

*retire early. spend time with family.
new hobby. spend time with family.
how to knit. grow a vegetable garden. golf.
build our dream home. spoil my grandkids.
go running. collect antiques. stay in shape.
go rock climbing. take care of my elderly
join a book club. take care of my elderly
father. fish. part-time job.*

WE HAVE A PLAN FOR YOUR PLAN.

Health insurance for what's ahead.

Medica EncoreSM

MEDICA®

Thank you for your interest in Medica Encore.SM This plan represents one of the best values in the marketplace. It's from a trusted name in health insurance and is backed by superior service.

In the next pages, you will find information about Medica Encore, and learn how to apply for coverage. After you review the plan highlights and other information in this brochure, please work with your Medica broker or call us if you have questions to ensure you understand all that these plans have to offer.

Again, thank you for your interest in Medica. We look forward to hearing from you!

Sincerely,

A handwritten signature in black ink, appearing to read 'Craig', written in a cursive style.

Craig Ashby
Director, Individual Products
Medica

A woman with short brown hair, wearing a white button-down shirt and a white apron, is smiling warmly at the camera. She is holding a white tray filled with several golden-brown croissants. The background is a bakery with shelves of various pastries and breads, slightly out of focus.

“MY PLAN?

To finally be my own boss,
without worrying about taking a sick day.”

WE HAVE A PLAN FOR YOUR PLAN.

"OUR PLAN?"

To discover exciting things ahead...
Knowing we're both covered for what's around the corner."

WE HAVE A PLAN FOR YOUR PLAN.





Are you prepared for what's next?

You're at a stage in life some people call "a new beginning." And no matter what you have planned for what's ahead, the decisions you make now about your health will ultimately affect your family, lifestyle and dreams for the future. If you lack health insurance, one accident or illness can have a disastrous effect on your financial health as well. That's why there's Medica Encore. So you can protect what's important. Your health. And all those plans you've made.

- ✓ MAPS
- ✓ HIKING SHOES
- ✓ SWIMSUIT
- ✓ GOLF CLUBS
- ✓ SPARE TIRE

... BUT DO YOU HAVE A PLAN FOR YOUR PLAN?

Are you eligible?

Medica Encore is self-only coverage — you can buy it for yourself or for a dependent. And the application process is simple and straightforward. You are asked questions about the health history of the person seeking coverage, then this information is used during the underwriting process. For example, if you are a smoker, overweight, or have certain health factors, you may pay more, or may not be offered coverage.

To be eligible for Medica Encore, you must be:

- Aged 3 months to 64 years
- A U.S. citizen or permanent resident (in accordance with U.S. immigration laws)
- A Minnesota resident (physically residing in Minnesota for at least 6 months per year)
- In general good health
- Ineligible for Medicare

Enrolling is easy.

Our goal is to make the application process easy for you. All you have to do is follow these steps:

- Complete the application in its entirety
 - Choose your level of deductible
 - Sign and date the application (*Note: your application cannot be signed more than 60 days before the requested effective date*)
- Include a check or money order for your first month's premium payment
- Mail your application and payment in the provided envelope (*Note: if you're working with your local Medica broker, he or she should sign the application before it is mailed to Medica*)

If your application is accepted, we will notify you of the date your coverage starts. If we cannot currently offer you coverage, we will return your premium payment. Please allow up to three to four weeks for processing your application.

Medica Encore is self-only coverage. A separate application is required for each person applying.

Choose your deductible. Check your rate.

Age	\$4,000 Deductible	\$6,500 Deductible	\$9,000 Deductible
90 days – 18	\$108.45	\$90.03	\$78.21
19 – 29	\$128.93	\$107.03	\$93.00
30 – 31	\$135.65	\$112.61	\$97.84
32 – 33	\$139.00	\$115.39	\$100.26
34 – 35	\$141.02	\$117.06	\$101.71
36 – 37	\$142.86	\$118.60	\$103.04
38 – 39	\$148.07	\$122.93	\$106.79
40 – 41	\$158.81	\$131.85	\$114.55
42 – 43	\$167.88	\$139.37	\$121.08
44 – 45	\$183.83	\$152.61	\$132.59
46 – 47	\$201.29	\$167.10	\$145.17
48 – 49	\$223.78	\$185.78	\$161.40
50 – 51	\$251.49	\$208.78	\$181.38
52 – 53	\$280.02	\$232.47	\$201.97
54 – 55	\$308.57	\$256.16	\$222.55
56 – 57	\$339.96	\$282.22	\$245.19
58 – 59	\$358.26	\$297.41	\$258.39
60 – 65+	\$375.04	\$311.35	\$270.51

- Rates in this guide are standard non-tobacco user rates. The actual rate offered may be up to 40% higher based on tobacco use and other health factors.
- Newborns under 90 days old are not eligible for coverage.
- Note that if you have a birthday during the first month of coverage, you should use the new age to determine your rate.
- Rates are valid through June 2009.
- Deductibles are based on a calendar year.
- The \$4,000 deductible plan is compatible to be paired with an optional health savings account (HSA).

We have you covered.

Medica Encore covers the first \$400 you spend each year on routine examinations such as physicals. But that's not the only way we have you covered. We also offer a smoking cessation program and a 24-hour nurse line. Prenatal care is included; however, the plan does not cover maternity care, labor and delivery or post-partum care. This is a simple summary of coverage, so look at the policy on medica.com for details.

Plan Highlights	Lowest Deductible Option	Middle Deductible Option	Highest Deductible Option
Annual deductible The deductible is subject to a "cost of living" increase on a yearly basis, in an amount no greater than the Consumer Price Index, which is the federal measure of the rate of inflation.	\$4,000*	\$6,500*	\$9,000*
Annual out-of-pocket maximum for covered medical services, prescription drugs and supplies* The out-of-pocket maximum is subject to a "cost of living" increase on a yearly basis, in an amount no greater than the Consumer Price Index, which is the federal measure of the rate of inflation.	Equal to deductible. Coverage is generally 100% after deductible.*		
Office visits For non-preventive office visits in any setting (e.g., physician, mental health, chiropractor).	100% after deductible.*		
Preventive care Includes routine physicals, cancer screening, and one refractive eye exam per calendar year.	\$400 first dollar (cumulative), then applies to deductible.*		
Urgent care visit	100% after deductible.*		
Emergency room visit	100% after deductible.*		
Prescription drugs	100% after deductible.* No coverage at out-of-network pharmacies. Some categories of drugs are excluded, including infertility and erectile dysfunction.		

Plan Highlights <i>continued</i> Note that Medica Encore is self-only coverage	Lowest Deductible Option	Middle Deductible Option	Highest Deductible Option
Eyewear Eyeglasses and contact lenses	No coverage		
Lab and X-ray services	100% after deductible*		
Hospital services and surgical services			
Ambulance			
Medical supplies			
Chiropractic, occupational, physical, and speech therapy			
Home health care up to \$25,000 per calendar year			
Mental health care			
Substance abuse			
Skilled nursing facility services (limited to 120 days per calendar year)			
Prenatal care	100%*		
Well-child services to age 6, immunizations to age 18	100%*		
Maternity labor, delivery, and post-partum care	No coverage		
Lifetime maximum	\$5 Million		

*You receive the highest level of benefits and the lowest out-of-pocket costs when you use a network provider. If you choose to receive services from a non-network provider, you will be responsible for the deductible and the difference between Medica's non-network reimbursement amount (generally based on a fee schedule) and the non-network provider's billed charges. The difference between Medica's non-network reimbursement amount and the non-network provider's billed charges does not apply to your deductible or your out-of-pocket maximum.

Pre-existing conditions that you had within the six months before your enrollment date may not be covered during the first 18 months following your enrollment date. However, if you have maintained continuous health care coverage, the pre-existing limitation applies during the first 12 months following your enrollment date. In addition, this 12-month period may be reduced by the amount of time you maintained qualifying coverage before your enrollment date.

"MY PLAN?"

To retire before I'm 55. And to make sure my financial situation stays healthy, even if I don't."

WE HAVE A PLAN FOR YOUR PLAN.

Visit [MainStreetMedica.com](https://www.MainStreetMedica.com) for important online tools.

This resource can help you stay in control and make informed decisions, including:

- Personalized health information for each covered family member
- Decision-support tools:
 - Treatment cost estimator — you choose how much to spend
 - Quality data on hospitals, physicians, clinics, radiology centers, surgery centers, pharmacies and other healthcare providers
 - Health-related news and articles
- The Medica Prescription Drug Formulary List (for covered drugs)

*medical bills
+ hospital stays
no worries*





Be covered when you're away with our Travel Program.

You can receive Medica-style coverage when you travel in the United States but outside of Medica's service area so long as you use a Travel Program provider. Chiropractic services, mental health/substance abuse treatment and transplant services are not included in this expanded national coverage. Find more Travel Program information at medica.com:

- ✓ **CLICK ON MEDICA PRODUCTS**
- ✓ **CLICK ON MEDICA ENCORE**
- ✓ **SCROLL DOWN TO FIND A DOCTOR**
- ✓ **CLICK ON TRAVEL PROGRAM**



“OUR PLAN?”

To go where the wind takes us...
Knowing we have a good safety net for our health.”

WE HAVE A PLAN FOR YOUR PLAN.

Your provider is your choice.

With Medica Encore, you may see the medical provider of your choice. In fact, more than 96% of Minnesota providers are in our network. Of course, you receive the highest level of benefits and lowest out-of-pocket costs when you use providers that are part of the Medica network. If you choose to receive services or supplies from a non-network provider, you are responsible for any deductible, co-insurance or co-payment owed, as well as the difference between Medica's non-network reimbursement amount (generally based on a fee schedule) and the charges billed by the non-network provider.

What else do I need to know?

Prenatal Care

Medica Encore provides benefits for prenatal care services.

Maternity Care

Medica Encore does not cover maternity care services, which include maternity labor and delivery services, and post-partum care services.

Deductibles

Beginning July 1, 2009, all Medica Encore members are subject to an annual increase of their calendar year deductible and calendar year out-of-pocket maximum. This increase will never be higher than the Consumer Price Index (CPI), which is the federal measure of the rate of inflation.

For more details, see Plan Highlights on pages 8-9 of this brochure, view the entire Policy of Coverage at medica.com, or contact Medica at the phone numbers listed below.

Contact us.

For more information or to locate a Medica broker to assist you, contact Medica at:

952-992-2080 or 1-800-670-5935

TTY: 952-992-3650 or 1-800-234-8819

8 a.m. – 5 p.m. Monday – Thursday;

9 a.m. – 5 p.m. Friday.

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

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, subject to limits and exclusions, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance
Guaranty Association
4760 White Bear Parkway, Suite 101
White Bear Lake, MN 55110
Telephone: 651-407-3149
Fax: 651-407-3150

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values

for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the Guaranty Association is also subject to other substantial limitations and exclusions and requires continued residency

in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association.

This notice is required by Minnesota state law to advise policyholders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.

*Are you prepared
for what's next?*

MEDICA®

PO Box 9310
Minneapolis, MN 55440

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