CONTACT US

When it comes to health insurance, there are no stupid questions. Contact your local Medica broker, give us a call, or drop us a line. We'll do our best to get you an answer within one working day.

HOURS

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



PHONE (

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.

EMAIL 🔀

MedicaSolo@medica.com

WEB 🖰

www.MedicaSolo.com

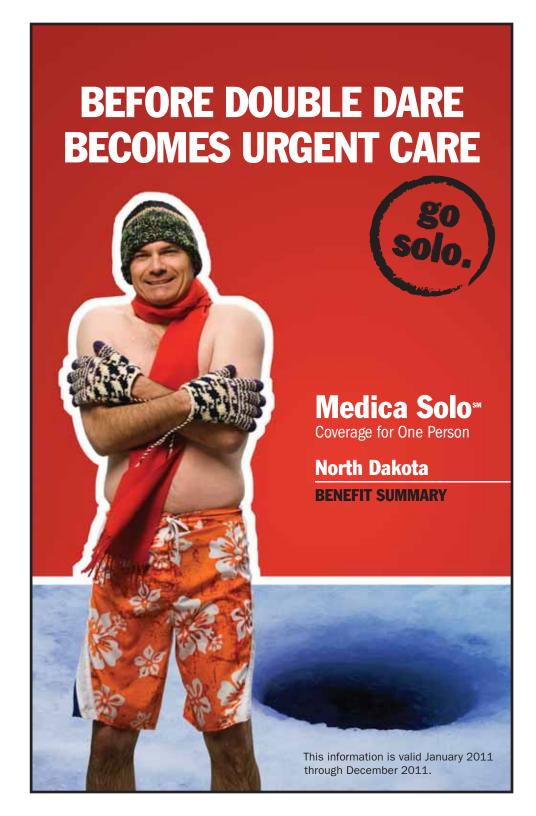
MEDICA.

PO Box 9310 Minneapolis, MN 55440-9310

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PLAN HIGHLIGHTS ▼ WHAT'S INCLUDED

- Medica Solo is a one-person plan.
- Applicants must be between ages 19 and 64.
- Please see the North Dakota Medica Solo 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.

BENEFITS	IN-NETWORK COVERAGE			
In-network annual deductible options	\$3,000	\$6,000	\$9,000	\$12,000
In-network annual out-of-pocket maximum	\$4,000	\$7,000	\$10,000	\$13,000
Office visits Non-preventive care. Chiropractic limited to 15 visits per calendar year.	\$30 copay for the first 3 visits per calendar year; after 3rd, 80% coverage after deductible	\$40 copay for the first 3 visits per calendar year; after 3rd, 80% coverage after deductible	\$50 copay for the first 3 visits per calendar year; after 3rd, 80% coverage after deductible	\$60 copay for the first 3 visits per calendar year; after 3rd, 80% coverage after deductible
Preventive care	100% coverage (Copay, coinsurance and deductible do not apply)			
Prescription drugs	Preferred generic drugs: \$10 copay Preferred brand-name drugs: You pay 100% at Medica's discounted rate You have the option to increase your prescription drug coverage. See details on next page.			
Convenience care center visits	\$20 copay for first 3 visits per calendar year; after 3rd, 80% coverage after deductible			
Urgent care center visits	\$100 copay for first visit per calendar year; after 1st, 80% coverage after deductible			
Emergency room	\$200 copay for first visit per calendar year; after 1st, 80% coverage after deductible			
Lab and X-ray services	80% coverage after deductible			
Hospital services				
Ambulance				
Surgery				
Eyewear	Medica pays up to \$50 per calendar year			
Maternity	Maternity, labor, delivery, and postpartum care not covered; complications of pregnancy are covered as required by ND law			
Other eligible healthcare services	80% coverage after deductible			

	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 copay Non-preferred drugs: \$100 copay	
	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 North Dakota Product Features page.		

BENEFITS	OUT-OF-NETWORK COVERAGE*	
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 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.

THE NITTY-GRITTY ▼ WHAT ELSE DO I NEED TO KNOW

- Some services, such as lab work and X-rays, will apply toward your deductible and will not be covered by a copayment.
- 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 12 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.
- Day, visit, or hour limits apply for mental health and substance abuse services.
- 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).