

Presented to:

AEOA

November 5, 2024



**Minnesota
Healthcare
Consortium**
Participating Minnesota Service Cooperatives

OPEN ENROLLMENT

JANUARY 2025

Resources provided by:
Minnesota Healthcare Consortium & MEDICA.

Medica Plan Document 2025

Minimum deductible for HSA plans for 2025 are \$1,650 Single or \$3,300 Family **without embedded deductible or 4Q carryover**
2025 Embedded deductible minimum will be **\$3,300 Single or \$6,600 Family** add 4Q \$4,125 Single and \$8,250 Family

Minnesota Regulations – 2025 Chronic Disease Mandate – defined as diabetes, asthma, allergies requiring the use of epinephrine auto-injectors.

- Chronic Disease medications have a **\$25 monthly maximum** out-of-pocket expense.
- Related medical supplies for chronic conditions have a **\$50 monthly maximum**.

Example: The cost-sharing limit for related medical supplies does not increase with the number of chronic diseases for which an enrollee is treated. For example, if a member has diabetes and asthma, they would pay \$50 total - not a separate \$50 for the asthma supplies and \$50 for the diabetic supplies.

Reminder: AEOA has Preventive RX as a benefit. If medications on listed, there is \$0 out-of-pocket cost for those meds.

Additional Minnesota Mandates and Regulatory updates for 2025 have adding benefits, health parity, and clarity to the existing plans.

Hearing Aids – August 1, 2023: Hearing Aids are covered when prescribed by a in-network provider and purchased from an in-network Durable Medical Equipment provider.

Out-of-Network clarification for Home Health Care, Physical Therapy, Occupational Therapy, Speech Therapy, and Chiropractic are noted in the Plan Document.

Preventive Visits limited to one Preventive Visit per year.

Generic Requirement: It is standard practice for members to discuss brand name vs. generic meds with their provider. Please continue to consult with your provider or pharmacist on prescribed medications.

Pharmacy Refills - reminder: You can refill your prescription when you've used 85% of your medication.

For additional information on the above notifications, please refer to the full Medica Plan Document & Medica Administrative document.

Deductibles, copayments, and coinsurance



Cost sharing: How it works

When you receive care, you and your health insurance usually each pay some of the cost. That's called cost sharing. How the costs get divided is determined by your benefits. You'll find details about this in your coverage document.

Deductibles, copayments, and coinsurance are all examples of cost sharing. They all provide an amount of money that may apply when you get care. Understanding these terms—and how they work together—will help you know what you owe to your provider.

To see which of these terms apply to your plan, check your coverage document on your secure member site (listed on the back of your Medica ID card). You can also request a copy of your coverage document by calling Customer Service at the number on the back of your Medica ID card, or by ordering online at [Medica.com/OrderPlanMaterials](https://www.Medica.com/OrderPlanMaterials).

| TERM | DEFINITION | FURTHER DETAILS |
|-------------------|---|--|
| Deductible | The amount you pay each year before your insurance starts to pay. | If your deductible is \$3,000, 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. You can track your deductible spending on your secure member site. Note: Most plans have separate deductibles for network and out-of-network care. |
| | For family plans, there are two types of deductibles (described below). Check your coverage document on your secure member site to see which one your plan has. | |
| | <p>Each family member has their own deductible, in addition to a shared family deductible.</p> <ul style="list-style-type: none"> Once a family member meets their individual deductible, the plan pays benefits for that person – even if the family deductible hasn't been met. Each family member's expenses count toward the family deductible. Once the family deductible is met, the plan covers charges for all family members, regardless of whether they've met their individual deductible. <p>Example: John has a family of four that he covers on his plan. The plan has a \$3,000 individual deductible and a \$6,000 family deductible. Once one family member meets their \$3,000 individual deductible, plan benefits (such as coinsurance) will apply for that family member only. Once the family meets the \$6,000 family deductible, benefits will apply to everyone on the plan for the rest of the plan year—even if they haven't met their individual deductible. Any combination of family members' charges can help meet the family deductible. For example, John can meet the entire deductible himself, or he and his children could meet it.</p> <p>Everyone on the plan shares one family deductible.</p> <ul style="list-style-type: none"> Each family member's expenses count toward the shared deductible. The entire deductible must be met before the plan pays benefits for any one family member. <p>Example: Jane has a family of four that she covers on her plan. The plan has a \$6,000 family deductible. The family will have to pay \$6,000 toward this deductible before plan benefits (such as coinsurance) apply for anyone on the plan. Any combination of family members' charges can help meet the deductible. For example, Jane could meet the entire deductible herself, or her husband or children could meet it.</p> | |

| TERM | DEFINITION | FURTHER DETAILS | | | | | | | | | | | | | | | | |
|--|--|---|----------------------|--|--|--|---------------|---------|-------------------------|----------|------------------|---------|-------------------|-------|------------------|-------|--|----------------|
| Copayment (copay) | A set amount you pay up front for some services or prescriptions. Depending on your plan, copays may or may not count toward your deductible. | Copays generally apply to office visits and prescription drugs, and the amounts may vary. For example: <ul style="list-style-type: none"> Office visit: \$30 copay Urgent care visit: \$30 copay Generic prescription drug: \$10 copay | | | | | | | | | | | | | | | | |
| Coinsurance | Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%). If your plan also has a deductible, coinsurance applies after you've met your deductible. | <p>Here's an example of how a deductible and coinsurance work together:</p> <table border="1"> <thead> <tr> <th colspan="2">EXAMPLE (IN-NETWORK)</th> </tr> <tr> <th colspan="2">DEDUCTIBLE = \$3,000 COINSURANCE = 20%</th> </tr> </thead> <tbody> <tr> <td>Amount billed</td> <td>\$5,000</td> </tr> <tr> <td>Minus deductible amount</td> <td>-\$3,000</td> </tr> <tr> <td>Remaining amount</td> <td>\$2,000</td> </tr> <tr> <td>Coinsurance (20%)</td> <td>x .20</td> </tr> <tr> <td>Coinsurance owed</td> <td>\$400</td> </tr> <tr> <td>Total amount you owe (\$3,000 deductible + \$400 coinsurance)</td> <td>\$3,400</td> </tr> </tbody> </table> <p>You continue to pay coinsurance until you reach your out-of-pocket maximum.</p> | EXAMPLE (IN-NETWORK) | | DEDUCTIBLE = \$3,000 COINSURANCE = 20% | | Amount billed | \$5,000 | Minus deductible amount | -\$3,000 | Remaining amount | \$2,000 | Coinsurance (20%) | x .20 | Coinsurance owed | \$400 | Total amount you owe (\$3,000 deductible + \$400 coinsurance) | \$3,400 |
| EXAMPLE (IN-NETWORK) | | | | | | | | | | | | | | | | | | |
| DEDUCTIBLE = \$3,000 COINSURANCE = 20% | | | | | | | | | | | | | | | | | | |
| Amount billed | \$5,000 | | | | | | | | | | | | | | | | | |
| Minus deductible amount | -\$3,000 | | | | | | | | | | | | | | | | | |
| Remaining amount | \$2,000 | | | | | | | | | | | | | | | | | |
| Coinsurance (20%) | x .20 | | | | | | | | | | | | | | | | | |
| Coinsurance owed | \$400 | | | | | | | | | | | | | | | | | |
| Total amount you owe (\$3,000 deductible + \$400 coinsurance) | \$3,400 | | | | | | | | | | | | | | | | | |
| Out-of-pocket maximum | The most you pay in a year for health care services covered by your insurance. | <p>If your out-of-pocket maximum is \$6,000 for the year, that's the most you'll pay for covered charges. Once you reach your out-of-pocket maximum, your insurance pays 100% of any additional covered charges for the rest of the year. For family plans, the out-of-pocket maximum works in one of two ways:</p> <ul style="list-style-type: none"> Each family member has their own out-of-pocket maximum, in addition to a shared family out-of-pocket maximum. Each family member's expenses count toward their own maximum amount, as well as to the family's amount. Once an individual meets their out-of-pocket maximum, the plan pays 100% of that person's covered expenses. Once the family meets the family out-of-pocket maximum, the plan pays 100% of the entire family's covered expenses. Everyone on the plan shares one out-of-pocket maximum. Once that amount is met, the plan pays 100% of the entire family's covered expenses. <p>To see which type of out-of-pocket maximum your plan has, or to track your out-of-pocket spending, log on to your secure member site.</p> | | | | | | | | | | | | | | | | |
| Covered services | Services that your plan covers. You and your insurance share the cost of these services. | Costs you pay for covered services count toward your deductible and out-of-pocket maximum. For a complete list of covered services, see your coverage document on your secure member site. | | | | | | | | | | | | | | | | |
| Non-covered services | Services that your plan doesn't cover. You pay the full cost of these services. | <p>Costs you pay for non-covered services don't count toward your deductible or out-of-pocket maximum. Examples of services that aren't covered:</p> <ul style="list-style-type: none"> Cosmetic procedures Experimental treatments or drugs Refractive eye surgery (e.g., LASIK) <p>For more examples of services that aren't covered, see your coverage document on your secure member site.</p> | | | | | | | | | | | | | | | | |

Note: Your insurance benefits and cost sharing will vary from examples above. See your coverage document on your secure member site (listed on the back of your Medica ID card) for specific details.



Have a question?

Call Customer Service at the number on the back of your Medica ID card. (TTY: 711).

Medica Choice[®] Passport: Your access to freedom

Experience the Medica Choice[®] Passport plan

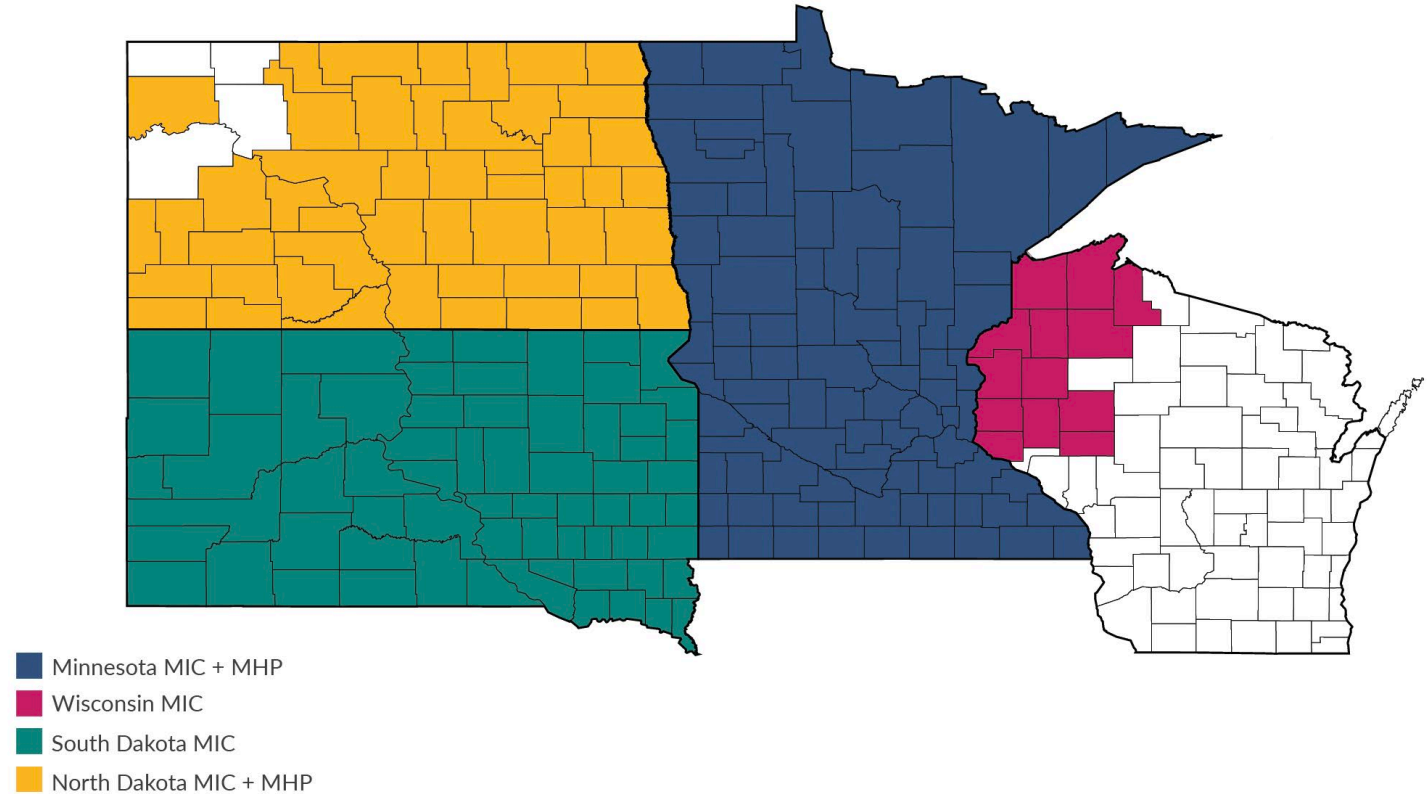
- Enjoy a vast, national network
- Freedom to choose any provider, wherever you are
- User-friendly, no matter your location

Plan highlights

- Among the nation's largest networks
- Nationwide coverage while traveling
- One call center for all members, regardless of location
- No referral needed to access primary and specialty care providers in the Medica Choice Passport network

Medica by the numbers

- More than 1 million providers and nearly 7,300 hospitals
- More than \$1.5 million doctors at your service
- Access to 64,000+ pharmacies, including 24-hour options
- Convenience and urgent care at your fingertips



Essentia Choice Care with Medica



Essentia Health

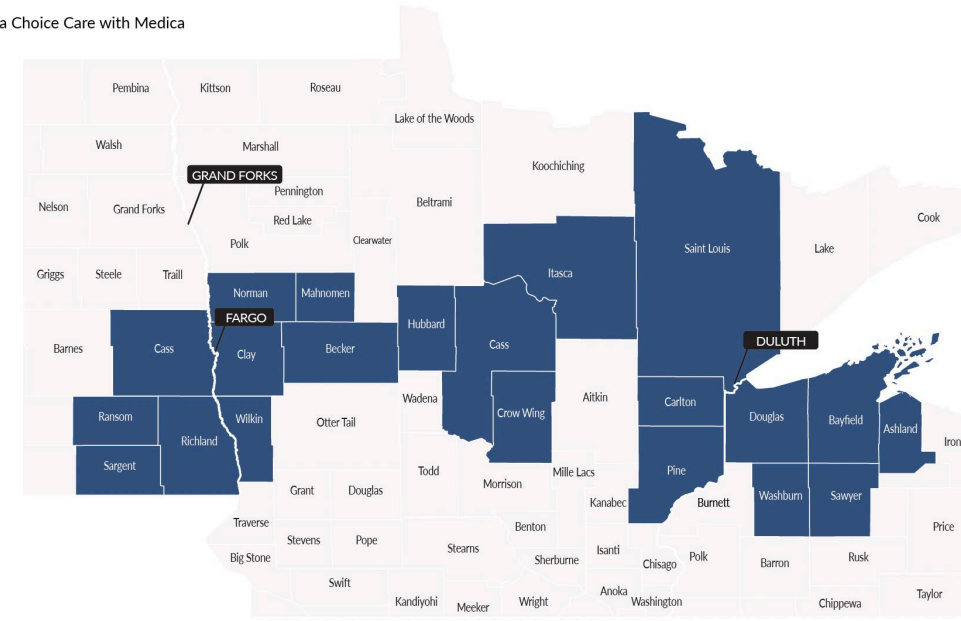
Quick facts

- 14 hospitals
- 78+ clinics
- 2,200+ providers
- Medica's standard networks for chiropractic, behavioral health, and pharmacy

Features

- Same-day care team access
- Direct access to network specialists and primary care providers without a referral
- MyChart, a secure online portal to schedule appointments, pay bills, see tests results, and more
- Patient assistant
- Single phone number
- 20% discount on skin products and services at Essentia Health Skin Renewal locations in Detroit Lakes, Duluth, and Fargo
- Health coaches available to improve health and navigate chronic health conditions like diabetes and high blood pressure

■ Essentia Choice Care with Medica



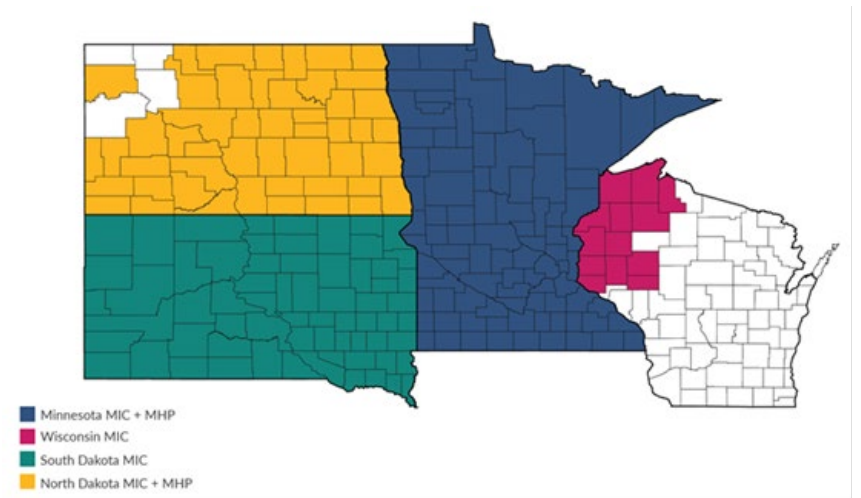
Primary service area:

Northern Minnesota, southeastern North Dakota, and northwestern Wisconsin

Essentia Choice Care - Recap

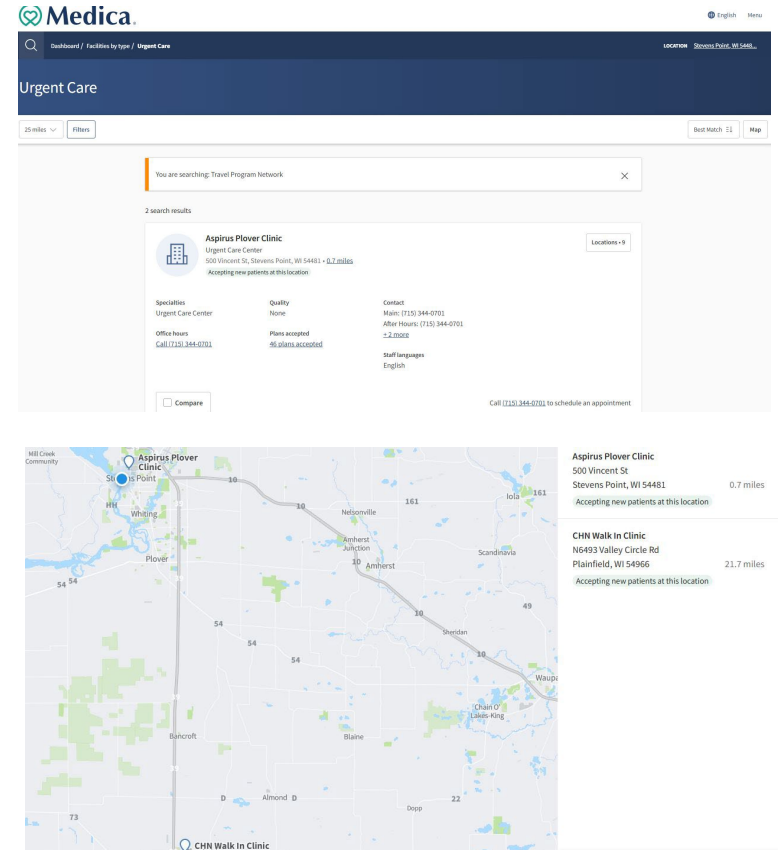
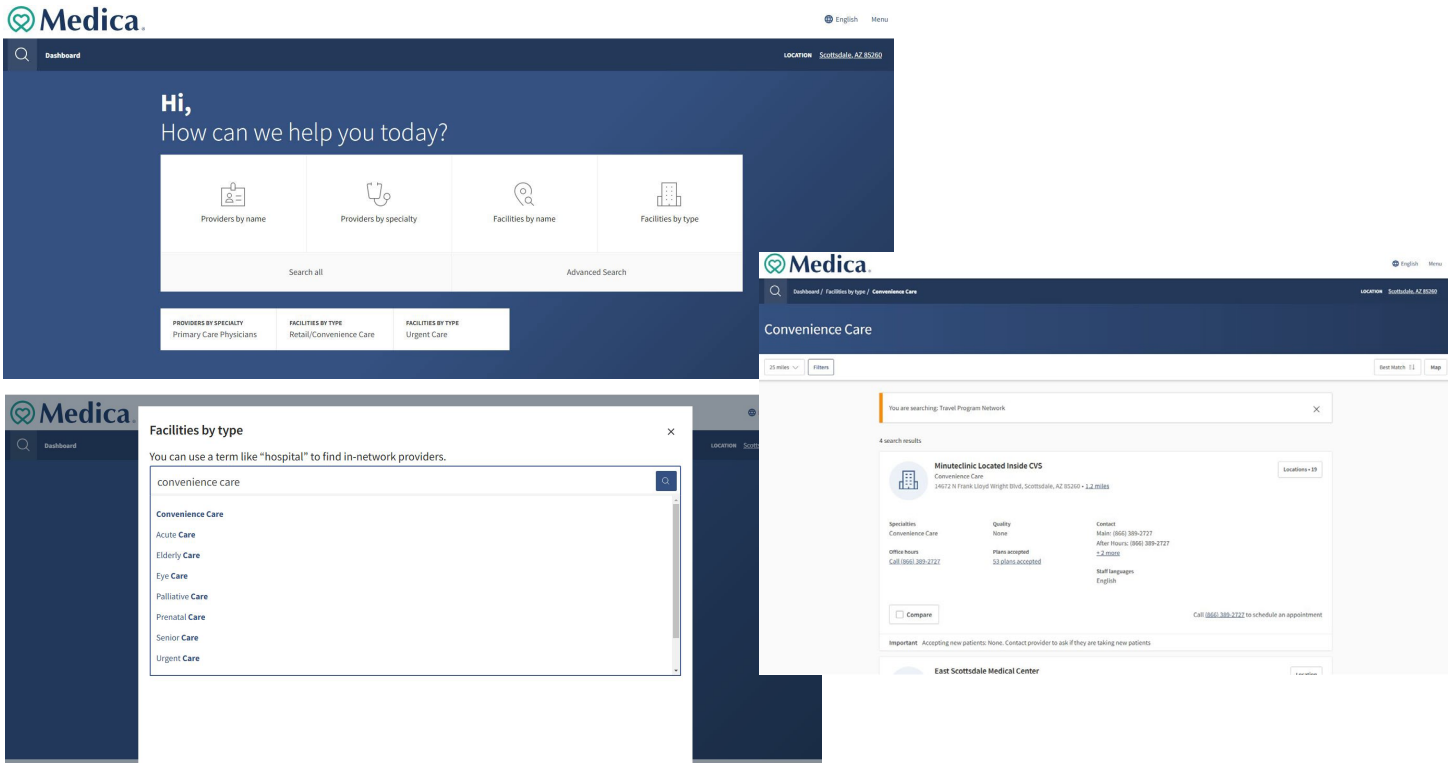
❑ Narrow Network:

- Seeking care at any of the Essentia facilities listed is considered In-Network.
- You would not need to have a referral to go to a different Essentia location.
- If you seek care out of the Essentia Network, you will be responsible for out-of-network charges and deductibles when you or your dependents are within the Medica Service Area.
- When traveling outside the Medica service area members have coverage within the Travel Network.
- If an Essentia providers grants you a referral for out-of-network services, your care would be considered in-network.
- Additional “perks” within Essentia.
- Lower monthly premium
- Recommended checking member portal for providers.
- Emergency room services are considered in-network



Searching for Services outside of Medica Service Area

The Passport Network is a broad network with providers available throughout the country. You will still have coverage outside the Medica Service Area – always good to check out provider options before traveling.



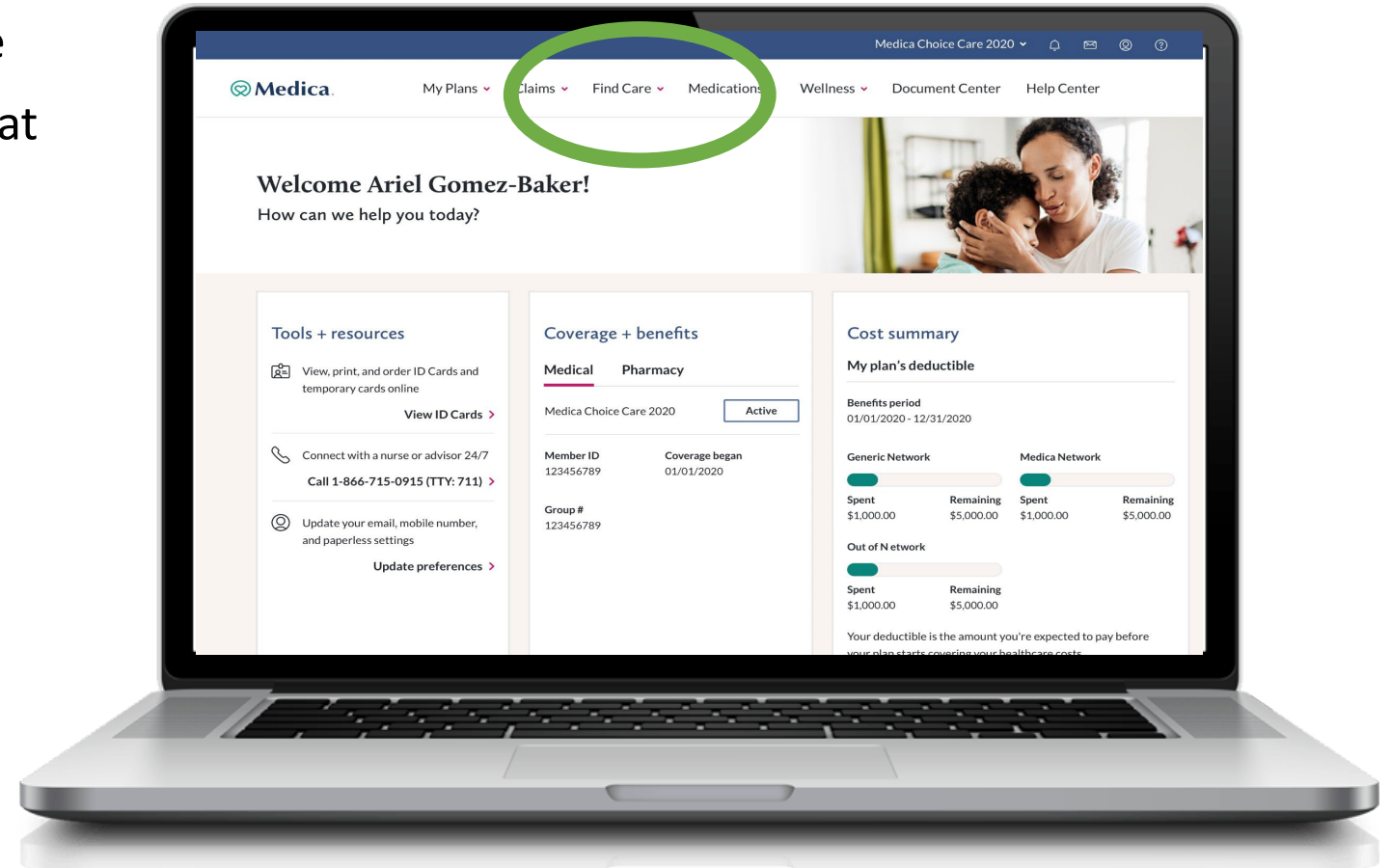
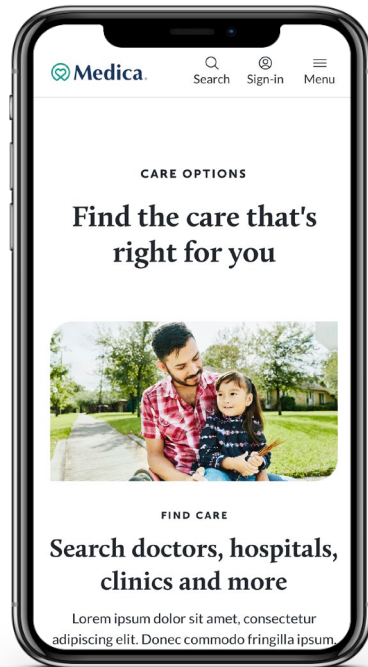
Out-of-Country

Medica does not have any network providers outside the United States. Medica will reimburse the member for emergency services while out of the country. However, the member will need to submit for reimbursement. Instructions are available in your plan document or by calling Medica Customer Service.

Unlock your member account: Medica.com/SignIn

Access a world of convenience:

- Find physicians and facilities with ease
- Uncover valuable resources and tools at your fingertips
- Also available via mobile app





Understand your Benefits!

- Access information to manage your health plan benefits
- Search for medical providers and provider health systems
- Search for pharmacies, compare prescription costs, and review medication lists.
- Learn about virtual care and behavioral health providers
- Register and learn more about wellness programs and preventive care
- Visit the “Help Center” and FAQ section.

Once your coverage is active, go to [Medica.com/SignIn](https://www.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. Phone app is available – **Search for Medica Member**.

MHC Dedicated Customer Service Number: 1-877-347-0282

If you have questions on a claim or coverage, please call customer service!

Pharmacy solutions

Partnering for your well-being

- Access to a network of 64,000+ retail pharmacies
- Benefit from consistently low negotiated rates across all network pharmacies
- Enjoy convenient home delivery options
- Use the Express Scripts mobile app to:
 - Check drug costs
 - Find pharmacies
 - View prescription drug history
 - Print forms and ID cards
 - Get drug information
 - Receive medication-related alerts



Navigating specialty needs

- Specialty pharmacies including Accredo
- Tailored for specialty medications
 - Self-injectable, oral, high-tech, or high-cost treatments for complex diseases
- May require specialized handling
- Frequently prescribed by specialists
- Round-the-clock access to dedicated pharmacists and nurses for specialized support



Preventive care

Preventive care helps you maintain good health and avoid health problems

Typical covered preventive services:

- General medical exams, immunizations, routine eye exams
- Colon, breast and prostate cancer screenings
- Certain laboratory tests, as recommended by your physician
- Women’s preventive care including:
 - Contraception and counseling
 - Gestational diabetes screening
 - Breastfeeding supplies
 - HPV testing
 - HIV screening
 - Domestic violence screening/counseling

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](https://www.healthcare.gov) and search for “preventive services.”



AEOA – Preventive Visits during the last 12 months: Mammograms: 17% & Colon Cancer Screening 5%

Explanation of Benefits (EOB)- Example

| Claim Number: 28866846-00 Par/Non: P Provider: THOMPSON MD, BRIAN R | | | | | | | | | | |
|---|---------------|----------------|---------------------|-------------------------|----------|---------------|-------------|--------------|---------------|----------------|
| 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: 28767109-00 Par/Non: P Provider: THOMPSON MD, BRIAN R | | | | | | | | | | |
|---|--------------|----------------|---------------------|-------------------------|----------|--------------|-------------|--------------|--------------|----------------|
| 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: 28767109-01 Par/Non: P Provider: THOMPSON MD, BRIAN R | | | | | | | | | | |
|---|---------------|----------------|---------------------|-------------------------|----------|--------------|-------------|--------------|--------------|----------------|
| 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 |

Highlighted content references the Preventive Visit charges. No cost for the member.

Remaining charges are the responsibility of the member.

Medica EOB NOTE ID Explanation: (content below taken from Media 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.

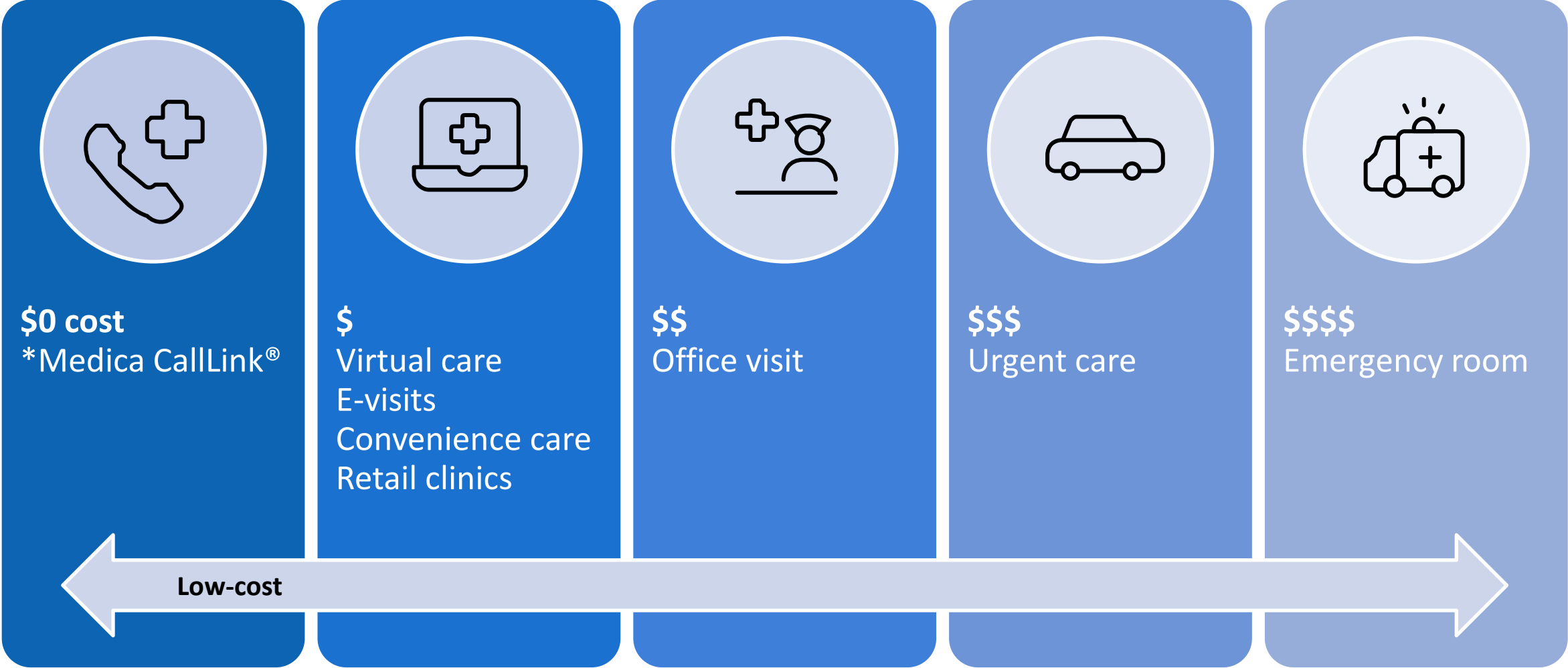
Information provided in this document has not been provided by a healthcare professional. Please talk with your provider to receive professional guidance on your healthcare.

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.

Where to go for care



Telehealth vs. Virtual Care

Defining the difference??

Telehealth: Scheduled appointments with known healthcare providers. For example, follow-up meeting with a specialist from MHealth or Mayo Clinic.

Virtual Care: Virtual care appointments with unknown providers. Amwell, Virtuwell, KHealth. Common condition appts. Also, depends how visit is billed.

Convenience Care: Commonly known as CVS Clinics, Minute Clinics, etc. It also depends on the provider system and how the visit is billed.

Essentia Health, Aspirus (St. Luke's), Fairview locations in our region, North Shore Health, Rainy Lake Medical Center offer telehealth and e-visit opportunities.

Discover virtual care

Virtual care brings convenience and affordability to your health needs

Please note that virtual care options may vary by your plan's network. Check available care options at [Medica.com/FindCare](https://www.Medica.com/FindCare).

K Health

- 24/7 online clinic serving 48 states
- Each urgent care visit is \$70 or less
- Make an appointment that fits your schedule to access primary care services which are covered as a primary care office visit
- Available for Medica Choice Passport plan members
- [Khealth.com/Medica](https://www.Khealth.com/Medica)

Clinic-based options

- Numerous clinics offer virtual care or online visits
- Prices vary — check your clinic's offerings
- Connect on your clinic's website

Amwell

- 24/7 online clinic serving all states
- Covers medical and behavioral health services
- Medical visits \$67 or less
- Behavioral health prices vary
- [Amwell.com/cm](https://www.Amwell.com/cm)

Virtuwell

- 24/7 online clinic available in select states
- Each medical visit \$79 or less
- Consult certified nurse practitioners
- [Virtuwell.com](https://www.Virtuwell.com)

Behavioral Health Resources

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](https://www.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 HealthSM Behavioral health services that include mental health and substance use support | <ul style="list-style-type: none"> Find a provider that works for you from our behavioral health network which includes more than 300,000 providers nationwide Connect with a counselor (in-person or virtually) in times of stress, anxiety, or crisis Ask a billing or claim question Learn more about your behavioral health benefits Receive support from experts to better understand substance use disorder (SUD) treatment options | <ul style="list-style-type: none"> 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 Visit Medica.com/FindCare. Select your plan and click on "Start here" within the "Behavioral Health" tile Search by provider name, location, specialty, treatment option, ethnicity, gender, and more If you are looking for a provider who offers evening or weekend appointments, select from the filter options under "Availability" Choose a virtual visit if an in-person visit is not accessible or convenient Click to call, email, or visit a provider's website See patient reviews or submit a review of your provider |
| Live and Work Well websiteSM 24/7 online access to support, self-help resources, information, and behavioral health care | <ul style="list-style-type: none"> Answer a few questions online and get behavioral health care suggestions instead of talking to someone on the phone Explore care options to find the right support and benefits for you Get resources to help with behavioral health, stress, depression, family issues, money, parenting, and much more Use the confidential SUD helpline at no extra cost | <ul style="list-style-type: none"> Get direct access to a substance use recovery advocate 24/7 at 1 (855) 780-9955 (TTY: 711) or live chat Go to LiveAndWorkWell.com Enter access code MEDICA to explore your benefits Create an account to access self-help resources and the claims center Enter your My Health Rewards ID number found on your Medica ID card |
| Self Care by AbletoSM On-demand support app to help with stress and emotional well-being | <ul style="list-style-type: none"> Get help managing your moods and thoughts, so you can learn ways to feel better 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 Schedule an online therapy visit | <ul style="list-style-type: none"> Visit Ableto.com/Begin and tap "Get started" Enter "Medica" when asked for your access code Answer a few questions about your goals, set up your account, and receive a notification to download the app |



Medica behavioral telehealth visits

Experience the convenience of telehealth visits for behavioral health. Connect with providers online, treating conditions like depression and anxiety. Through your computer, tablet, or smartphone, telehealth allows virtual appointments for therapy and prescription services 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 NetworkSM Many of the behavioral health providers in our large network offer virtual care | <ul style="list-style-type: none"> Visit Medica.com/FindCare Select your health plan Click on "Start here" within the "Behavioral Health" tile Search by provider name, condition, expertise, program, specialty, gender, or ethnicity. Check the "Virtual Visits" filter to review options To schedule a visit online, click on "Log In" Go to the provider directory, select and apply the "Online Scheduling" filter Choose a provider and click on the "Schedule Now" button |
| Amwell, 24/7 Online ClinicSM Experienced therapists and prescribers provide care and counseling for a variety of conditions | <ul style="list-style-type: none"> To get started, create an account with Amwell at Amwell.com/en or download the free app from the App Store or Google Play... Enter the information exactly as it appears on your Medica ID card Call 1 (844) 733-3627 (TTY: 711) Select a provider and follow the prompts to start or schedule your visit* |
| TalkspaceSM Helps you work with a licensed therapist anywhere, anytime. Send private messages (text, voice) or schedule live video sessions | <ul style="list-style-type: none"> Go to Talkspace.com/Connect Select "Medica" in the drop-down menu under "Use my Insurance Benefits" Enter the information exactly as it appears on your Medica ID card Answer a few simple questions to get started Get matched with a provider, typically within 48 hours |

*Virtual behavioral health visits are covered as a behavioral health office visit under your plan.
 †As per state telehealth rules and regulations.
 ‡Optum Behavioral Health manages the Medica Behavioral Health program.
 *Cost per visit varies by type of service. Eligible services are covered under your plan as a behavioral health office visit.
 †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.
 ‡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 health plan. Certain features may not be available to members ages 18+.

Services are available to My Health Rewards Standard and Results to Invest members.

For more information or any question? Call **1 (800) 952-3455 (TTY: 711)**, closed 8 a.m. - 9 p.m. Thursdays, and Saturday



Behavioral health resources



Medica Behavioral Health

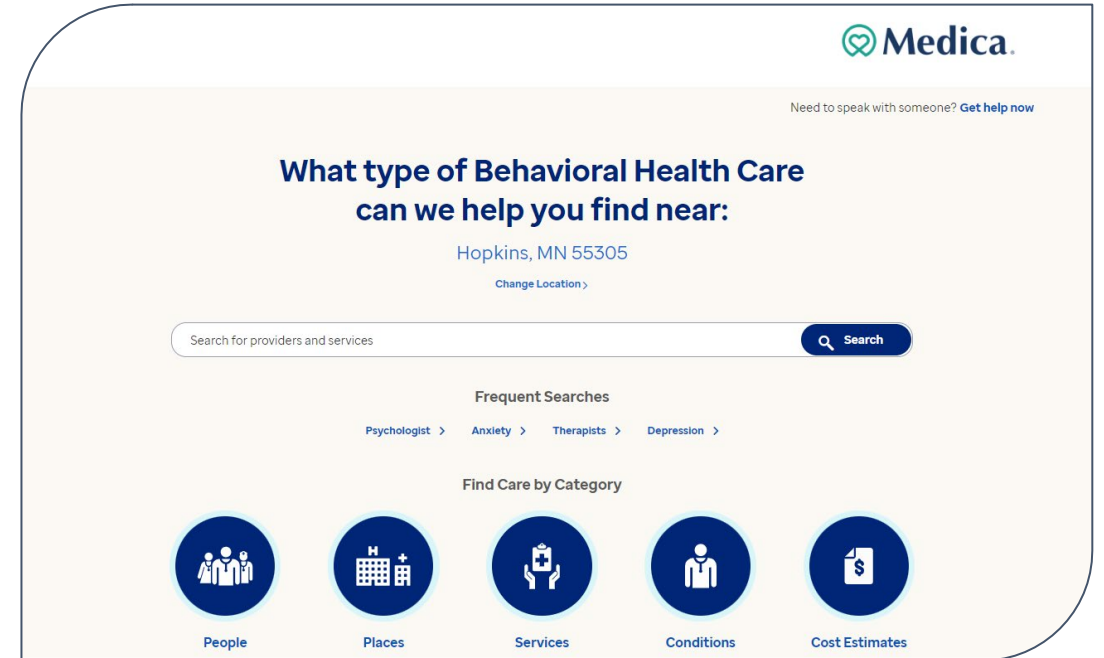
24/7 support to help members with behavioral health concerns get the right help

Medica's Behavioral Health network includes more than 340,000+ practitioners nationwide.

When you need to find a behavioral health provider:

- Call Medica Behavioral Health at **1 (800) 848-8327**
 - Specially trained staff can help you get the right care when you need it, **24-hours a day**.
- Use the Online Directory
 - It offers an easy way to connect with providers and clinics specializing in mental health and substance abuse.
 - Visit **Medica.com/FindCare**, select your plan from the list of options, go to the Behavioral health tile, and select "Start here."

Access self-help resources on the Live and Work Well website



Optum Behavioral Health manages the Medica Behavioral Health program

In case of crisis:

- Optum Behavioral Health Crisis Line: **1 (800) 848-8327 (Press #8)**
- Optum Substance Use Disorder Helpline: **1 (855) 780-5955**

My Health Rewards by Medica[®] Your healthier future starts now.

Overview

Earn points and get up to \$345 in rewards per year with My Health Rewards, an online tool that helps you take small steps to reach your health goals.

Eligibility

Medica members 18 years and older

How to earn rewards

Get a \$5 reward each year for completing your annual preventive health checkup

Track physical activities and daily steps

Complete Healthy Habits activities

Complete self-guided courses called Journeys[®]

Use Daily Learning Cards

Track sleep

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.

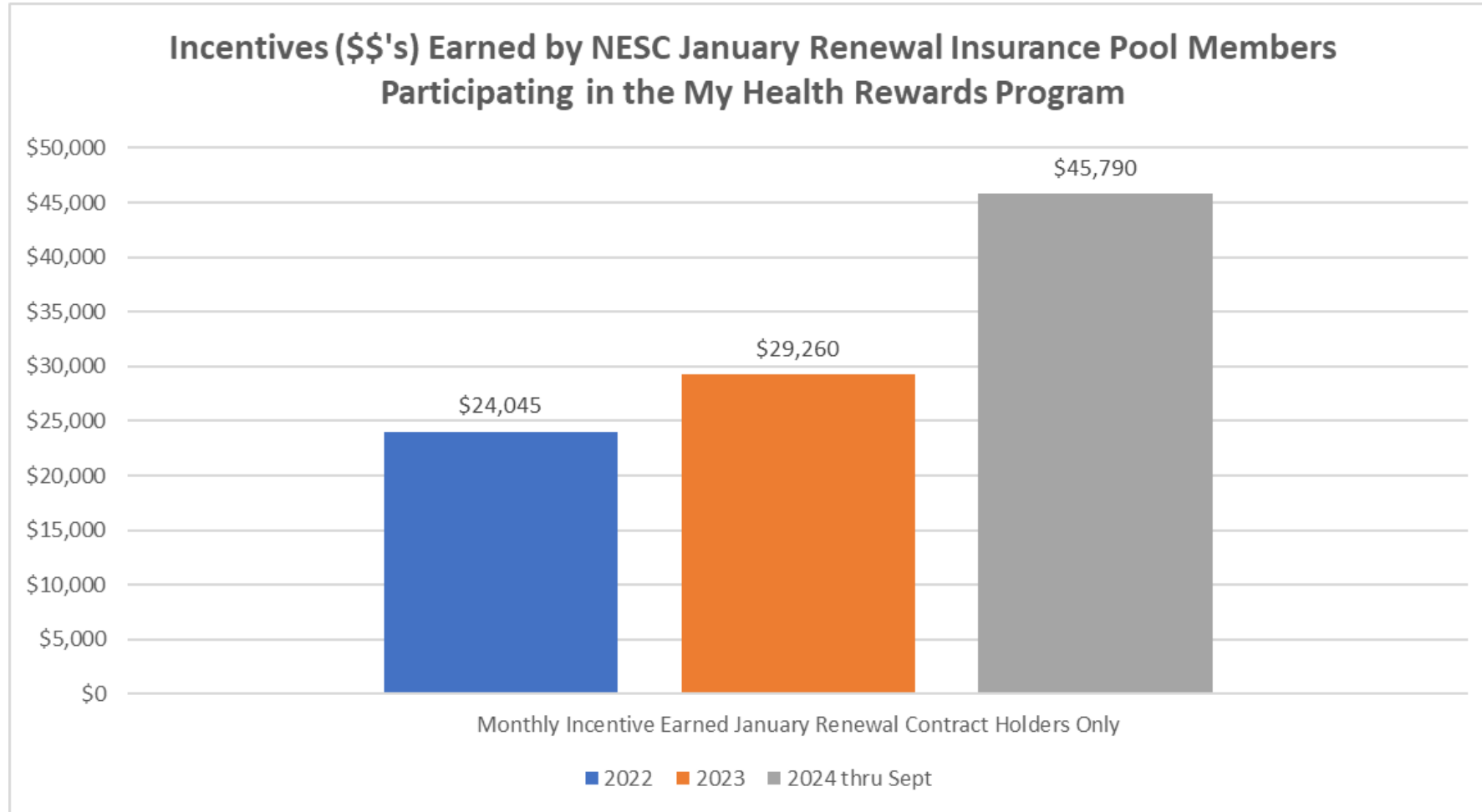
| WAYS TO EARN | POINTS | PULSECASH REWARD AMOUNT | REWARD TYPE |
|-----------------------|---|--|------------------------------|
| EARN PROGRAM POINTS | 2,000 | \$10 | E-gift card or other options |
| | 10,000 | \$20 | E-gift card or other options |
| | 25,000 | \$50 | E-gift card or other options |
| | 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: <ul style="list-style-type: none"> • 7,000 steps a day and/or; • 15 active minutes a day and/or; • 15 workout minutes a day. | Contract Holders: \$15 per month 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)

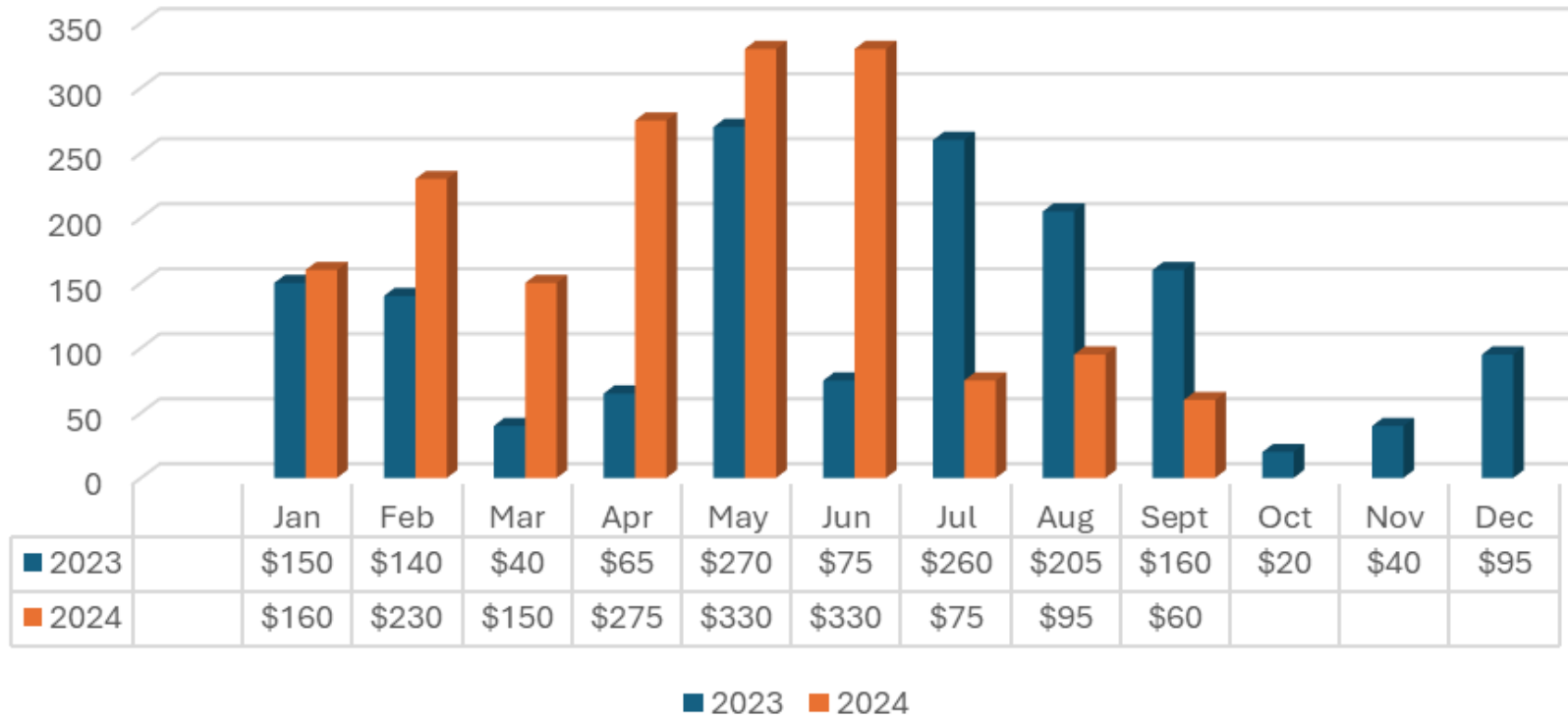
\$225 in potential rewards per year (Spouses/dependents ages 18+)

My Health Reward Stats – January NESC Groups



My Health Reward Stats – AEOA

AEOA - My Health Rewards 2023 vs. 2024 Employee Earnings



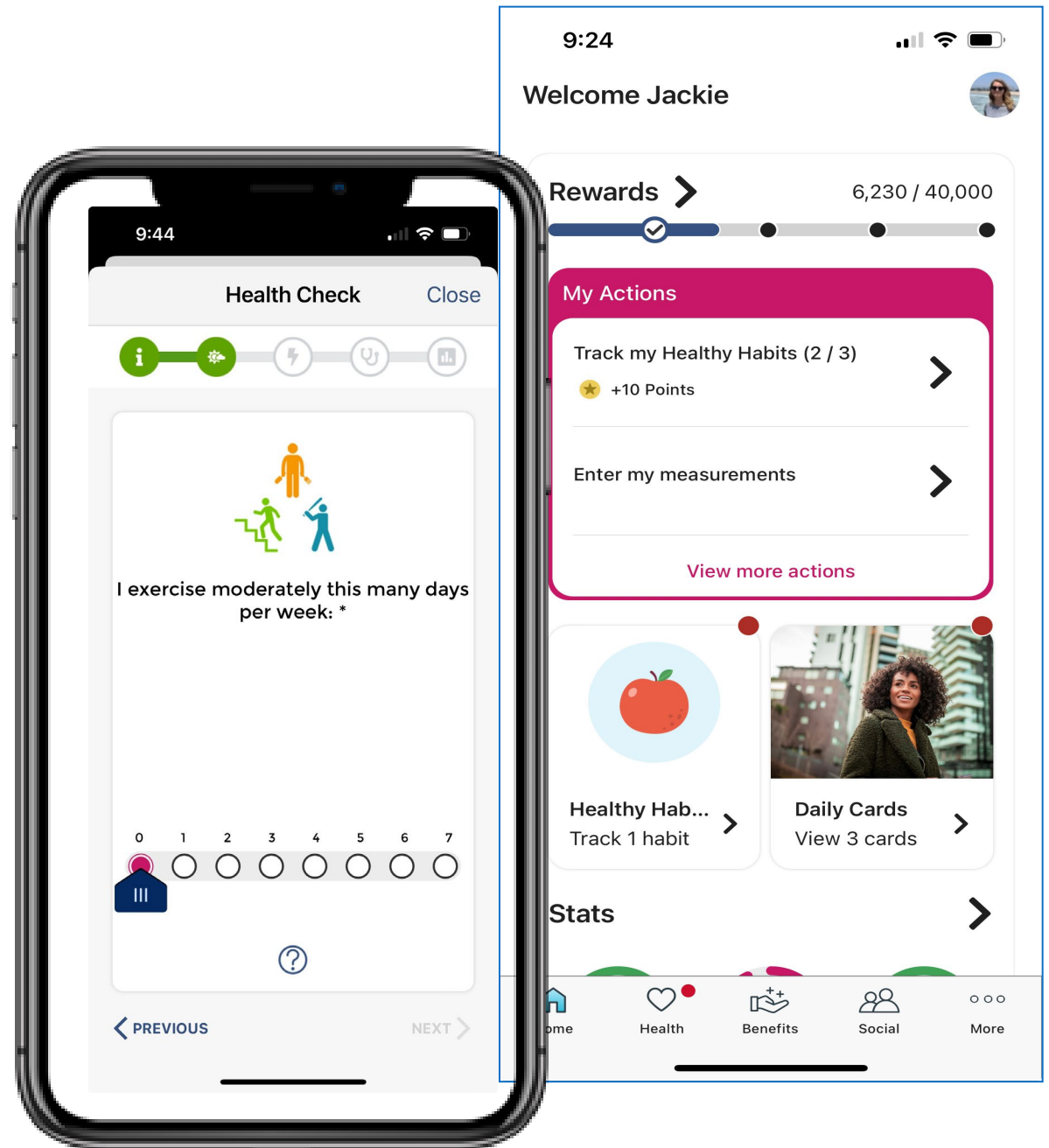
My Health Rewards

The My Health Rewards website and mobile app layout

- **Home** (Stats, Daily Cards, Healthy Habits, Rewards)
- **Health** (Journeys®, Health Assessment, My Care Checklist, coaching, nutrition guide, and sleep guide)
- **Benefits** (Monj, Next-Steps Consult, Foodsmart, Ovia, AbleTo, ESI, Virtual Care and more)
- **Social** (calendar events, challenges)
- **Profile** (Devices & Apps, Shop the Store, Media library, Topics of Interest and more)

Register & Complete Health Check Assessment Earn Level 1 points = \$10!

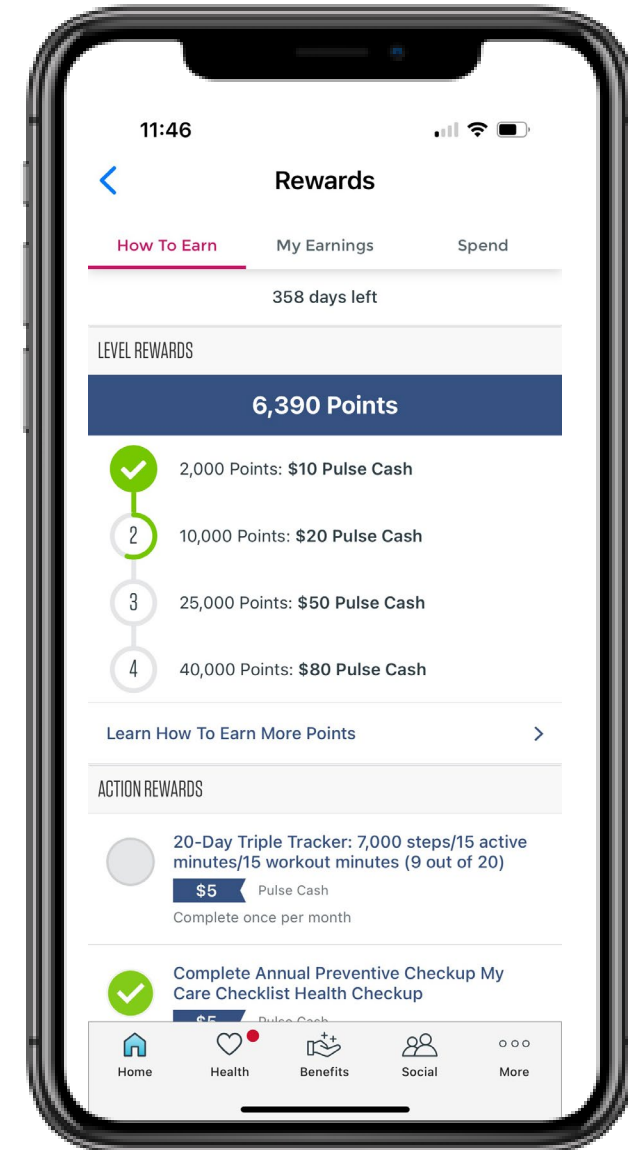
Assess your health with a confidential, short survey that will give you a snapshot of your health across seven factors, from mental health to fitness.



Rewards

Earn points, get rewards. Make small, everyday changes and earn points and other rewards – up to \$345 per year

- Click on “**How to Earn**” to see a list of all the ways you can earn points.
- Click on “**My Earnings**” to see how many points and Reward Cash you have earned.
- Click on “**Spend**” to redeem your rewards. Rewards can be redeemed as e-gift cards and for health and fitness products in the online store. You can also donate to a charitable cause.



Omada for Prevention & Diagnosed Diabetics

This program helps members with diabetes take charge of their health by shifting their perspective

What to expect if you are working at Diabetes Prevention

- **Learn and apply:** Discover how to make changes in eating, activity, sleep, and stress management, all with a focus on long-term sustainability
- **Dedicated health coach and care team:** Guidance tailored to your unique needs
- **Your way, your health:** This program is yours, with no extra cost

What's in store for you for those with Diabetes

- **Personalized support:** Your health coach and diabetes specialist are with you every step of the way
- **Digital tools:** Use digital tools to manage your diabetes and enhance blood glucose control
- **Connected devices:** Access devices like a CGM and scale to track your progress
- **Proven plan:** Benefit from a customized plan proven to deliver results

*Members must be 18+

Omada for Joint and Muscle Health

What's included

- **Injury prevention:** Access a no-cost, self-guided prevention program
- **Treatment on demand:** For existing injuries, tap into virtual physical therapy to help speed up your recovery – potential cost for this program.
- *Members must be 13+







Lifetime Digital Fitness Program Anywhere, Anytime, for Everyone

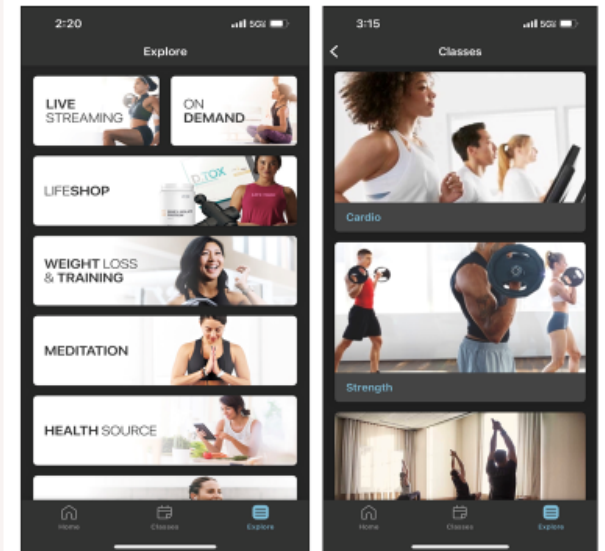
- Life Time® Digital membership, offers access to hundreds of on-demand and live streaming fitness classes, meditations, plus nutrition and lifestyle article content to support your fitness and well-being goals.
- No additional cost to MHC or members.
- Increases opportunities for members who are registered with the My Health Rewards (MHR) program. Continuing to engage in their fitness and overall well-being at their own pace in the comfort of their home.
- Overall goal is to keep people active and healthy – physically and mentally.

Offers on-demand or live stream classes at no cost.
<https://www.lifetime.life/digital-app.html>

Innovative new virtual fitness offering

-  On-demand classes
-  Livestream classes from health clubs around the nation
-  Structured training programs
-  Curated health and wellness content

© Medica | Business Confidential



**Thank you for being members of the
Minnesota Healthcare Consortium and the
Northeast Service Cooperative**



NESC Contact Information:

Suzi Ruper

Manager, Member and Account Services
Northeast Service Cooperative

sruper@nescmn.net

cell: 218-410-2845

www.nescmn.net

www.mnhc.gov