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.

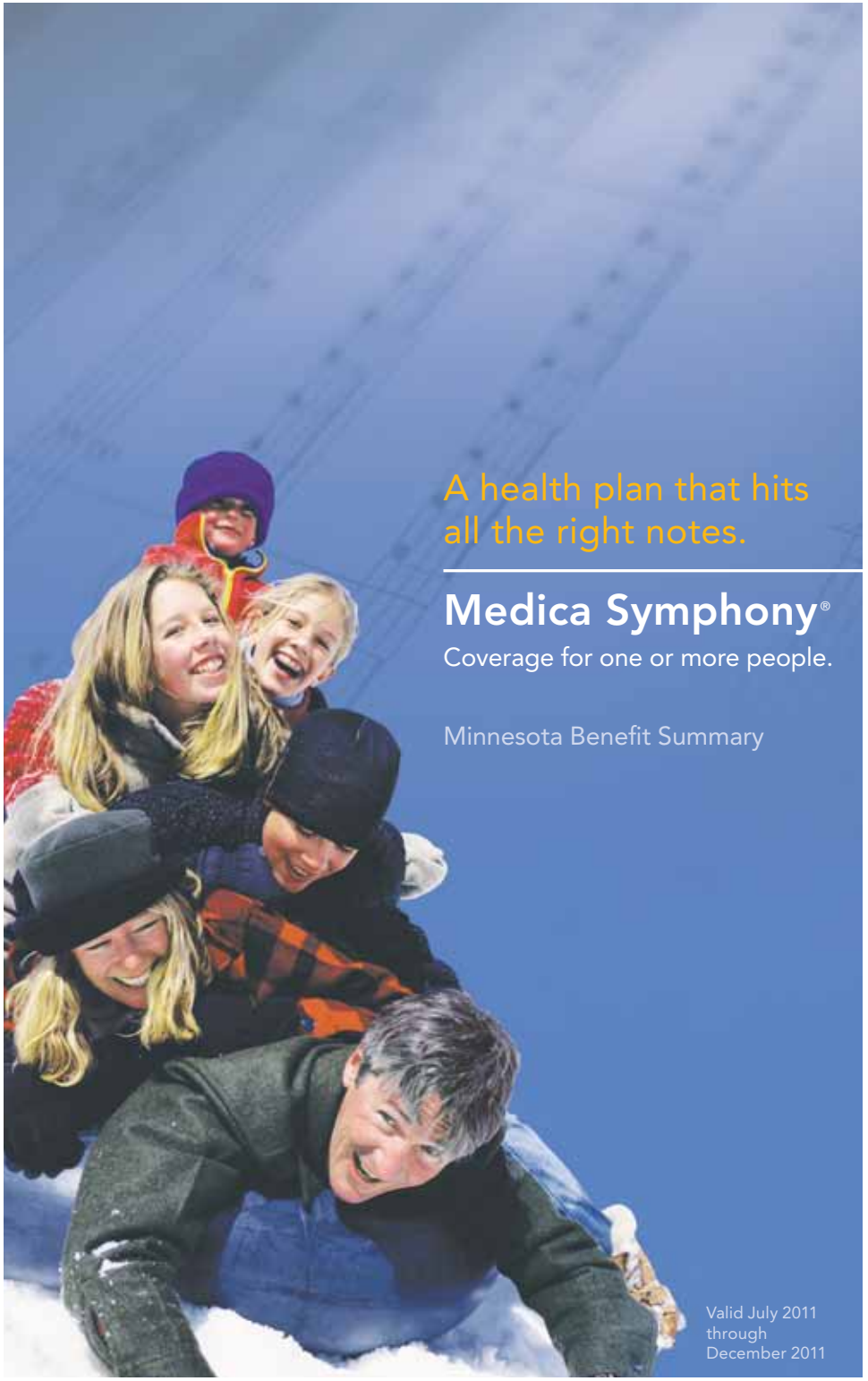
Hours
8 a.m. to 5 p.m. Monday – Thursday;
9 a.m. to 5 p.m. Friday.

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

MEDICA®

PO Box 9310
Minneapolis, MN 55440-9310

IFB5905-10611



A health plan that hits all the right notes.

Medica Symphony®

Coverage for one or more people.

Minnesota Benefit Summary

Valid July 2011
through
December 2011

Plan Highlights

- Medica Symphony is available as an individual or family plan.
- Primary applicants must be between ages 19 and 64. Additional applicants must be at least 60 days old.
- See the Minnesota Medica Symphony 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	One-Person Plan	Family Plan
	$2,000 $3,500 $5,000 $7,000 $10,000	$4,000 $7,000 $10,000 $14,000 $20,000
In-network annual out-of-pocket maximum	Equal to chosen deductible	
Office visits Non-preventive care (e.g., physician, chiropractor)	Option A: $30 copayment (no visit limit) Option B: $60 copayment (no visit limit)	
Preventive care	100% coverage (Copayment, coinsurance and deductible do not apply)	
Prescription drugs	*Preferred generic drugs*: $10 copayment *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	$10 copayment (no visit limit)	
Urgent care center visits	$100 copayment for the first visit per person per calendar year; after the first visit, 100% coverage after deductible	
Emergency room	$300 copayment for the first visit per person per calendar year; after the first visit, 100% coverage after deductible	
Lab and X-ray services	100% coverage after deductible	
Hospital services		
Ambulance		
Surgery		
Maternity	100% coverage for prenatal care (deductible does not apply) Maternity, labor, delivery, and postpartum care not covered for first 12 months; after 12 months, 100% coverage after deductible	
Other eligible healthcare services	100% 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 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 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 visit an out-of-network healthcare provider, certain services may be excluded or limited. Please see a Medica Symphony 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; eyewear; 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 family plan, everyone shares one deductible. The deductible can be met by any combination of family members.
- 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).