

Summary of Benefits and Coverage Overview

You will share in the cost of your health care. This packet includes an overview of costs and coverage for your plan called a Summary of Benefits and Coverage. If you have more than one plan to choose from, you will have a Summary for each plan. Your Summary can help you estimate and compare what your costs are likely to be under each plan option.

Reviewing your Summary of Benefits and Coverage

There are two basic ways you will share in your health care costs. There are “up-front” costs (monthly premiums), and “pay-as-you-go” (out-of-pocket) costs.

Premiums are the set amount you pay for coverage, paid to Medica through payroll deduction. See your employer for your premium amounts.

Out-of-pocket costs can include the following (not all of these costs may apply to your specific plan; check the Summary of Benefits and Coverage in this guide to see which costs are relevant):

- ▶ **Copayments** – a set amount you pay the provider when you use services.
- ▶ **Coinsurance** – a percentage of provider charges that you pay.
- ▶ **Deductible** – a set amount you must pay before your plan will pay for covered services. You pay providers for the full cost of your care, until you reach your deductible amount for the year. Once you reach the deductible, Medica will pay for covered services. The deductible may not apply to all services.
- ▶ **Out-of-pocket maximum (or limit)** – this is the most you would pay out of your pocket per year for covered services under your plan.

Out-of-network Costs

Many plans (though not all) have out-of-network benefits. Depending on your plan, your Summary of Benefits and Coverage shows your benefits when you see providers in the plan network, and how that coverage is reduced if you go to providers outside the network. Remember, if you see providers outside your network, your costs will be significantly higher. For more information, see the out-of-network care tip sheet at medica.com/membertips.

Summary of Benefits and Coverage Overview (continued)

What about my prescriptions?

Medica's Preferred Drug List contains thousands of drugs to help meet your needs. These drugs have been thoroughly evaluated for safety, effectiveness and value.

- ▶ Look up drugs on the Preferred Drug List by going to **mymedica.com** and selecting **Pharmacy Information** (in the "Links and Tools" box), or call Medica Customer Service.
- ▶ Find your share of prescription costs in the Summary of Benefits and Coverage in this guide.
- ▶ Fill your prescriptions at one of Medica's more than 60,000 network retail pharmacies. Many plans also offer options to receive a three-month supply of maintenance medications.
- ▶ Once you're a member, log in to **mymedica.com** and you'll be able to see pricing specific to your benefits, including suggested ways to save on your prescriptions.

Find the information you need on **mymedica.com**

When you get your ID card, be sure to register for your member website, **mymedica.com**. This one-stop resource provides all the information you need to help you manage your health plan benefits and improve your health.

With **mymedica.com**, you can:

- ▶ Print a temporary ID card or order extra cards
- ▶ Look up your specific benefits and see what's covered
- ▶ Track your claims
- ▶ See what doctors and other health care providers are in your plan's network
- ▶ Find cost information for prescription drugs
- ▶ Chat with a nurse online
- ▶ Learn about and participate in health and wellness programs