information may be used and disclosed, and to whom. This notice explains what your protected health information is. Regulations also describe how Medica must protect this information and how you can access your protected health information. Medica must follow the terms of its privacy notice. Medica may also change or amend its privacy notice as the laws and regulations change. However, if the notice is materially changed, Medica will make the revised privacy notice available to you.

There are also state and federal laws requiring Medica to protect your non-public personal *financial* information. The most comprehensive regulations were issued under the Gramm-Leach-Bliley Act (“GLBA”). The GLBA requires Medica to provide you with a notice about how your non-public personal financial information may be used and disclosed, and to whom.

When the law permits use and disclosure

The law permits Medica to use and disclose your personal health information for purposes of treatment, payment and health care operations without first obtaining your authorization. There are other limited circumstances when Medica may use and disclose your personal health information without your authorization, such as public health, regulatory and law enforcement activities. Whether personal health information is used or disclosed with or without your authorization, Medica uses and discloses personal health information only to those persons who need to know and only the minimum amount necessary to perform the required activity.

Your privacy rights

The law also gives you rights to access, copy and amend your personal health information. You have the right to request restrictions on certain uses and disclosures of your personal health information. You also have the right to obtain information about how and when your personal health information has been used and disclosed.

MEDICA'S PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED UNDER STATE AND FEDERAL LAW, INCLUDING HIPAA, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS INTENDED FOR MEDICA MEMBERS.

What is PHI?

Medica is committed to protecting and maintaining the privacy and confidentiality of information that relates to your past, present or future physical or mental health, healthcare services and payment for those services. HIPAA refers to this information as “protected health information” or “PHI.” PHI includes information related to diagnosis and treatment plans, as well as demographic information such as name, address, telephone number, age, date of birth, and health history.

How does Medica protect your PHI?

Medica takes its responsibility of protecting your PHI seriously. Where possible, Medica de-identifies PHI. Medica uses and discloses only the minimum amount of PHI necessary for treatment, payment and operations, or to comply with legal or similar requirements. In addition to physical and technical safeguards, Medica has administrative safeguards such as policies and procedures that require Medica's employees to protect your PHI. Medica also provides training on privacy and security to its employees.

Medica protects the PHI of former members just as it protects the PHI of current members.

Under what circumstances does Medica use or disclose PHI?

Medica receives, maintains, uses and shares PHI only as needed to conduct or support: (i) treatment-related activities, such as referring you to a doctor; (ii) payment-related activities, such as paying a claim for medical services; and (iii) healthcare operations, such as developing wellness programs.

Additional examples of these activities include:

- Enrollment and eligibility, benefits management, and utilization management
- Customer service

- Coordination of care
- Health improvement and disease management (for example, sending information on treatment alternatives or other health-related benefits)
- Premium billing and claims administration
- Complaints and appeals, underwriting, actuarial studies, and premium rating (however, Medica is prohibited from using or disclosing your PHI that is genetic information for underwriting purposes)
- Credentialing and quality assurance
- Business planning or management and general administrative activities (for example, employee training and supervision, legal consultation, accounting, auditing)
- Medica may, from time to time, contact you with important information about your health plan benefits. Such contacts may include telephone, mail or electronic mail messages.

With whom does Medica share PHI?

Medica shares PHI for treatment, payment and health care operations with your health care providers and other businesses that assist it in its operations. These businesses are called “business associates” in the HIPAA regulations. Medica requires these business associates to follow the same laws and regulations that Medica follows.

Public Health, Law Enforcement and Health Care Oversight.

There are also other activities where the law allows or requires Medica to use or disclose your PHI without your authorization. Examples of these activities include:

- Public health activities (such as disease intervention);
- Healthcare oversight activities required by law or regulation (such as professional licensing, member satisfaction surveys, quality surveys, or insurance regulation);
- Law enforcement purposes (such as fraud prevention or in response to a subpoena or court order);

- Assisting in the avoidance of a serious and imminent threat to health or safety; and
- Reporting instances of abuse, neglect, domestic violence or other crimes.

Employee Benefit Plans. Medica has policies that limit the disclosure of PHI to employers. However, Medica must share some PHI (for example, enrollment information) with a group policyholder to administer its business. The group policyholder is responsible for protecting the PHI from being used for purposes other than health plan benefits.

Research. Medica may use or release PHI for research. Medica will ensure that only the minimum amount of information that identifies you will be disclosed or used for research. HIPAA allows Medica to disclose a very limited amount of your PHI, called a “limited data set” for research without your authorization. You have the right to opt-out of disclosing your PHI for research by contacting Medica as described below. If Medica uses any identifiers, Medica will request your permission first.

Family Members. Under some circumstances Medica may disclose information about you to a family member. However, Medica cannot disclose information about one spouse to another spouse, without permission. Medica may disclose some information about minor children to their parents. You should know, however, that state laws do not allow Medica to disclose certain information about minors – even to their parents.

When does Medica need your permission to use or disclose your PHI?

From time to time, Medica may need to use or disclose PHI where the laws require Medica to get your permission. Medica will not be able to release the PHI until you have provided a valid authorization. In this situation, you do not have to allow Medica to use or disclose your PHI. Medica will not take any action against you if you decide not to give your permission. You, or someone you authorize (such as under a power of attorney or court-appointed guardian), may cancel an authorization you have given, except to the extent that Medica has already relied on and acted on your permission.

Your authorization is generally required for uses and disclosures of PHI not described in this notice, as well as uses and disclosures in connection with:

- **Psychotherapy Notes.** Medica must obtain your permission before making most uses and disclosures of psychotherapy notes.
- **Marketing.** Subject to limited exceptions, Medica must also obtain your permission before using or disclosing your PHI for marketing purposes.
- **Sales.** Additionally, Medica is not permitted to sell your PHI without your permission. However, there are some limited exceptions to this rule—such as where the purpose of the disclosure of PHI is for research or public health activities.

What are your rights to your PHI?

You have the following rights with regard to the PHI that Medica has about you. You, or your personal representative on your behalf, may:

Request restrictions of disclosure. You may ask Medica to limit how it uses and discloses PHI about you. Your request must be in writing and be specific as to the restriction requested and to whom it applies. Medica is not required to always agree to your restriction. However, if Medica does agree, Medica will abide by your request.

Request confidential communications. You may ask Medica to send your PHI to a different address or by fax instead of mail. Your request must be in writing. Medica will agree to your request if it is able.

Inspect or obtain a copy of your PHI. Medica keeps a designated record set of its members' medical records, billing records, enrollment information and other PHI used to make decisions about members and their benefits. You have the right to inspect and get a copy of your PHI maintained in this designated record set. Your request must be in writing on Medica's form. If the PHI is maintained electronically in a designated record set, you have a right to obtain a copy of it in electronic form. Medica will respond to your request within thirty (30) days of receipt. Medica may charge you a reasonable amount for providing copies. You should know that not all the information Medica maintains is available to you and there are certain times when other individuals, such as your doctor, may ask Medica not to disclose information to you.

Request a change to your PHI. If you think there is a mistake in your PHI or information is missing, you may send Medica a written request to make a

correction or addition. Medica may not be able to agree to make the change. For example, if Medica received the information from a clinic, Medica cannot change the clinic information—only the clinic can. If Medica cannot make the change, it will let you know within thirty (30) days. You may send a statement explaining why you disagree, and Medica will respond to you. Your request, Medica’s disagreement and your statement of disagreement will be maintained in Medica’s designated record set.

Request an accounting of disclosures. You have the right to receive a list of disclosures Medica has made of your PHI. There are certain disclosures Medica does not have to track. For example, Medica is not required to list the times it disclosed your PHI when you gave Medica permission to disclose it. Medica is also not required to identify disclosures it made that go back more than six (6) years from the date you asked for the listing.

Receive a notice in the event of a breach. Medica will notify you, as required under federal regulations, of an unauthorized release, access, use or disclosure of your PHI. “Unauthorized” means that the release, access, use or disclosure was not authorized by you or permitted by law without your authorization. The federal regulations further define what is and what is not a “breach.” Not every violation of HIPAA, therefore, will constitute a breach requiring a notice.

Request a copy of this notice. You may ask for a separate paper copy of this notice.

TO EXERCISE ANY OF THESE RIGHTS, PLEASE CONTACT CUSTOMER SERVICE AT THE TELEPHONE NUMBER ON THE BACK OF YOUR MEDICA ID CARD, OR CONTACT MEDICA AT P.O. BOX 9310, MINNEAPOLIS, MN 55440-9310.

File a complaint or grievance about Medica’s privacy practices. If you feel your privacy rights have been violated by Medica, you may file a complaint. You will not be retaliated against for filing a complaint. To file a complaint with Medica, please contact Customer Service at the contact information listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To do so, write to the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave Suite 240, Chicago, IL 60601.

About this notice.

Medica is required by law to maintain the privacy of PHI and to provide this notice. Medica is required to follow the terms and conditions of this notice. However, Medica may change this notice and its privacy practices, as long as the change is consistent with state and federal law. If Medica makes a material change to this notice, it will make the revised notice available to you within sixty (60) days of such change.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE EXPLAINS HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS INTENDED FOR MEDICA MEMBERS.

How does Medica protect your information? Medica takes its responsibility of protecting your information seriously. Medica maintains measures to protect your information from unauthorized use or disclosure. These measures include the use of policies and procedures, physical, electronic and procedural safeguards, secured files and buildings and restrictions on who and how your information may be accessed.

What information does Medica collect? Medica may collect information about you including your name, street address, telephone number, date of birth, medical information, social security number, premium payment and claims history information.

How does Medica collect your information? Medica collects information about you in a variety of ways. Medica obtains such information about you from:

- You, on your application for insurance coverage
- You, concerning your transactions with Medica, its affiliates or others
- Your physician, health care provider or other participants in the health care system
- Your employer
- Other third parties

Under what circumstances does Medica use or disclose non-public personal financial information? Medica uses your non-public financial information for its everyday business operations. This includes using your information to perform certain activities in order to implement and administer the product or service in which you are enrolled. Examples of these activities include enrollment, customer service, processing premium payment, claims payment transactions, and benefit management.

Medica may disclose your information to the following entities for the following purposes:

- To Medica's affiliates to provide certain products and services.
- To Medica's contracted vendors who provide certain products and services on Medica's behalf.
- To a regulatory authority, government agency or a law enforcement official as permitted or required by law, subpoena or court order.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT CUSTOMER SERVICE AT THE TELEPHONE NUMBER ON THE BACK OF YOUR MEDICA ID CARD, OR CONTACT MEDICA AT P.O. BOX 9310, MINNEAPOLIS, MN 55440-9310.



INSPIRATION HEALTH BY HEALTHEAST AND MEDICA

Your coverage. Your care. Your way.
It's your thing.

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