



INDIVIDUAL
OR FAMILY
COVERAGE



MEDICA APPLAUSESM

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



 **NORTH DAKOTA HSA AND COPAY PLANS**
Valid January 2014 – December 2014

MEDICA[®]
Individual & Family Plans

SAY “HELLO” TO MEDICA APPLAUSE.

Choosing a family or individual health plan is important. Especially when you're buying your own coverage. It's a very personal choice. So you want a plan that fits your life, and your own personal style. Here in North Dakota, you're in luck. With a Medica Applause Copay or HSA plan, you can enjoy your coverage, your care – your way.

Medica Applause Copay or HSA coverage gives you the freedom to do your thing, almost anywhere.

- Medica Applause Copay or HSA coverage is available as a one-person or family plan, through the Health Insurance Marketplace or directly from Medica. Your insurance agent can assist you in either situation.
- Choose your own deductible – Gold, Silver or Bronze level. (Please note: Medica Applause Gold is only available through the Health Insurance Marketplace)
- You have access to one of our largest networks, with providers in North Dakota, Minnesota, and Western Wisconsin.
- You're free to see any provider, but you receive the highest level of benefits and lowest out-of-pocket costs when you see providers in the Applause network.
- For family plans, the primary applicants must be age 21 or over.

CHOOSE YOUR COVERAGE AND YOUR CARE – YOUR WAY.

APPLAUSE HSA COMPATIBLE PLANS

IN-NETWORK Benefits	GOLD* HSA <small>*Gold plans are only available for purchase through the health insurance marketplace.</small>	SILVER HSA	BRONZE HSA
Deductible	Individual: \$1,300 Family: \$3,900	Individual: \$1,300 Family: \$3,900	Individual: \$6,300 Family: \$12,700
Out-of-pocket maximum	Individual: \$2,350 Family: \$7,050	Individual: \$5,450 Family: \$12,700	Individual: \$6,300 Family: \$12,700
Primary care office visit Specialty care office visit	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Prescription drugs (Preferred Drug List)	Tier 1 drugs: 70% coverage after deductible Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 70% coverage after deductible	Tier 1 drugs: 60% coverage after deductible Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 60% coverage after deductible	Tier 1 drugs: 100% coverage after deductible Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits Urgent care center visits Emergency services Lab and X-ray services Hospital services Ambulance Surgery Maternity	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Mental Health	Inpatient: 70% coverage after deductible Outpatient: 70% coverage after deductible	Inpatient: 60% coverage after deductible Outpatient: 60% coverage after deductible	Inpatient: 100% coverage after deductible Outpatient: 100% coverage after deductible
Substance Abuse	Inpatient: 70% coverage after deductible Outpatient: 70% coverage after deductible	Inpatient: 60% coverage after deductible Outpatient: 60% coverage after deductible	Inpatient: 100% coverage after deductible Outpatient: 100% coverage after deductible
Other eligible health care services	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
No in-network lifetime maximum			

APPLAUSE COPAY COMPATIBLE PLANS

IN-NETWORK Benefits	GOLD* Copay <small>*Gold plans are only available for purchase through the health insurance marketplace.</small>	SILVER Copay	BRONZE Copay
Deductible	Individual: \$100 Family: \$300	Individual: \$2,200 Family: \$6,600	Individual: \$6,350 Family: \$12,700
Out-of-pocket maximum	Individual: \$6,250 Family: \$12,700	Individual: \$6,250 Family: \$12,700	Individual: \$6,350 Family: \$12,700
Primary care office visit Specialty care office visit	\$30 copayment (No visit limit)	\$30 copayment (No visit limit)	\$60 copayment (No visit limit)
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copay Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 50% coverage after deductible	Tier 1 drugs: \$10 copay Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 40% coverage after deductible	Tier 1 drugs: \$20 copay Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits	\$20 copay (No visit limit)	\$20 copay (No visit limit)	\$20 copay (No visit limit)
Urgent care center visits Emergency services Lab and X-ray services Hospital services Ambulance Surgery Maternity	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Mental Health	Inpatient: 70% coverage after deductible Outpatient: First 5 hours 100% coverage. Subsequent hours/visits \$30 copay	Inpatient: 60% coverage after deductible Outpatient: First 5 hours 100% coverage. Subsequent hours/visits \$30 copay	Inpatient: 100% coverage after deductible Outpatient: First 5 hours 100% coverage. Subsequent hours/visits \$60 copay
Substance Abuse	Inpatient: 70% coverage after deductible Outpatient: First 5 visits 100% coverage. Subsequent hours/visits \$30 copay	Inpatient: 70% coverage after deductible Outpatient: First 5 visits 100% coverage. Subsequent hours/visits \$30 copay	Inpatient: 70% coverage after deductible Outpatient: First 5 visits 100% coverage. Subsequent hours/visits \$60 copay
Other eligible health care services	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible

No in-network lifetime maximum

OUT-OF-NETWORK DETAILS: APPLIES TO BOTH HSA COMPATIBLE AND COPAY PLANS

OUT-OF-NETWORK Benefits	GOLD HSA/Copay	SILVER HSA/Copay	BRONZE HSA/Copay
Deductible	Individual: \$10,000 Family: \$20,000	Individual: \$10,000 Family: \$20,000	Individual: \$10,000 Family: \$20,000
Out-of-pocket maximum	There is no maximum for out-of-network services	There is no maximum for out-of-network services	There is no maximum for out-of-network services
Benefit coverage	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
Lifetime maximum benefits	\$1 million	\$1 million	\$1 million

Other details

If you visit an out-of-network healthcare provider, certain services may be excluded or limited. Please see a Medica Appliance policy on [medica.com](https://www.medicaplans.com) for details.

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

To calculate your monthly premium, visit our quoting and enrollment tool at personalplans.medicaplans.com.



THESE VALUE EXTRAS ARE STANDARD WITH ANY PLAN YOU CHOOSE.

Your Health Care Lifeline

HealthAdvocate

Need help navigating the world of health insurance and medical care? Health Advocate is there for you 24/7. Get help making appointments with hard-to-reach doctors, resolving medical claims and getting answers to questions about medical treatment. You can even get help with healthcare issues facing your parents and parents-in-law. Health Advocate is an independent and confidential service.

24-Hour NurseLine™

As part of the Health Advocate services offered with this health plan, you receive 24/7 access to highly trained nurses to help answer your questions about symptoms, medications and health conditions, and other self-care tips for non-urgent concerns.

Get Healthy and Earn Discounts and Rewards

novu

Take control of your health and earn rewards and discounts with Novu. It's a fun, easy and interactive online tool that helps you improve your health one choice at a time. Create a personalized wellness program and receive points for taking positive steps. Redeem points for products, local deals or charitable contributions. Participation also entitles you to discounts at health clubs and with personal trainers.

LASIK Eye Surgery Discounts

QualSight[®] LASIK

Save 40 to 50 percent off the national average price of traditional LASIK with preferred pricing from QualSight[®] Inc.



OTHER IMPORTANT INFORMATION

Pediatric Dental

This policy does not include pediatric dental services. You are required to purchase pediatric dental services under the federal Patient Protection and Affordable Care Act. Pediatric dental coverage can be purchased as a stand-alone product through Delta Dental®. For more information visit deltadentalmn.org/NDIndividualandPediatric.

Health Insurance Marketplace and Cost-Sharing Reduction Plans

You may be able to receive help paying your health insurance premium or qualify for plans with reduced deductibles and copayments. You can get this assistance if you get health insurance through the Health Insurance Marketplace, your income is below a certain level, and you choose a health plan from the Silver plan category. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits. To see if you're eligible, please visit healthcare.gov/marketplace.

Deductible Details

On a family plan, everyone shares one deductible. The deductible can be met by any combination of family members. The deductible and out-of-pocket maximum are subject to a "cost of living" increase on a yearly basis. This increase is tied to the Consumer Price Index.

Excluded Services

Services not covered include, but are not limited to, custodial care, adult eyewear, most dental services, cosmetic services, refractive eye surgery, those received while on military duty, and services that are investigational or not medically necessary.



GOT QUESTIONS? CONTACT US.

Call **1-800-670-5935**

Monday-Thursday 8 a.m. to 5 p.m. and Fridays 9 a.m. to 5 p.m.

1-800-855-2880 (National Relay Center)

If you're hearing impaired, please call the National Relay Center and ask for one of the numbers listed above.

Email: medicaindividualproducts@medica.com

Connect with **Medica4Me**  

See us at www.youtube.com/medica4me

IFB9235-1-00813



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Medica ApplauseSM is a qualified health plan issuer in the Health Insurance Marketplace.

This is a brief overview of the plan. Please see a policy document available on www.medicacom for complete details.