



## Member tips

### Out-of-Network Care Costs You More

You get your highest benefits and you pay less when you get care from Medica network providers, because we've negotiated special discounts for you. To find network providers, go to [mymedica.com](http://mymedica.com) and select *Find Physician or Facility*.

If you use an out-of-network provider, the Medica discount does not apply and your out-of-pocket cost may be significantly higher. In addition, Medica will pay the provider a fee that may be less than the amount billed. When this happens, you are responsible for paying the difference.

Below is an example that shows the difference between what you would pay for an elective hospital service when you use an in-network provider versus an out-of-network provider. These numbers are for illustrative purposes only; actual numbers would depend on the services received and your specific benefits.

EXAMPLE: CHARGES FOR AN ELECTIVE HOSPITAL SERVICE	MEDICA IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
A) Amount billed by provider	\$30,000	\$30,000
B) In-network contract amount/Out-of-network provider reimbursement amount	\$14,000	\$12,000
C) Your coinsurance percentage amount*	25%	50%
D) Your coinsurance cost	\$3,500 (25% of \$14,000)	\$6,000 (50% of \$12,000)
E) Remainder owed to provider**	0	\$12,000
Total that you would owe:	\$3,500 (line D plus line E above)	\$18,000 (line A minus line B above)

\* This example shows an in-network benefit of 25% coinsurance and out-of-network benefit of 50% coinsurance. The example assumes that the deductible has already been met. See your coverage document on [mymedica.com](http://mymedica.com) for information about your specific benefits.

\*\* Under a Medica network contract, the provider is required to accept Medica's reimbursement as payment in full, and is not allowed to charge the member for the difference between amount billed and amount reimbursed. When there is no contract, the provider is free to charge the difference to the member (\$12,000 in the above example). This additional amount does not count toward meeting the plan's deductible or out-of-pocket maximum.

#### BEFORE CHOOSING OUT-OF-NETWORK CARE

- **First, verify that you have out-of-network coverage.** Then ask: What is my deductible? What is my coinsurance? What is my out-of-pocket maximum? How much will I have to pay? **Note:** When you use out-of-network services, you will have an out-of-pocket maximum. However, you will likely pay more than the maximum due to not being able to take advantage of the discounts Medica has with in-network providers.
- **Will the provider negotiate?** Ask if they will accept Medica's discounted rate.
- **Will the out-of-network provider submit claims for you?** If so, make sure they use the claims address on the back of your Medica ID card. If the provider will not submit your claim for you, you should mail it to the same Medica claims address. **Note:** Claims you submit must include itemized diagnoses and procedure codes from your provider. Keep a copy for your records.
- **After your out-of-network claim is processed:** In most cases, Medica pays its portion of the bill directly to you. You are responsible for paying the out-of-network provider's entire bill. That includes the amount Medica paid you, plus all other amounts owed.

#### WE CAN HELP ESTIMATE YOUR COSTS

Do you want an estimate of the average cost for a procedure? Ask your provider for the procedure (CPT) code, then call Medica Customer Service. Or, get an online cost estimate at [MainStreetMedica.com](http://MainStreetMedica.com).

Questions? Call Customer Service at the number on your Medica ID card or email us at [medicafb@medica.com](mailto:medicafb@medica.com).