

March Wellness Action Message

Quarterly Theme: Wise Health Care Consumer



When and where to get care: 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
<ul style="list-style-type: none"> • For preventive and routine care • Only open during regular business hours • Usually need an appointment 	<p>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.</p>

When you have a common illness

CONVENIENCE CARE/VIRTUAL CARE	HOW IT WORKS
<p>Convenience Care Center</p> <ul style="list-style-type: none"> • For common minor illnesses, such as a sore throat or ear infection • Not for emergencies • For those 18 months and older • May be open after hours, weekends, and/or holidays • No appointment needed 	<p>You can find care sites in:</p> <ul style="list-style-type: none"> • Shopping malls • Pharmacies • Other retail stores <p>Convenience care clinics are staffed by nurse practitioners or other licensed medical professionals. They don't typically have a medical doctor on site.</p>
<p>Virtual Care</p> <ul style="list-style-type: none"> • Able to treat common health conditions • Not for emergencies • Available after hours and sometimes 24/7 • No appointment needed • Online access from home, work, or wherever you are 	<p>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.</p>

When you need care right away

URGENT/EMERGENCY CARE		HOW IT WORKS
Urgent Care Center <ul style="list-style-type: none">• For minor illnesses or injuries that need immediate care• Not for emergencies• Open weeknights and often on weekends, and/or holidays• 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) <p>If your situation seems life threatening, go to an ER or call 911 right away.</p> <ul style="list-style-type: none">• For true emergencies• Open 24 hours a day, 7 days a week• No appointment needed	Go to the ER for things like: <ul style="list-style-type: none">• Heavy bleeding• Large open wounds• Severe head injuries• Trouble breathing• Chest pain• Signs of stroke (sudden change in vision, sudden weakness, sudden trouble talking)• 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.

Choosing in-network vs out-of-network care

In-network care

You pay less out of your own pocket when you get care in your plan's network. Why? We negotiate with these providers so you get health care services at a discounted rate, which saves you money. To find network providers, go to [Medica.com/Members](https://www.Medica.com/Members) and select your plan's name.

Out-of-network care

If you visit an out-of-network provider, our discounts don't apply. That means your out-of-pocket costs can be much higher. Plus, we usually pay out-of-network providers less than the amount they bill. When that happens, you'll have to pay the provider the balance.

If you choose out-of-network care

Here are a few things to keep in mind before receiving care from a provider not in your network

First, verify that you have out-of-network coverage. Then ask:

- What's my deductible?
- What's my coinsurance?
- What's my out-of-pocket maximum?
- How much will I have to pay?

Keep in mind: When you go out-of-network, you could end up paying more than the out-of-pocket maximum.

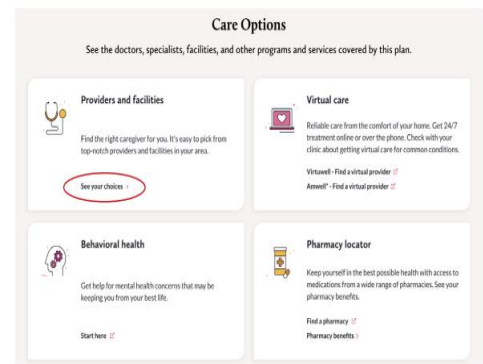
When you're looking for a health care provider

1. There is a lot to consider:
2. Is the provider in my network?
3. Is the location close to home or work?

Getting started

- Go to [Medica.com/Find-care](https://www.Medica.com/Find-care)
- Select your plan
- See the Providers and Facilities section and click on See your choices

NOTE: You receive the highest level of benefits when you see providers in your plan's network.



Note: Image may look different depending on your plan.

Additional Medica resources to call



- Talk with Medica CallLink advisors and nurses available 24 hours a day, seven days a week at 800-962-9497. (TTY: 711).
- Talk with a Member Services representative (call the phone number on the back of your Medica ID card if you have questions).