Contact us.
Contact your local Medica broker, give us a call, or drop us a line.

952-992-2080  
1-800-670-5935

Hearing Impaired: Please call the National Relay Center at 1-800-855-2880 and ask for one of the numbers listed above.

Hours
8 a.m. to 5 p.m. Monday – Thursday;  
9 a.m. to 5 p.m. Friday.

You may also visit us at medica.com or e-mail us at medicaindividualproducts@medica.com.

WE HAVE A PLAN FOR YOUR PLAN.
Health insurance for what’s ahead.

Medica Encore®
Coverage for one or two people.

Minnesota Benefit Summary

This information is valid January 2011 through December 2011.
Plan Highlights

- Medica Encore is a one-person or a two-person “1+Anyone” plan.
- Primary applicants must be between ages 19 and 64. Additional applicants must be at least 60 days old.
- Please see the Minnesota Medica Encore Rate Guide to calculate your monthly premium.
- This is a brief overview of the plan. Please see a policy document available on medica.com for complete details.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>IN-NETWORK COVERAGE</th>
<th>OUT-OF-NETWORK COVERAGE*</th>
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<tr>
<td>In-network annual deductible options</td>
<td>One-Person Plan</td>
<td>Two-Person Plan</td>
</tr>
<tr>
<td>$4,000</td>
<td>$6,000</td>
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<tr>
<td>$6,500</td>
<td>$7,500</td>
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<tr>
<td>$9,000</td>
<td>$9,000</td>
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<tr>
<td>In-network annual out-of-pocket maximum</td>
<td>Equal to chosen deductible</td>
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<tr>
<td>Office and urgent care visits</td>
<td>Non-preventive care (e.g., physician, chiropractor)</td>
<td></td>
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<tr>
<td>Option A: $20 copayment (no visit limit)</td>
<td>Option B: $40 copayment (no visit limit)</td>
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</tr>
<tr>
<td>Option C: $60 copayment (no visit limit)</td>
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<tr>
<td>Preventive care</td>
<td>100% coverage (Copayment, coinsurance and deductible do not apply)</td>
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<tr>
<td>Convenience care center visits</td>
<td>$10 copayment (no visit limit)</td>
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<tr>
<td>Prescription drugs</td>
<td>Preferred generic drugs: $10 copayment</td>
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<tr>
<td>Preferred brand-name drugs: You pay 100% at Medica’s discounted rate</td>
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<tr>
<td>You have the option to increase your prescription drug coverage. See details on next page.</td>
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<tr>
<td>Emergency room</td>
<td>100% coverage after deductible</td>
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<tr>
<td>Lab and X-ray services</td>
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<tr>
<td>Hospital services</td>
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<tr>
<td>Ambulance</td>
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<tr>
<td>Surgery</td>
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<tr>
<td>Eyewear</td>
<td>Medica pays up to $125 per person within a rolling 24-month period</td>
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<tr>
<td>Maternity</td>
<td>100% coverage for prenatal care (deductible does not apply)</td>
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<tr>
<td>Maternity, labor, delivery, and postpartum care not covered</td>
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<tr>
<td>Other eligible healthcare services</td>
<td>100% coverage after deductible</td>
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</tbody>
</table>

**ADDITIONAL COVERAGE OPTIONS**

- **Remove mental health/substance abuse coverage**: You have the option to remove your mental health and substance abuse coverage already included in the plan. Choosing to remove this coverage reduces your monthly rate. Check the rate guide to see your monthly rate.

- **Upgrade prescription drug coverage**: You can increase your prescription drug coverage. Increased coverage would include:
  - Preferred brand-name drugs: $50 copayment
  - Non-preferred drugs: $100 copayment
  This coverage is in addition to the preferred generic drug coverage already included in the plan. Choosing to upgrade this coverage increases your monthly rate. Check the rate guide to see your monthly rate.

**TRAVEL PROGRAM**

Program details

You receive in-network coverage when you travel in the United States and use a Travel Program provider. Find more information on the Minnesota Product Features page.

**BENEFITS**

- Out-of-network annual deductible:
  - Out-of-network annual deductible is double the in-network annual deductible.
- Out-of-network annual out-of-pocket maximum:
  - There is no out-of-pocket maximum for out-of-network services.
- Benefit coverage:
  - 60% coverage after deductible.
- Lifetime maximum benefits:
  - $1 million.
- Other details:
  - If you visit an out-of-network healthcare provider, certain services may be excluded or limited. Please see a Medica Encore policy on medica.com for details.

*If you choose to receive services or supplies from a non-network provider, you are responsible for any difference between Medica’s non-network reimbursement amounts (generally based on a fee schedule) and the charges billed by the non-network provider.

**Other Important Information**

- Copayments do not apply to your deductible and out-of-pocket maximum. Some services, such as lab work and X-rays, will apply toward your deductible and will not be covered by a copayment.
- For individuals ages 19 and over, a pre-existing condition exclusion may apply. If continuous qualifying health coverage has been maintained, this limitation is in effect for 12 months, but will be reduced based upon length of previously qualifying coverage. If continuous qualifying health coverage has not been maintained, this limitation is in effect for the first 18 months.
- Services not covered include custodial care or rest care; most dental services; cosmetic services; refractive eye surgery; infertility services; and services that are investigational, not medically necessary or received while on military duty.
- On a two-person plan, the deductible is shared.
- The deductible is subject to a “cost of living” increase on a yearly basis. This “cost of living” increase is tied to the Consumer Price Index (CPI).
Medica Individual and Family Plans
Minnesota Product Features

**Network Choice**
With your Medica plan, you may see the medical provider of your choice. In fact, more than 96% of Minnesota providers are in our network. Of course, you receive the highest level of benefits and lowest out-of-pocket costs when you use providers that are part of the Medica network. If you choose to receive services or supplies from a non-participating provider, in addition to any deductible, copayment or coinsurance, you will also be responsible for Medica’s non-network reimbursement amount (generally based on a fee schedule) and the charges billed by the non-network provider.

**Travel Program**
You receive in-network coverage when you travel in the United States and use a Travel Program provider. Find more Travel Program information at medica.com:
- Click on Find Physicians and Facilities at the top of the page
- Click on Individual and Family
- Click on Travel Program

**MainStreetMedica.com**
This resource can help you stay in control and make informed decisions, including:
- Personalized health information for each covered family member
- Decision-support tools:
  - Treatment cost estimator – you choose how much you spend
  - Quality data on hospitals, physicians, clinics, radiology centers, surgery centers, pharmacies and other healthcare providers
  - Health-related news and articles
- The Medica List of Preferred Drugs (Formulary) for a list of covered drugs
- Personalized health care and benefits information available via mymedia.com

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**Eligibility**
You will be asked questions about the health history of everyone seeking coverage, then this information is used during the underwriting process. For example, if you are a smoker, overweight, or have certain health factors, you may pay more, or may not be offered coverage.

To be eligible for a Medica health plan, you must be:
- Ages 19-64 (primary applicant)
- At least 60 days old (additional applicant)
- A Minnesota resident
- In general good health
- Ineligible for Medicare

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**Enrolling**
- Complete the application in its entirety
- Choose your deductible level:
- Choose any additional benefit options (if applicable)
- Sign and date the application (Note: Your application cannot be signed more than 60 days before the requested effective date)
- Include a check or money order for your first month’s premium payment
- Mail your application and payment in the envelope provided (Note: If you’re working with your local Medica broker, he or she should sign the application before it is mailed to Medica)

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If your application is accepted, we will notify you of the date your coverage starts.
If we cannot currently offer you coverage, we will return your premium payment.
Please allow up to two to four weeks for processing your application.
If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer. In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, subject to limits and exclusions, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

**Minnesota Life and Health Insurance Guaranty Association**

4760 White Bear Parkway, Suite 101
White Bear Lake, MN 55110
Telephone: 651-407-3149
Fax: 651-407-3150

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to $500,000. Subject to this $500,000 limit, the guaranty association will pay up to $500,000 in life insurance death benefits, $130,000 in net cash surrender and net cash withdrawal values for life insurance, $500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, $250,000 in the present value of annuity benefits including net cash surrender and net cash withdrawal values, $410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be $500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to $250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than $10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed $10,000,000, the $10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association. This notice is required by Minnesota state law to advise policy holders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice in no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.