

Make the most out of your plan

For individual + family plans with no out-of-network benefits



Put the power of your network to work for you

Want to maximize your benefits, save money, and avoid surprise bills? Stay in your plan's network.

Here's how it works: When a doctor, hospital, or other provider accepts your plan, they're in your network. When you go to a provider who doesn't, they're out-of-network. You typically pay more for care from providers outside of your plan's network.

Four points to keep in mind

What you need to know if you get care from a provider not in your network.

1. No out-of-network benefits

Unless it's an emergency or we've approved it in advance, your plan won't pay for services or supplies you get from providers outside your network. That means you'll have to pay the full cost of any services you receive. Emergency services and certain out-of-network services that we've approved will be covered at network-level benefits no matter what provider you use.

2. Our discounts will not apply

We negotiate with network providers so you get health care services at a discounted rate, which saves you money. If you visit an out-of-network provider, your plan doesn't provide coverage so our discounts won't apply. That means your share of the costs can be much higher.

3. No out-of-pocket maximum

When you use out-of-network services, you generally don't have coverage. That means there's no limit (out-of-pocket maximum) on the amount you pay for care. Any amount that your provider bills won't apply to your plan's out-of-pocket maximum.

4. Emergency services exception

In an emergency, some services will apply to your network benefits even if you visit a provider outside your plan's network. This means you won't have to pay for any out-of-network cost-sharing amounts that are subject to the federal No Surprises Act.

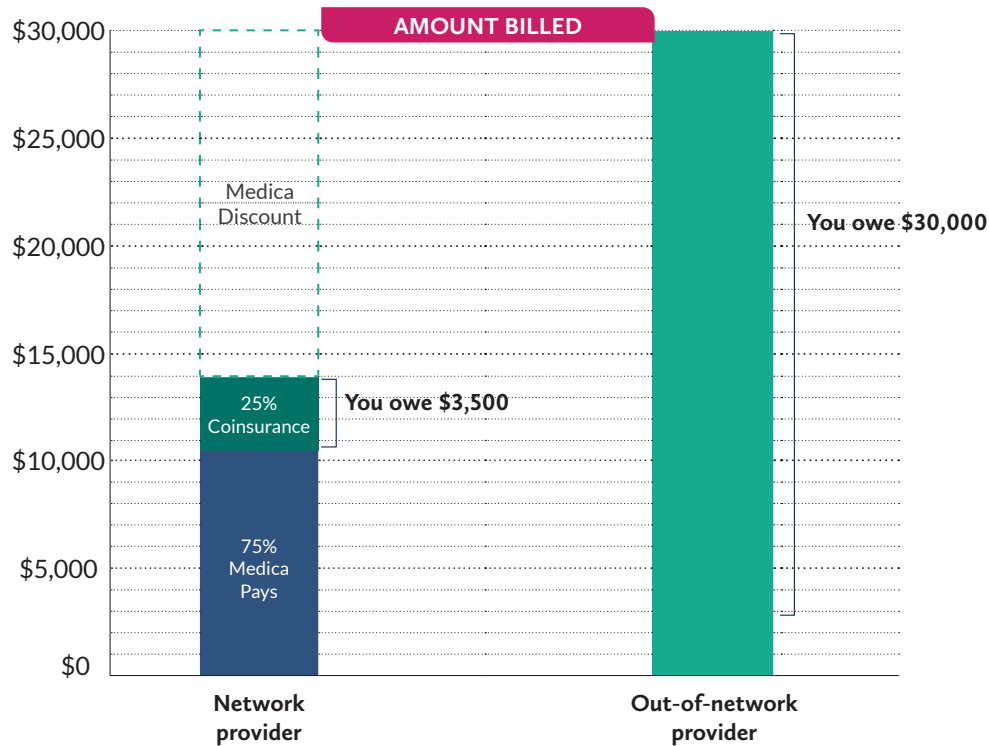


If you see an out-of-network provider for care, ask if they'll discount their services for you. Just keep in mind that out-of-network providers aren't required to offer you a discount.

Network vs. out-of-network cost comparison example

NOTE: This is only an example. Actual costs depend on the care you get and your specific benefits.

EXAMPLE: CHARGES FOR HOSPITAL STAY



This example shows a network benefit of 25% coinsurance and no out-of-network benefits. It assumes that you've already met your deductible. See your policy on [Medica.com/SignIn](https://www.Medica.com/SignIn) for details on your specific benefits.

Have a question?

You can view your policy document by signing into your member account on [Medica.com/SignIn](https://www.Medica.com/SignIn). You can also call Member Services at the number on the back of your Medica ID card.