Minnesota Healthcare Consortium
Participating Minnesota Service Cooperatives



# MEMBER RESOURCE GUIDE

## JULY 2025

Resources provided by:
Minnesota Healthcare Consortium & MEDICA.

# Member Resources with Medica
# Please refer to your Medica Member Portal for additional information.

**Medica Member Portal**:

Once your coverage is active, go to Medica.com/SignIn, select "Create account," follow the instructions, and confirm your email and membership. Have your Medica ID number (found on your Medica ID card) or your partial social security number available.

**Member Portal Access to information**

When you're signed in, what you can view is based on your dependent's age.

*For dependents age 11 and younger*

- Policyholder can see claims, Explanation of Benefits (EOB), and balances.
- Dependents will follow the policyholder's distribution preference for EOBs — either a hard copy in the mail or a digital copy

*For dependents age 12 to 17*

- Policyholder can view limited claim details (date of service, charges, discounted balance, amount the plan paid, amount owed) and balances, but not the EOB if procedures and services are deemed to include sensitive information.
- Dependents age 12 will get a paper EOB in the mail
- Dependents age 13 and older can view their own claims and select how they'd like to get their EOB — either a hard copy in the mail or a digital copy

*For dependents age 18 and older (including spouse)*

- Policyholder can't view any claims or balances

**What's the difference between a deductible, copay, and coinsurance?**

A **deductible** is the amount you pay each year before your insurance starts to pay.

- Non-embedded deductible: Everyone on the plan shares one family deductible.
- Embedded deductible: Each family member has their own deductible, in addition to a shared family one.

A **copay** is a set amount you pay for applicable services and prescriptions. For example, you might pay $10 for a doctor's visit or prescription drug.

Once your deductible is met, **coinsurance** is your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

**What's an Explanation of Benefits (EOB)?**

You can expect to receive an Explanation of Benefits (EOB) to explain who, when, and how much you may need to pay for health care services. It's not a bill, but it does include a summary of services and how your plan covers them.

## Frequently referred to definitions.
## More information available through your Medica Member portal

**Allowed amount**
The most a health insurance plan will pay for a covered service.

**Annual deductible combined**
The total amount a family has to pay out-of-pocket before their health plan starts to pay for care.

**Formulary**
Also called a drug list. This is a list of prescription drugs that an insurance plan covers.

**Generic drugs**
A prescription drug with the same active-ingredient formula as a brand-name drug.

**Health Savings Account (HSA)**
A special bank account that helps you set aside tax-free money for medical costs.

**High-Deductible Health Plan (HDHP)**
A plan with a lower monthly premium that requires you to pay higher health care costs before the insurance company starts to pay.

**Network**

Your network includes doctors, clinics, hospitals, pharmacies, and other providers. They contract with your insurer to provide services at discounted rates. Your benefits will only apply to providers in your plan's network.

**Non-covered services**

Some services aren't included in your health plan (also called exclusions). You pay the full cost of those services. Payments for non-covered services don't count toward your deductible or out-of-pocket maximum. Examples are cosmetic procedures, test drugs, and refractive eye surgery.

**Open Enrollment Period (OEP)**
The time each year when you can enroll in a health insurance plan.

**Out-of-pocket maximum**

This is a limit on what you pay in a year for covered services. Deductibles, copays, and coinsurance count toward this amount. Premiums don't.

**Plan year**
Also called a policy year, this is the 12-month period of benefits coverage. It may not be the same as the calendar year.

**Qualifying Life Event (QLE)**
A change in your situation that makes you eligible to buy or change insurance in a Special Enrollment Period. The changes can include getting married, having a baby, or losing health coverage.

**Summary of Benefits and Coverage (SBC)**
A summary that helps you compare costs, benefits, coverage, and other health plan features.

***Summarized information on accessing care is included below. For detailed information please refer to the full Plan Document provided by Medica for each plan offered.***

**Before you Access Care**

- Each time you receive health services, it is recommended that you confirm that your provider is in your plan's network. To see which providers are in your plan's network, check the online search tool at **Medica.com/SignIn** or contact your MHC Dedicated Member Services representatives at **1-877-347-0282**
- Register for your Medica Member Portal to learn more about your plan benefits, review the medication list, and register for wellness programs. **Medica.com/SignIn**
- The Summary of Benefits and Coverage and Plan Document for your selected plan has expanded information on each element of your plan. These documents are available to you on your member portal and from your administration office.

**Prior authorization**

- You may need prior authorization (approval in advance) from Medica before you receive certain services or supplies. When reviewing your request for prior authorization, Medica uses written procedures and criteria to determine whether a particular service or supply is medically necessary and is a covered benefit.
- To verify whether a specific service or supply requires prior authorization, please call Member Services and discuss this with your healthcare provider.
- Emergency services do not require prior authorization.

**Prior authorization - Process**

- Your healthcare provider must complete and submit a prior authorization request to Medica.
- Medica will review your request for prior authorization and respond to you and your attending provider within a reasonable period of time appropriate to your medical circumstances.
- If Medica does not approve the request for prior authorization, you have the right to appeal Medica's decision.
  - Information on how to submit the first level of review will be included on the communication sent to you and your provider by Medica.
  - If Medica's first level of review decision upholds the initial decision made by Medica, you have a right to request a second level review. The person who recommends resolution of the second level of review decision will not be the same person who made the first level of review decision.
  - If the second level of review upholds the preceeding reviews, you may submit a request for an external review of Medica's decision to the Commissioner of Commerce. Information on how to submit the external review will be included on correspondence from Medica.

**Submitting a Claim for non-network provider services**

- Claim forms are provided in the Document Center at **Medica.com/SignIn**. You may also request claim forms by calling Member Services.
- You must submit the claim form to Medica no later than 365 days after receiving benefits. Your Medica ID number must be on the claim. Mail to the address identified on the back of your identification card.
- Upon receipt of your claim for benefits from non-network providers, the plan will generally pay to you directly the non-network provider reimbursement amount. You will need to work with your provider to be reimbursed.

**Pharmacy – Specialty Medications**

- Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.
- If your current medication is noted with "PA" on the Medica drug list, ask your health care provider to submit a prior authorization request to Medica (after your plan starts) to get approval for your medication.

# Your pharmacy benefits

Your plan covers a variety of prescription drugs and includes options for filling your prescriptions. Here's more on how your pharmacy benefits work.



## What drugs are covered? How much will my prescriptions cost?

Covered drugs are on the Medica drug list. We offer more than one drug list, so check the list each time you change plans or get prescribed a new medication. The drug list include brand-name and generic drugs, and they're regularly reviewed and updated regularly by independent physicians and pharmacists. Your doctor can use your plan's list to choose medications that are right for you, while helping you get a good value. You can find the drug list on your member website at **Medica.com/SignIn.**

The drug list is divided into three groups, which determine your share of the costs (generic, preferred brand and non-preferred brand).

- Members with Medica's standard drug list generally have coverage for all three groups.
- Members with the Medica Generic's First drug list have coverage for drugs in the generic and preferred brand groups.
- Generic drugs have the lowest copayment or coinsurance.

To see your costs, sign in to your member website and click on the Medications tab. The Price a Medication tool lets you:

- See what drugs are covered
- Look up drug costs
- Check if there's a lower-cost generic option for your drug

## How do I fill my prescriptions?

You can fill them at a retail pharmacy in your plan's network. If you've changed your plan recently, confirm your pharmacy is still in-network before your next prescription fill. To find a network pharmacy near you, sign in to your member website.

Many plans have options for filling ongoing prescriptions. Check your coverage document on your member website to see if your plan offers:

- **90-day refills:** You can pick up a three-month supply of medication at one time from some retail pharmacies. To find one near you, check your member website.
- **Mail Order:** Mail order let's you have ongoing medications mailed right to your home. Learn more on your member website or contact our designated mail order vendor, Express Scripts Pharmacy, at **1 (800) 263-2398.**

### GO MOBILE!

You have access to a mobile app that helps you save money and manage your prescription benefits on the go. With the app you can:

- Check drug costs and learn how to save on your prescriptions
- Find a network pharmacy
- View a temporary prescription ID card
- Manage mail order prescriptions

You can download the free Express Scripts® app from the App Store or on Google Play.

*Express Scripts® administers Medica's pharmacy program.

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## When can I get refills?

You can refill your prescription when you've used 85% of your medication. The pharmacy calculates this amount based on your prescription's quantity and the date you last had it filled. As an example, say your prescription is for a 31-day supply:

| | |
|---|---|
| Days' supply of medication | 31 |
| Multiplied by 85% | x 0.85 |
| | 26 |

In this example, you can refill your prescription 26 days after you fill it. These refill guidelines help ensure safe use of medications and minimize waste. Need to refill sooner (for example, you are leaving on a vacation)? Call Member Services.

## Are there any restrictions on my medications?

Some drugs have special requirements or limitations. You'll find them on the drug list and in the Price a Medication tool on your member website.

- **Prior Authorization (PA):** To get coverage, your doctor must first request approval from Medica.
- **Step Therapy (ST):** Step therapy is sometimes used when there are several drug options for treating the same condition. Before receiving coverage for a drug requiring step therapy, you must first try one or more preferred drugs.
- **Quantity Limit (QL):** The maximum amount allowed for a specific period of time or per prescription. For example, 60 tablets per month.

## What is a specialty drug? How do I get a specialty prescription filled?

Some medications are considered specialty drugs. These drugs are used to treat certain complex health problems. They tend to be expensive and may need special handling. The Specialty Drug List is divided into two groups: preferred and non-preferred. Preferred specialty drugs have the lowest copayment or coinsurance. To see your share of the costs and a list of medications that are considered specialty drugs, check your member website. You'll fill most specialty drug prescriptions through our designated specialty pharmacy, Accredo Specialty Pharmacy. Contact them at **1 (866) 544-6817.**

## What if I'm taking a maintenance medication?

If you have a plan with copays for prescriptions, preventive outpatient medications used to treat common disease states are covered with no additional cost to you. Some High Deductible Health Plans (HDHP) cover these medications before you meet your deductible. Check your coverage document for how your plan covers maintenance medication and whether the medication you take is on Medica's Preventive Drug List at **Medica.com/SignIn.**

## Have questions? We're here.

Find information on your member website at **Medica.com/SignIn.** Or call Member Services at the number on the back of your Medica ID card (TTY: **711**).

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# Your member website



## Your one-stop health plan resource

Discover a new, easy way to access your health plan information — online and through our mobile app.

### We've updated the navigation and added new features to our online member website making it easier for you to manage your health plan benefits and improve your health. You can now:

- Download your ID card to your mobile wallet
- View plan benefits and details
- Check the status of claims
- Find a provider or clinic in your network
- View pharmacy benefits and resources
- Explore wellness programs and resources
- Go green and get your plan materials online
- Find documents and forms easily
- Get answers and info quickly

### Here's how to create your account:

- Once your coverage is active, go to **Medica.com/SignIn**, select "Create account," follow the instructions, and confirm your email and membership
- Have your Medica ID number (found on your Medica ID card) or your partial social security number available

### Already have an online account?

All your information is saved, but you may be asked to reset your password and security questions the next time you sign in.

Discover a seamless way to manage your Medica health plan from anywhere, anytime at **Medica.com/SignIn** or search for the "Medica Member" app in the App Store or Google Play.

### Have questions? We can help.

Call Member Services at the number on the back of your Medica ID card (TTY: **711**).

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# Preventive care



Preventive care can help keep you healthy or catch a problem early. When you visit a network provider, your plan covers 100% of preventive services. But you'll pay part of the cost for most non-preventive services. This table shows the difference between these two types of services.

| | PREVENTIVE SERVICES | NON-PREVENTIVE SERVICES |
|---|---|---|
| **What is it?** | Preventive services generally:<br>• Screen for certain types of cancer<br>• Immunize you against disease<br>• Are received once per year, or as recommended by your doctor | Non-preventive services generally:<br>• Monitor existing conditions<br>• Diagnose and treat a new condition<br>• Address any health concerns you bring up during your visit |
| **Examples** | • Most immunizations<br>• Well-child visits<br>• Preventive prenatal care<br>• Screenings for cancer, such as:<br>  > Breast (mammogram or 3-D mammogram)[1]<br>  > Cervical (Pap smear)<br>  > Colon (colonoscopy, computed tomographic (CT) colonography, or other tests)[2]<br>• Screenings for other health concerns, such as:<br>  > Blood pressure<br>  > Cholesterol<br>  > Sexually transmitted infections (STIs)<br>  > Type 2 diabetes<br>  > Depression<br>  > Tobacco use<br>  > Alcohol misuse<br>  > Domestic violence | • Treatment of illness or injury (e.g., earache, sore throat, cough, broken bone, etc.)<br>• Earwax removal<br>• X-rays<br>• Medication consultation<br>• Wart removal<br>• Monitor ongoing conditions, such as:<br>  > Headaches<br>  > Trouble sleeping<br>  > High blood pressure<br>  > Diabetes<br>  > Heart conditions<br>• Lab tests to monitor existing conditions |

[1] Your plan covers routine mammograms or 3-D mammograms (called digital breast tomosynthesis) as described above. However, if your doctor recommends additional tests, such as a breast ultrasound or MRI, your X-ray or other imaging benefits will apply. For most plans, that means you'll incur costs for those tests.

[2] Your plan covers a routine colonoscopy or computed tomographic (CT) colonography as described above. Other tests such as fecal/stool DNA testing (Cologuard®), barium enema, sigmoidoscopy, or fecal occult testing are also covered.

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## What if you get preventive and non-preventive services during your visit?

If you get both types of care (preventive and non-preventive) at your visit, the preventive services will be 100% covered. You'll pay part of the cost for the non-preventive services. To see how your plan covers those services, check your coverage document on your member website at **Medica.com/SignIn.**

## What is preventive care?

The Affordable Care Act outlines what's considered preventive care. To learn more about what's covered, go to **HealthCare.gov** and search for "preventive services."

## How can I be more proactive about my health?

Go to **Medica.com/Prevention** to learn more.



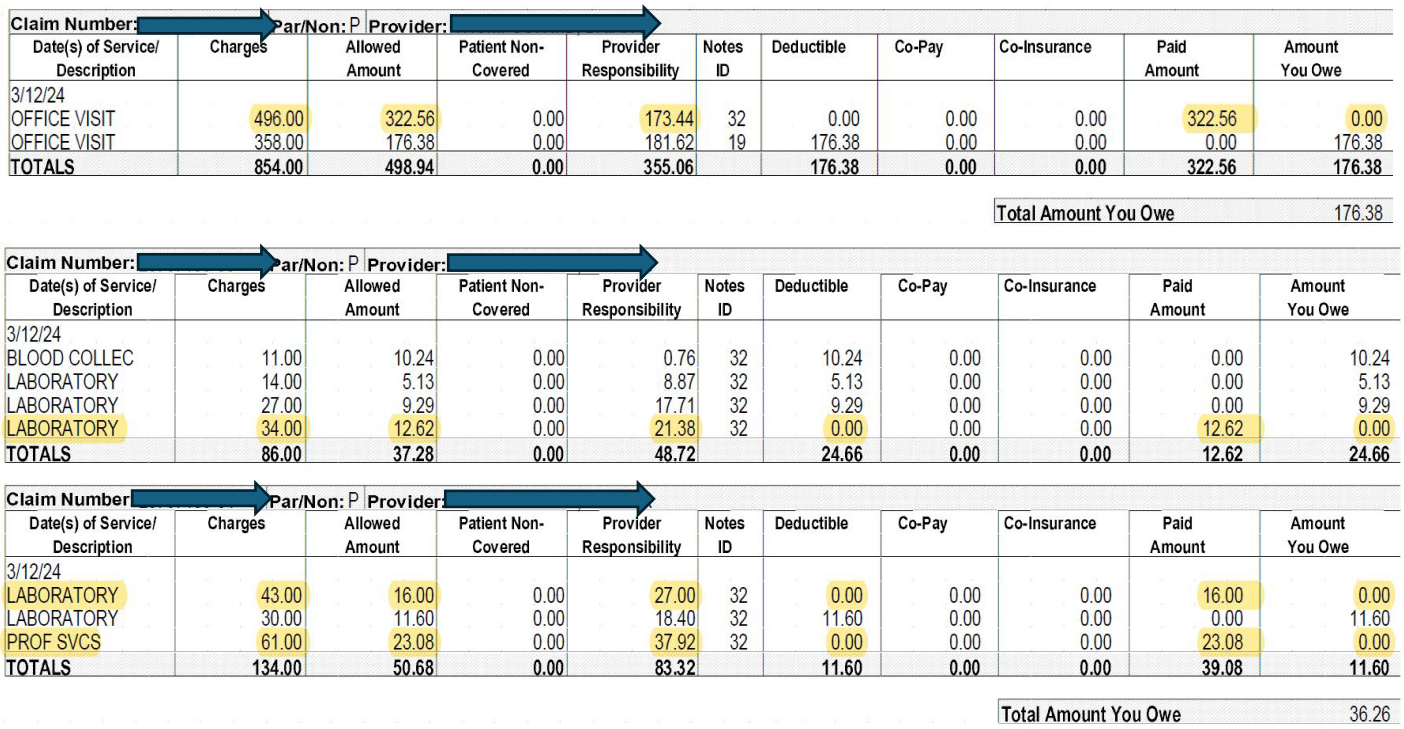
### Have questions? We're here to help.

Contact Member Services at the number on the back of your Medica ID card. (TTY: **711**).

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## Example Explanation of Benefits (EOB) for a Preventive Visit



Claim Number: [redacted] Par/Non: P Provider: [redacted]

| Date(s) of Service/ Description | Charges | Allowed Amount | Patient Non-Covered | Provider Responsibility | Notes ID | Deductible | Co-Pay | Co-Insurance | Paid Amount | Amount You Owe |
|---|---|---|---|---|---|---|---|---|---|---|
| 3/12/24 | | | | | | | | | | |
| OFFICE VISIT | 496.00 | 322.56 | 0.00 | 173.44 | 32 | 0.00 | 0.00 | 0.00 | 322.56 | 0.00 |
| OFFICE VISIT | 358.00 | 176.38 | 0.00 | 181.62 | 19 | 176.38 | 0.00 | 0.00 | 0.00 | 176.38 |
| TOTALS | 854.00 | 498.94 | 0.00 | 355.06 | | 176.38 | 0.00 | 0.00 | 322.56 | 176.38 |

Total Amount You Owe 176.38

Claim Number: [redacted] Par/Non: P Provider: [redacted]

| Date(s) of Service/ Description | Charges | Allowed Amount | Patient Non-Covered | Provider Responsibility | Notes ID | Deductible | Co-Pay | Co-Insurance | Paid Amount | Amount You Owe |
|---|---|---|---|---|---|---|---|---|---|---|
| 3/12/24 | | | | | | | | | | |
| BLOOD COLLEC | 11.00 | 10.24 | 0.00 | 0.76 | 32 | 10.24 | 0.00 | 0.00 | 0.00 | 10.24 |
| LABORATORY | 14.00 | 5.13 | 0.00 | 8.87 | 32 | 5.13 | 0.00 | 0.00 | 0.00 | 5.13 |
| LABORATORY | 27.00 | 9.29 | 0.00 | 17.71 | 32 | 9.29 | 0.00 | 0.00 | 0.00 | 9.29 |
| LABORATORY | 34.00 | 12.62 | 0.00 | 21.38 | 32 | 0.00 | 0.00 | 0.00 | 12.62 | 0.00 |
| TOTALS | 86.00 | 37.28 | 0.00 | 48.72 | | 24.66 | 0.00 | 0.00 | 12.62 | 24.66 |

Claim Number: [redacted] Par/Non: P Provider: [redacted]

| Date(s) of Service/ Description | Charges | Allowed Amount | Patient Non-Covered | Provider Responsibility | Notes ID | Deductible | Co-Pay | Co-Insurance | Paid Amount | Amount You Owe |
|---|---|---|---|---|---|---|---|---|---|---|
| 3/12/24 | | | | | | | | | | |
| LABORATORY | 43.00 | 16.00 | 0.00 | 27.00 | 32 | 0.00 | 0.00 | 0.00 | 16.00 | 0.00 |
| LABORATORY | 30.00 | 11.60 | 0.00 | 18.40 | 32 | 11.60 | 0.00 | 0.00 | 0.00 | 11.60 |
| PROF SVCS | 61.00 | 23.08 | 0.00 | 37.92 | 32 | 0.00 | 0.00 | 0.00 | 23.08 | 0.00 |
| TOTALS | 134.00 | 50.68 | 0.00 | 83.32 | | 11.60 | 0.00 | 0.00 | 39.08 | 11.60 |

Total Amount You Owe 36.26

**Clarification on Example:**

- Highlighted content references the Preventive Visit charges. No cost for the member.
- Remaining charges are the responsibility of the member.

It is not uncommon to receive a separate office visit charge for your preventive visit. There are a few reasons why this might happen:

**Additional Concerns Addressed:** During your preventive visit, if you or your doctor discussed or addressed additional health concerns beyond the scope of a routine preventive exam (such as a new symptom, ongoing health issue, or specific complaint), this may trigger an additional office visit charge. This is because the focus shifts from preventive care to addressing a specific health problem, which requires additional time and evaluation.

Lab work plays a crucial role in early detection, assessment, and management of health issues. When done in conjunction with regular check-ups and screenings, it helps promote overall health and well-being by identifying risks early and guiding appropriate interventions. If additional lab work is ordered by your doctor that is beyond the scope of the routine preventive lab work, this may trigger additional charges.

**Medica EOB NOTE ID Explanation: (content below taken from Medica EOB)**

- 19 Based on multiple/concurrent procedure rules. Fee reduction. Do not bill member.
- 32 Multiple procedures were performed on the same date of service. Payment has been reduced to comply with our fee reduction guidelines. Charge exceeds fee schedule / maximum / allowable / contracted / legislated fee arrangement.

*Information provided in this document has not been provided by a healthcare professional. Please talk with your provider to receive professional guidance on your healthcare*.

## Getting your preventive visit is important for multiple reasons:

1. **Early Detection of Health Issues:** Regular check-ups help detect potential health problems early before they become serious. This allows for timely intervention and treatment, which could improve outcomes and reduce complications.
2. **Monitoring Health Trends:** Your doctor can monitor changes in your health over time, establishing a baseline and detecting any deviations. This helps in identifying emerging health risks or conditions that may develop.
3. **Health Promotion:** Preventive visits focus not only on diagnosing illnesses but also on promoting overall health and well-being. Your doctor can provide advice on healthy lifestyle choices, such as diet, exercise, and stress management.
4. **Health Screenings:** Preventive visits ensure you are up-to-date on screenings appropriate for your age and health status. These measures can prevent certain diseases or detect them early when treatment is more effective.
5. **Establishing a Relationship with Your Doctor:** Regular visits help build a relationship with your healthcare provider. This rapport is valuable as it allows for better communication, trust, and understanding of your individual health needs.
6. **Cost Savings:** Preventive care is generally less expensive than treating health conditions once they have progressed. By addressing health concerns early, you can potentially avoid more costly medical interventions later.
7. **Peace of Mind:** Knowing that you are proactive about your health and taking steps to prevent illness can provide peace of mind and a sense of control over your well-being.

Overall, preventive visits are crucial for maintaining good health, preventing disease, and ensuring you receive appropriate medical care tailored to your needs.




*Information provided in this document has not been provided by a healthcare professional. Please talk with your provider to receive professional guidance on your healthcare.*

# When + where to get care



## How to find the best care for you

Taking charge of your health care can be difficult. With so many choices on where to get care, how can you find the option that works best for you? This information will help you understand your options.

### When you need routine care:

| DOCTOR'S OFFICE (PRIMARY CARE CLINIC) | HOW IT WORKS |
|---|---|
| • For preventive and routine care<br>• Only open during regular business hours<br>• Usually need an appointment | In most cases, it's best to see your primary care doctor. This is the doctor who knows you and your health history, can also easily look up your medical records, provide follow-up care, or refer you to specialists if needed. |

### When you have a common illness:

| CONVENIENCE CARE/VIRTUAL CARE | HOW IT WORKS |
|---|---|
| **Convenience Care Center**<br>• For common minor illnesses, such as a sore throat or ear infection<br>• Not for emergencies<br>• For those 18 months and older<br>• May be open after hours, weekends, and/or holidays<br>• No appointment needed | You can find care sites in:<br>• Shopping malls<br>• Pharmacies<br>• Other retail stores<br>Convenience care clinics are staffed by nurse practitioners or other licensed medical professionals. They don't typically have a medical doctor on site. |
| **Virtual Care**<br>• Able to treat common health conditions<br>• Not for emergencies<br>• Available after hours and sometimes 24/7<br>• No appointment needed<br>• Online access from home, work, or wherever you are | Also known as online care or e-visits, virtual care is a convenient way to connect with your provider from a computer or mobile device. You can get a diagnosis, a treatment plan, and a prescription (if needed). It may cost less and save you time for non-urgent matters. Most benefit plans cover virtual care. To see if yours does, check your coverage document on your secure member site at **Medica.com/SignIn**. |
| **MEDICA CALLLINK®** | **HOW IT WORKS** |
| • Decide what type of care will meet your needs<br>• Learn more about a diagnosis<br>• Understand symptoms and treatment options<br>• Get information on preventive screenings services and immunizations | Connect with trusted advisors and nurses 24/7 to get the health answers you need – at no extra cost.* Call **1 (800) 962-9497** (TTY: **711**). |

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## When you need care right away:

| URGENT/EMERGENCY CARE | | HOW IT WORKS |
|---|---|---|
| **Urgent Care Center**<br>• For minor illnesses or injuries that need immediate care<br>• Not for emergencies<br>• Open weeknights and often on weekends, and/or holidays<br>• No appointment needed | | Urgent care centers treat sprains, minor broken bones, mild asthma attacks, minor infections and rashes, small cuts, flu-like symptoms, sore throats, and other minor illnesses. They're staffed by physicians, and typically treat patients on a first-come, first-served basis. |
| **Emergency Room (ER)**<br>If your situation seems life threatening, go to an ER or call 911 right away.<br>• For true emergencies<br>• Open 24 hours a day, 7 days a week<br>• No appointment needed | Go to the ER for things like:<br>• Heavy bleeding<br>• Large open wounds<br>• Severe head injuries<br>• Trouble breathing<br>• Chest pain<br>• Signs of stroke (sudden change in vision, sudden weakness, sudden trouble talking)<br>• Major burns | Emergency rooms are designed and staffed to treat people with severe and immediate medical needs. Patients with true emergencies will be seen first, so if you go to an ER with a non-emergency need, you may have a long wait. Plus, ER care usually costs you a lot more than using a clinic or other care option. |

# Determining your costs

| $0 | $ | $$ | $$$ | $$$$ |
|---|---|---|---|---|
| MEDICA CALLLINK® | VIRTUAL CARE | OFFICE VISIT | URGENT CARE | EMERGENCY ROOM |

# Helpful resources

- Find a network provider using the online provider search tool at **Medica.com/FindADoctor**.
- Talk with a nurse or advisor any time, day or night, with **Medica CallLink®**.*
- Talk with a **Member Services** representative (call the phone number on the back of your Medica ID card if you have questions).

*Medica CallLink® is not available with all Medica plans. If the CallLink phone number is not listed on the back of your Medica ID card, and you want to see if your plan includes this service, please contact Member Services at the number listed on the back of your Medica ID card. The information offered by this service is not intended to be a substitute for professional medical advice. Always seek the advice of your physician or other qualified health providers with questions you may have regarding a medical condition. No part of this service is intended to provide a medical diagnosis or treatment.

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# Virtual Care



## Save time + connect with your provider online

Virtual care, also known as online care or an e-visit, is a convenient way to get care for many common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan, and prescription (if needed).

Virtual care may be a time-saving option for common conditions like:

- Allergies
- Bladder infections
- Bronchitis
- Colds and coughs
- Ear pain
- Flu
- High blood pressure
- Migraines
- Pink eye
- Rashes
- Sinus infections

### With a virtual care visit, you:

- Avoid a trip to the doctor's office and get care from the comfort of your home, work, or wherever you are
- Initiate the visit at your convenience — no appointment needed
- Get care when you need it — visits are often available after clinic hours, sometimes even 24/7
- May save money — a virtual care visit can cost less than a regular visit to the doctor's office, depending on your plan

### VIRTUAL CARE OPTIONS

- Many clinics let you connect with your provider online
- Amwell (**Amwell.com/cm**)
- Virtuwell® (**Virtuwell.com**)

See the back for more information.

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# Virtual care options

You can access virtual care through providers in your plan's network. Check your virtual care options at **Medica.com/FindCare**. Your virtual care options may include the options below:

| YOUR CLINIC | HOW IT WORKS |
|---|---|
| Many clinics offer: virtual care, online care, or e-visits. Visit **Medica.com/FindCare** to see which clinics in your plan's network offer virtual care services. | Check with your clinic to see if it offers virtual care and how you can connect with your provider online. |

## AMWELL



Amwell is a 24/7/365 online clinic available in every state.

**Services include:**

- Treatment for common medical conditions. Visits are typically a lower cost option to an in-person visit, depending on your plan's coverage for virtual care.
- Behavioral health care services, including therapy and psychiatry. Cost per visit may vary depending on your plan and type of service. Eligible services are covered under your plan as a behavioral health office visit.*
- Amwell also offers other online services, but it's not an in-network provider. You can use those services, but you'll pay the full cost for care.

## HOW IT WORKS

You have a video visit with a board-certified doctor or nurse practitioner using the web or mobile app.

1. To get started, create an Amwell account:

   **Smartphone/tablet:** Download the free Amwell app from the App Store or Google Play
   **Computer:** Go to **Amwell.com/cm**
   **Phone: 1 (844) 733-3627**
2. Enter your email address, create a password, then add the requested insurance information from your Medica ID card.
3. Select a doctor or nurse practitioner and follow the prompts to start your visit.
4. The provider will review your history, answer questions, diagnose, treat, and prescribe medication (if needed).
5. If you need a prescription, it'll be sent to your pharmacy. The cost of your prescription will be based on your plan's prescription drug coverage.

## VIRTUWELL



Virtuwell is a 24/7/365 online clinic available in select states.**

Virtuwell is not an in-network provider for the following plan networks: Altru and You with Medica℠, Clear Value with Medica℠ and VantagePlus with Medica℠.

**Services include:**

- Treatment of common medical conditions. Check the virtuwell website for current pricing. Visits are typically a lower cost option to an in-person visit, depending on your plan's coverage for virtual care.

## HOW IT WORKS

You have an online visit with a certified nurse practitioner.

1. Go to **Virtuwell.com** and take a quick online interview that checks your medical history and makes sure your problem can be treated online.
2. If you can be treated online, you'll create an account with your contact, insurance, pharmacy, and payment information.
3. A nurse practitioner will review your case and write a personalized treatment plan. You'll get an email or text when your plan is ready.
4. If a prescription is needed, it'll be sent to your pharmacy. The cost of your prescription will be based on your plan's prescription drug coverage.

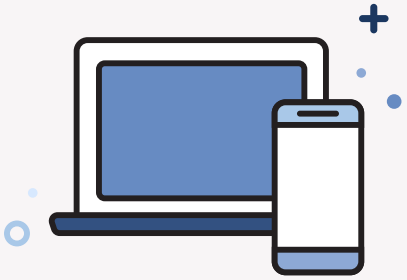
*To check your plan's coverage for behavioral health, sign in to your member account at **Medica.com/SignIn** or call the number on the back of your Medica ID card.

**Visit Virtuwell.com for a list of available states.

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# Virtual care with K Health



## Convenient access to online care when you need it

### *For members enrolled in a Medica Choice® Passport plan*

With K Health, you can get routine primary care, urgent care, and chronic condition care from a licensed clinician virtually.

Chat with a board-certified doctor using the mobile app for common medical conditions. You can often get immediate 24/7 access to care, or make an appointment that fits your schedule.

K Health clinicians can diagnose more than 300 conditions, prescribe medication for treatment, issue prescription refills, and more, including:

| | | |
|---|---|---|
| **24/7 virtual urgent care** | • Colds and coughs<br>• Rashes<br>• Sinus infection | • Stomach flu<br>• Urinary tract infection (UTI) |
| **Primary care and chronic condition management** | • Asthma<br>• Anxiety and depression*<br>• Chronic heartburn | • Medication management<br>• Wellness checks |
| **Prescription refills** | • Get refills sent to your local pharmacy | |

K Health is available to members 18 and older enrolled in a Medica Choice® Passport plan. Services are available throughout the continental United States. K Health is not currently available in Alaska or Hawaii.

Costs vary depending on the services you receive and your plan benefits. Generally, virtual urgent care visits with a K Health provider are covered under your plan's virtual care benefits. Primary care visits, chronic condition management visits, and prescription refills are covered as primary care office visits

Medica

# Wellness Programs

Your Minnesota Healthcare Consortium health plan includes resources to help you and your employees stay healthy and get support – at no extra cost to employees.

| PROGRAM | RESOURCES |
|---|---|
| **Life Time® Digital fitness program** | **Stay fit anywhere, anytime.** Kickstart healthy habits with a Life Time Digital membership at no additional cost to you. The Life Time Digital app gives you access to hundreds of on-demand and live streaming fitness classes, meditations, plus nutrition and lifestyle article content to support your well-being goals. Learn more at **Medica.com/LifeTime**. |
| **Medica CallLink®** | **Trusted answers day or night.** Get 24-hour health support from advisors and nurses. Call **1 (800) 962-9497** (TTY: **711**). |
| **My Health Rewards by Medica®** | **Get inspired to make positive changes.** Complete activities personalized just for you and earn rewards. Employees can earn up to $345 in rewards per year and spouse and dependents can earn up to $225 in rewards per year.<br><br>*Employees:*<br>• Download the free Personify Health app from the App Store or Google Play.<br>• Open the app, choose *Create Account*, and search for and choose *Minnesota Healthcare Consortium* on the sponsor organization list.<br>• Or go to **Medica.com/MHC** to create your account online.<br><br>*Spouses and dependents ages 18+:*<br>• Download the free Virgin Pulse app from the App Store or Google Play.<br>• Open the app, choose *Create Account*, and search for *Medica* on the sponsor organization list. Then choose *Medica My Health Rewards.*<br>• Or go to **Medica.com/MHC** to create your account online. |
| **Omada** | **Personalized support to reach your health goals.** Omada's digital health programs give you the tools and support you need. Learn more at **OmadaHealth.com/MHC.**<br>• **Omada for Prevention** helps you make small changes to lose weight and reduce your risk for diabetes and heart disease.<br>• **Omada for Diabetes** provides personalized coaching and digital tools to help you improve your blood glucose control.<br>• **Omada for Joint & Muscle Health** helps you build muscle to prevent aches and pains, and connects you with a licensed physical therapist to help treat current muscle or joint pain, all on your mobile device and schedule. *(Available to members enrolled in a Medica Choice® Passport plan).* |
| **Ovia Health** | **Support for your parenthood journey**. Ovia Health guides you through your pregnancy, parenting, and reproductive health journey. Get clinically-backed content and unlimited support from Ovia's team of health coaches, registered nurses, and certified nurse midwives within Ovia Health's three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting. Download the Ovia app that's right for you for free from the App Store or Google Play. Enter your health plan information to access all the unique tools and features. |
| **Self Care by AbleTo** | **On demand help for stress and emotional well-being.** Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you — anytime, anywhere with Self Care by AbleTo. To get started, visit **AbleTo.com/Begin** and enter "Medica" when asked for your access code. After you register, download the AbleTo app. |

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# My Health Rewards by Medica®



## Your healthier future starts now

The My Health Rewards online tool and app lets you log healthy habits, track activity through a fitness tracker, and complete other healthy activities to earn rewards. Rewards can be redeemed for e-gift cards and health and fitness products. You can also choose to donate your rewards to a charitable cause.

## Sign up today

Follow these easy steps to create an account once your plan year starts. Already have an account? Sign in on the Personify Health app (formerly Virgin Pulse) or at **Medica.com/MHC**.

**Contract Holders:**

1. Download the free Personify Health app (formerly Virgin Pulse) from the App Store or Google Play.
2. Open the app and click on "Create Account" under the "Sign In" button.
3. Search for and choose **Minnesota Healthcare Consortium** on the sponsor organization list.
4. Follow the steps to sign up. Enter your name exactly as it appears on your Medica ID card.

Prefer to sign up online? Go to **Medica.com/MHC** to create your account.

**Spouses and dependents ages 18+:**

1. Download the free Personify Health app (formerly Virgin Pulse) from the App Store or Google Play.
2. Open the app and click on "Create Account" under the "Sign In" button.
3. Search for and choose **Medica My Health Rewards** on the sponsor organization list.
4. Follow the steps to sign up. Enter your name exactly as it appears on your Medica ID card.

Prefer to sign up online?
Go to **Medica.com/MHC** to create your account.

## Assess your health

Keeping up with preventive care keeps you feeling your best. First, go to the "Health" tab to complete your health assessment. Then, "My Care Checklist" gives you personalized, friendly reminders that let you know when you're due to see your health care provider. Earn points by tracking your preventive care screenings and visits. You'll even earn a bonus $5 reward each year when you complete your annual health checkup (just enter the date in "My Care Checklist").

## Connect your fitness tracker

Earn points by connecting your fitness tracker and apps to track your activity, sleep, calories, and more. For a full list of compatible trackers, go to "Devices & Apps" in the "More" section. To connect a fitness tracker:

1. Go to "Devices & Apps" in the "More" section
2. Choose the device or app you'd like to connect
3. Follow the on-screen instructions

## Personalize your health journey

Go to "Topics of Interest" under the "More" section to choose topics you're interested in: eating healthy, sleeping well, reducing stress, and more. You'll get daily learning cards with helpful tips. Do some of them, and you'll earn points toward rewards!

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## Choose the tools and programs that work for you

Get rewarded for using tools and Medica programs that can help improve your overall well-being. Go to the "Benefits" page and click "View All" to learn more about them.

## Earn points, get rewards

1 Go to the "Rewards" page  2 Click on "Learn How to Earn More Points"  3 See a list of all the ways you can earn

A monthly statement, also under the "Rewards" page, gives you a summary of the points you've earned. Your points add up throughout the year.

| WAYS TO EARN | POINTS | REWARDS CASH | REWARD TYPE |
|---|---|---|---|
| EARN PROGRAM POINTS | 2,000 | $10 | E-gift card or other options |
| | 10,000 | $20 | E-gift card or other options |
| | 25,000 | $50 | E-gift card or other options |
| | 40,000 | $80 | E-gift card or other options |
| | | **$160 per year** | |
| 20-DAY TRIPLE TRACKER | Track any combination of the following activities on 20 or more days in a calendar month to earn a bonus reward:<br>• 7,000 steps a day and/or;<br>• 15 active minutes a day and/or;<br>• 15 workout minutes a day. | Contract Holders: $15 per month<br>Spouses/ dependents ages 18+: $5 per month | E-gift card or other options |
| | | | |
| PREVENTIVE CHECKUP | Complete your annual preventive checkup and earn a bonus reward. Go to My Care Checklist in the Health tab and enter your preventive checkup completion date. | $5 per year | E-gift card or other options |
| Point-based rewards + 20-day triple tracker + preventive checkup = | | **$345 in potential rewards per year (Contract Holders)**<br>**$225 in potential rewards per year (Spouses/dependents ages 18+)** | |

Go to the mobile app or sign in to your account at **Medica.com/MHC** to get started.

## Have questions? We're here to help.

Email **MyHealthRewards.Support@personifyhealth.com** or call **1 (833) 450-4074.**
Use the Chat button if you're using a web browser.

My Health Rewards is not available with all Medica plans. Medica reserves the right to modify the program requirements and devices at any time. Participation in a wellness program is optional. Rewards are available to all eligible employees that participate. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Email **MyHealthRewards.Support@personifyhealth.com** or call Personify Health at **1 (833) 450-4074** for information on available reasonable alternative standards and we will work with you (and, if you wish, your physician) to find a wellness activity with the same reward that is right for you in light of your health status.

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omada® Minnesota Healthcare Consortium Medica®



# Take the first step towards a healthier you with Omada®

MHC is proud to offer Omada—a virtual health program to help members create healthier habits with one-on-one personal coaching and the tools needed to make long-lasting health changes.

## Get started with Omada in 3 simple steps




**Apply**
Easily complete the application.

*(You'll get an email within 48 hours letting you know if you are eligible).*

**5-10 min**

**Set Up Account**
Personalize your Omada experience by answering a few questions.

**10 min**

**Receive Welcome Kit*** + **Meet Your Team**
Say hello to your connected smart devices.
Meet your health coach and connect with your online peer group.

**1-2 weeks**

**Get Started**
You'll kick off on a Sunday with an introduction from your health coach and your first lesson.

**First CGM sensor arrives**
Diabetes members can easily connect the CGM to their account.

**You have access to Omada at $0 cost to you, if eligible.**

Claim your benefit at:
**omadahealth.com/MHC**

*Certain features and smart devices are only available for certain programs and if you meet program and clinical eligibility requirements.

The no cost CGM excludes Medicare, Medicaid, and other government payers. The Abbott FreeStyle Libre 14 day system is available to eligible participants with a valid prescription and compatible smartphone. Setup is required for continuous glucose monitoring. The circular shape of the sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. FreeStyle Libre 14 day system: Failure to use FreeStyle Libre 14 day system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If readings do not match symptoms or expectations, use a finger stick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or FreeStyleLibre.us for safety info.

Images, including apps, do not reflect real members or information about a specific person.

# Ovia Health



## Personalized family and women's health programs

Ovia Health guides you through your entire pregnancy, parenting, and reproductive health journey — including trying to conceive and managing menopause. Get clinically-backed content and unlimited support from Ovia's team of health coaches, registered nurses, and certified nurse midwives within Ovia Health's three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting.

With Ovia Health apps, you get:

**A health assessment and symptom tracking**
Get alerts and personal coaching when you need it

**Calendars, updates, and checklists**
Use a pregnancy calendar, daily baby updates, and a development checklist to track milestones for you and your baby

**Health and wellness programs**
Learn about infertility, sexual health, menopause, birth planning, preterm delivery, mental health, breastfeeding, and more

**Unlimited one-on-one coaching**
Send instant messages to registered nurse health coaches

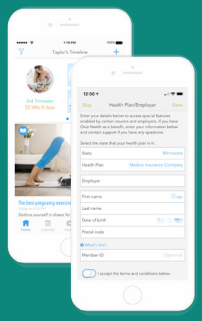
**Benefits library**
Learn about your health care benefits from one, easy-to-find place

**Career and return-to-work programs**
Find coaching and career advice about maternity leave, returning to work, and being a working parent

**Dedicated Ovia advocate**
Message a trusted, skilled professional to help you navigate your journey and learn about resources

### Have questions? We can help.

Call Member Services at the number on the back of your Medica ID card (TTY: **711**).



### Getting started with Ovia Health

As a Medica member, you can use the exclusive Ovia Health features including one-on-one coaching, reproductive health support, symptom tracking, return-to-work tools, and more. Follow these steps to get started:

1. Download Ovia, Ovia Pregnancy, or Ovia Parenting from the App Store and Google Play.
2. Sign up and choose "I have Ovia Health as a benefit."
3. Enter your state, health plan (Medica), and personal details.
4. Get started!

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# Behavioral health resources

Medica

# Navigating mental health support and substance use disorder with Medica

Facing challenges like anxiety, stress, isolation, or substance use can feel overwhelming. You're not alone. One in five people will experience mental illness, and everyone encounters stress. Reaching out for support is a sign of strength. We are here to help you or your loved ones feel better.

## Getting the right help

If you're having behavioral health concerns, we've got resources to support you. Read on to learn more about our programs and go to **Medica.com/SignIn** to review your plan's mental health and substance abuse coverage.

If you have an emergency or life-threatening situation, go to an emergency department or call 911. If you have a crisis or need help right away, call our Behavioral Health crisis line 24/7 at **1 (800) 848-8327** (TTY: **711**) or reach the national mental health crisis hotline by dialing **988.**

| RESOURCE | CONSIDER USING IF YOU WANT TO... | HOW TO USE IT |
|---|---|---|
| **Medica Behavioral Health**[SM 3]<br><br>*Behavioral health services that include mental health and substance use support* | • Find a provider that works for you from our behavioral health network which includes more than 300,000 providers nationwide<br>• Connect with a counselor (in-person or virtually) in times of stress, anxiety, or crisis<br>• Ask a billing or claim question<br>• Learn more about your behavioral health benefits<br>• Receive support from experts to better understand substance use disorder (SUD) treatment options | • Call **1 (800) 848-8327** any time to talk with a care advocate about any behavioral health questions, or if you need help finding a provider who may be available right away<br>• Visit **Medica.com/FindCare**. Select your plan and click on "Start here" within the "Behavioral health" tile<br>• Search by provider name, location, specialty, treatment option, ethnicity, gender, and more<br>• If you are looking for a provider who offers evening or weekend appointments, select from the filter options under "Availability"<br>• Choose a virtual visit if an in-person visit is not accessible or convenient<br>• Click to call, email, or visit a provider's website<br>• See patient reviews or submit a review of your provider |
| **Live and Work Well website**[5]<br><br>*24/7 online access to support, self-help resources, information, and behavioral health care* | • Answer a few questions online and get behavioral health care suggestions instead of talking to someone on the phone<br>• Explore care options to find the right support and benefits for you<br>• Get resources to help with behavioral health, stress, depression, family issues, money, parenting, and much more<br>• Use the confidential SUD helpline at no extra cost | • Get direct access to a substance use recovery advocate 24/7 at **1 (855) 780-5955** (TTY: **711**) or live chat<br>• Go to **LiveAndWorkWell.com**<br>• Enter access code MEDICA to explore your benefits<br>• Create an account to access self-help resources and the claims center<br>• Enter your Medica member ID number found on your Medica ID card |
| **Self Care by AbleTo**[6]<br><br>*On-demand support app to help with stress and emotional well-being* | • Get help managing your moods and thoughts, so you can learn ways to feel better<br>• Try self-care techniques to help build long-term skills and cope with stressful situations: self-assessments, journaling, guided meditation, deep breathing, mood and habit tracking<br>• Schedule an online therapy visit | • Visit **AbleTo.com/Begin** and tap "Get started"<br>• Enter "Medica" when asked for your access code<br>• Answer a few questions about your goals, set up your account, and receive a notification to download the AbleTo app<br>• Download the AbleTo app on your device and select "Log In" to begin your journey |



| RESOURCE | CONSIDER USING IF YOU WANT TO... | HOW TO USE IT |
|---|---|---|
| **Family Support Program + Navigator**<br><br>*Resources and support for caregivers of children (ages 0 – 18) with complex behavioral health needs* | • Get help finding the right care or coordinating care with community agencies<br>• Learn more about a condition, treatment options, or community resources<br>• Get a step-by-step action plan if you're caring for a child who may have autism or depression | Connect with a Family Support Program Advocate:<br>• Call Medica Behavioral Health at **1 (800) 848-8327** to learn more about the program or ask to be connected to a Family Support Program Advocate<br>• You can also call directly at **1 (877) 495-9422** (Note: you may be asked to leave a message and a Family Support Program advocate will follow up with you)<br>Use the Family Support Navigator interactive online tool:<br>• Visit **LiveAndWorkWell.com**, register with the number found on your Medica ID card or use the guest code "Medica," and search for "Family Support Navigator" |
| **My Health Rewards by Medica®[7]**<br><br>*An online tool and mobile app that gives you well-being resources and support on your mental health journey* | • Access tools and resources that are right for your health journey<br>• Take a self-guided Journey® course or get one-on-one coaching[7] on topics like: stress, anxiety, depression, grief and loss, substance support, domestic violence, and overall well-being | • Download the Virgin Pulse app from the App Store or Google Play<br>• Sign in or create your My Health Rewards account |

# Medica behavioral telehealth visits

Experience the convenience of telehealth visits for behavioral health. Connect with providers online, treating conditions like depression and anxiety.[1] Through your computer, tablet, or smartphone, telehealth allows virtual appointments for therapy and prescription services[2] when needed. Access thousands of providers for quick and convenient behavioral health support from psychiatrists, therapists, and other prescribers in our network.

| TELEHEALTH RESOURCE | HOW TO USE IT |
|---|---|
| **Medica Behavioral Health Network**[3]<br><br>*Many of the behavioral health providers in our large network offer virtual care* | • Visit **Medica.com/FindCare**<br>• Select your health plan<br>• Click on "Start here" within the "Behavioral health" tile<br>• Search by provider name, condition, expertise, program, specialty, gender, or ethnicity. Check the "Virtual Visits" filter to review options<br>• To schedule a visit online, click on "Log In"<br>• Go to the provider directory, select and apply the "Online Scheduling" filter<br>• Choose a provider and click on the "Schedule Now" button |
| **Amwell, 24/7 Online Clinic**[4]<br><br>*Experienced therapists and prescribers provide care and counseling for a variety of conditions* | • To get started, create an account with Amwell at **Amwell.com/cm** or download the free app from the App Store or Google Play or...<br>• Call **1 (844) 733-3627** (TTY: **711**)<br>• Select a provider and follow the prompts to start or schedule your visit[4] |
| **Talkspace**[4]<br><br>*Helps you work with a licensed therapist anywhere, anytime. Send private messages (text, voice) or schedule live video sessions* | • Go to **Talkspace.com/Connect**<br>• Select "Medica" in the drop-down menu under "Use my Insurance Benefits"<br>• Enter the information exactly as it appears on your Medica ID card<br>• Answer a few simple questions to get started<br>• Get matched with a provider, typically within 48 hours |

[1]Virtual behavioral health visits are covered as a behavioral health office visit under your plan.

[2]As per state telehealth rules and regulations.

[3]Optum Behavioral Health manages the Medica Behavioral Health program.

[4]Cost per visit varies by type of service. Eligible services are covered under your plan as a behavioral health office visit.

[5]This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

[6]The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Online therapy sessions are available to members ages 18+.

[7]My Health Rewards is not available with all Medica plans. Coaching services are available to My Health Rewards Standard and Results members only. Coaching is not currently available to My Health Rewards Invest members.

## Have questions? We're here to help.

Want to know more about your benefits? Have another question? Call **1 (800) 952-3455** (TTY: **711**). You can reach us Monday-Friday, 7 a.m. - 8 p.m. CT (closed 8 a.m. - 9 a.m. Thursdays), and Saturday 9 a.m. - 3 p.m. CT.

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