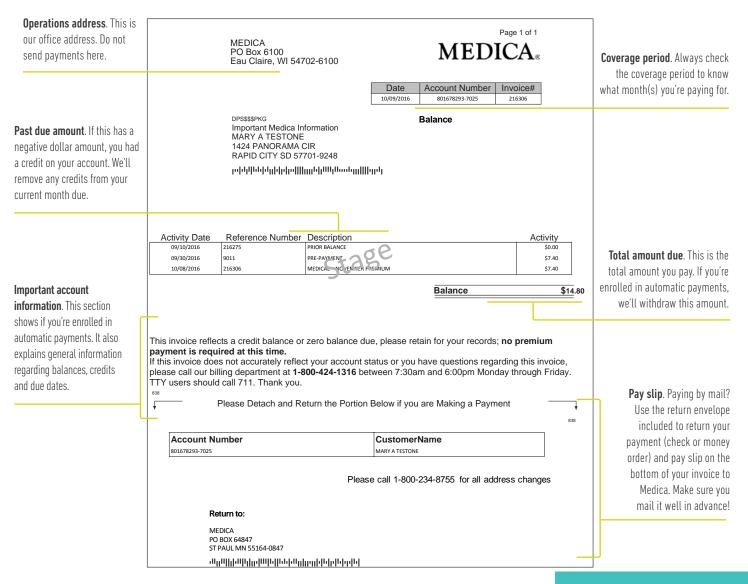# BREAKING DOWN YOUR MEDICA INVOICE

FOR MEDICA ADVANTAGE SOLUTION® (HMO), (HMO–POS) & (PPO) MEMBERS

YOUR HEALTH INSURANCE PREMIUM

Each month you'll receive an invoice for your health insurance premium, unless you have set up to have your premium automatically withdrawn from your savings or checking account, or have the plan premium taken out of your monthly Social Security check. Your premium is the amount you pay every month for your coverage. Here are tips on how to read your invoice and your options for paying.

Operations address. This is our office address. Do not send payments here.

Past due amount. If this has a negative dollar amount, you had a credit on your account. We'll remove any credits from your current month due.

Important account information. This section shows if you're enrolled in automatic payments. It also explains general information regarding balances, credits and due dates.

Coverage period. Always check the coverage period to know what month(s) you're paying for.

Total amount due. This is the total amount you pay. If you're enrolled in automatic payments, we'll withdraw this amount.

Pay slip. Paying by mail? Use the return envelope included to return your payment (check or money order) and pay slip on the bottom of your invoice to Medica. Make sure you mail it well in advance!

MEDICA
PO Box 6100
Eau Claire, WI 54702-6100

Page 1 of 1

MEDICA®

Date	Account Number	Invoice#
10/09/2016	801678293-7025	216306

DPS$$$PKG
Important Medica Information
MARY A TESTONE
1424 PANORAMA CIR
RAPID CITY SD 57701-9248

Balance

Activity Date	Reference Number	Description	Activity
09/10/2016	216275	PRIOR BALANCE	$0.00
09/30/2016	9011	PRE-PAYMENT	$7.40
10/08/2016	216306	MEDICA NOVEMBER PREMIUM	$7.40

Balance	**$14.80**

This invoice reflects a credit balance or zero balance due, please retain for your records; **no premium payment is required at this time.**
If this invoice does not accurately reflect your account status or you have questions regarding this invoice, please call our billing department at **1-800-424-1316** between 7:30am and 6:00pm Monday through Friday. TTY users should call 711. Thank you.

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Please Detach and Return the Portion Below if you are Making a Payment

838

Account Number	CustomerName
801678293-7025	MARY A TESTONE

Please call 1-800-234-8755 for all address changes

Return to:

MEDICA
PO BOX 64847
ST PAUL MN 55164-0847

MEDICA®

OPTIONS FOR PAYING YOUR HEALTH INSURANCE PREMIUM

You have three payment options:

Social Security Check

You can have the plan premium taken out of your monthly Social Security check. Call Medica Customer Service at the number on the back of your Medica ID card for more information on how to pay your plan premium this way. You will not receive an invoice with this payment option.

Automatic Withdrawl

You can set up your monthly plan premium to automatically come out of your checking or savings account by filling out an automatic payment form and mailing it back to us with a voided check or savings deposit slip. After we process your form you will receive written notification of the start date of your Medica premium deductions. Premium deductions will occur on the fifth working day of every month. You will not receive an invoice with this payment option.

Check or Money Order

You will be sent a monthly billing statement which you use to pay your plan premium. The preferred way to send your payment is to use the pre-addressed return envelope to mail your payment made out to Medica. Mail your premium payment to P.O. Box 64847, St. Paul, MN 551664. Your premium is due the seventh day of every month. You can also drop your payment off in-person at our office located at 401 Carlson Parkway, Minnetonka, MN 55305.

IT'S IMPORTANT TO PAY YOUR PREMIUM ON TIME

The best way to make sure you have coverage when you need it is to pay your premium in full by the first of each month. If you don't, we'll wait to process your medical claims and prescriptions. This means you may be responsible for the full cost of your prescription or health care service.

Have a question?

Call Customer Service at **1–866–269–6804** (TTY: **711**) for MN Medica Advantage Solution members or **1–866–398–7374** (TTY: **711**) for IA and NE Medica Advantage Solution with CHI Health members.

October 1–March 31: 8 a.m. to 8 p.m. Central, seven days a week

April 1–September 30: 8 a.m. to 8 p.m. Central, Monday-Friday

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this document, call 1-800-952-3455.

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-800-952-3455.

Yog koj xav tau kev pab dawb txhais daim ntawv no, hu rau 1-800-952-3455.

MCR-0517-D

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