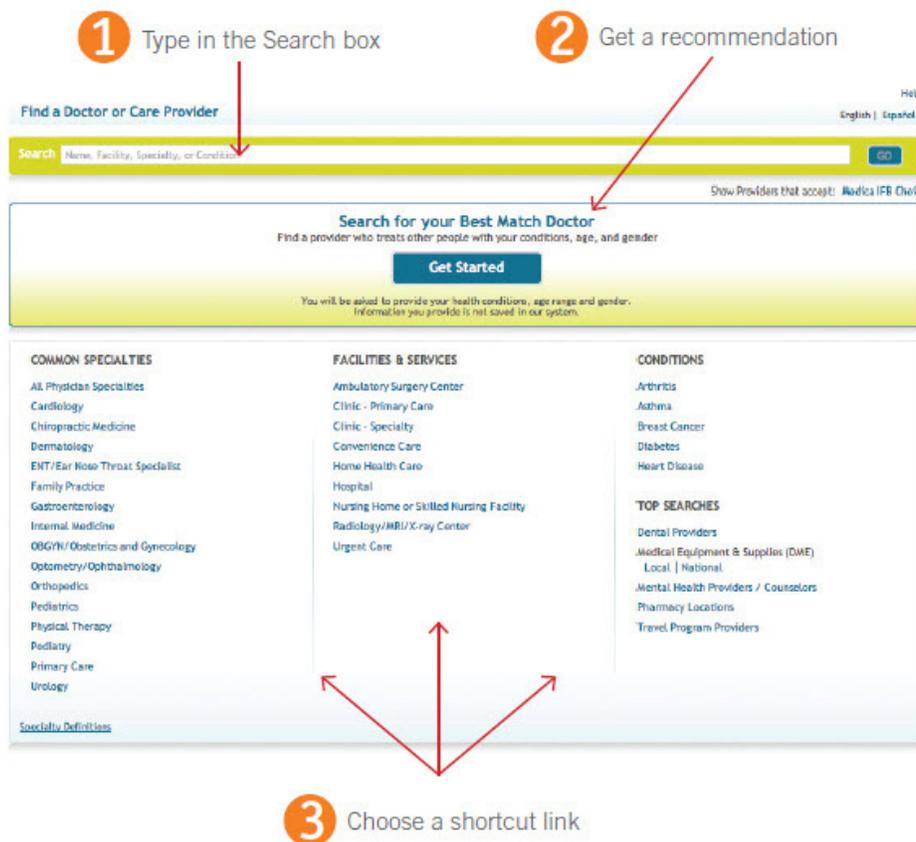


FEATURE STORY

February 2015 Issue



Finding a network doctor or other provider

You get your highest level of benefits when you get care from providers in your plan’s network. That’s because we’ve negotiated special discounts for you. It’s easy to find a network doctor or provider online. To find a provider in your plan’s network:

- Go to medica.com/members
- Type in your plan name (shown on the front of your Medica ID card as “Care Type”) and click “View Plan Information”
- Choose “Find a physician or facility”

You can search three ways*:

*To narrow your search by location, enter a zip code in the zip code box or click the “enter address” link and enter an address.

1. TYPE IN THE SEARCH BOX

Type any of the following in the search box:

- Doctor's name
- Facility's name (clinic, hospital, urgent care center, etc.)
- Doctor's specialty (cardiology, allergy, dermatology, etc.)
- A condition (asthma, diabetes, heart disease, etc.)

Then click "GO"

2. GET A RECOMMENDATION

To find a doctor who treats patients similar to you, look under "Search for your Best Match Doctor" and click the "Get Started" button. Enter your conditions, age and gender, and get results for doctors who match your criteria.

3. CHOOSE A SHORTCUT LINK

Click on a link under Common Specialties, Facilities & Services, Conditions or Top Searches.

For tips on how to narrow your search, sort your results and print your results, view our user guide on [medica.com](#).

Contribute more to your FSA or HSA in 2015

Health savings accounts (HSAs) and flexible spending accounts (FSAs) offer a way for you to set aside money pre-tax to pay for qualified expenses. The maximum amount you can contribute to your HSA or FSA has increased for 2015.

HSA and FSA contribution limits for 2015:

HSA*	FSA (medical)
Individual: \$3,350 (increase of \$50 from 2014) Family: \$6,650 (increase of \$100 from 2014) Those 55 and older can contribute an additional \$1,000	\$2,550 (increase of \$50 from 2014)

*Keep in mind that total contributions to your HSA can't exceed the limit. That includes contributions you, your employer or anyone else makes to your account.

Understanding deductibles, copayments and coinsurance

When you receive care, usually you and your health insurance each pay some of the cost. This is called cost sharing. How the cost is divided is determined by your benefits, as outlined in your coverage document. Deductibles, coinsurance and copayments are all examples of cost sharing and describe an amount that may apply when you receive care. Understanding these terms—and how they work together—will help you know what you owe to your provider.

Term	Definition	Further Details
Deductible	The amount you pay each year before your insurance starts to pay.	If your deductible is \$1,000, that's what you'll pay before your insurance starts to pay. Some services, such as preventive care, may be covered before you pay your deductible.

Note: Most plans have separate deductibles for network and out-of-network care.

Copayment (copay)	A set amount that you pay up front for some services or prescriptions. Depending on your plan, copays may or may not count toward your deductible and/or out-of-pocket maximum.	<p>Copays generally apply to office visits and prescription drugs, and the amounts may vary. For example:</p> <ul style="list-style-type: none"> • Office visit: \$30 copay • Urgent care visit: \$30 copay • Tier 1 prescription drug: \$10 copay
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Coinsurance	Your share of the costs after you've paid your deductible. Coinsurance is a percentage of the charges for the service.	Here's an example of how a deductible and coinsurance work together:
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Deductible = \$1,000 Coinsurance = 20%	
Amount billed	\$5,000
Minus deductible amount	-\$1,000
Remaining amount	\$4,000
Coinsurance (20%)	X .20
Coinsurance owed	\$800
Total amount you owe (\$1,000 deductible + \$800 coinsurance)	\$1,800

You continue to pay coinsurance until you reach your out-of-pocket maximum.

KEEP IN MIND.

- Your insurance benefits and cost-sharing will vary from the examples above. See your coverage document on my-medica.com for specific details.
- When you visit providers outside your network, your costs will be much higher.

Did you change plans? Re-register on mymedica.com

If you recently renewed your coverage, your group or policy number may have changed. If so, you'll need to re-register on mymedica.com. You'll know you need to re-register if you log on to the site and see "My Coverage: Ended" in the upper left corner.

Unsure if you changed plans?

Before you toss out your old ID card, take a minute to compare the group or policy number on your old and new cards. If the number has changed, re-register with the information found on your new ID card. You will need to choose a new username and password.

A Quick Tour of mymedica.com

[Mymedica.com](https://mymedica.com) is your one-stop for information about your health plan benefits. Log in to mymedica.com to:

- Print or request extra ID cards
- Sign up to receive electronic plan documents
- See what's covered by your plan
- Track your claims
- Price a medication
- Check account balances (if you have a flexible spending account, health reimbursement account or health savings account)
- Learn about and participate in wellness activities

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Personalize. Empower. Improve.

The information presented in 4members is not medical advice and is not specific to your plan. Please contact your healthcare provider with questions related to your health. For questions about your benefits and coverage, see your coverage document on mymedica.com. If the information in 4members conflicts with your plan document, your plan document is always correct.

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