

Referrals



What they are + why they matter

With Medica Elect[®] or Medica EssentialSM, you enroll in a primary care clinic that's affiliated with a care system. In most cases, you'll get all your care in your care system. But if you need care outside that system, you may need a referral. That's why it pays to understand how they work. Not having one when you need it means you'll likely pay a lot more for your care.

What's a referral?

A written recommendation from your primary care clinic to see a specialist outside your care system.

When do I need a referral?

When you get care outside your care system, you may need a referral from your primary care clinic. See the reverse side for more details.

Are there times when I don't need a referral?

When you get care within your care system, you don't need a referral. You can also receive some types of care outside your care system (but within your network) without a referral. See the reverse side for more details.

When I need a referral, what questions should I ask my primary care provider?

Ask your doctor:

- Which specialist they recommend and why?
- When can I see the specialist?
- How many visits are approved?
- Is the specialist approved to provide follow-up care?

Are there different types of referrals?

Your primary care provider can authorize the specialist to:

- Consult
- Consult and diagnose
- Consult, diagnose and treat

How do I get a referral?

If you need care that a provider in your care system can't deliver, your primary care clinic will write you a referral. Your doctor makes this decision and will direct you to the most appropriate place.

What happens when I receive a referral?

Your primary care clinic will tell us you have a referral. The referral will list the specialist, the type of service, the number of visits, and the date range when you can see the specialist. This information tells us to apply your highest level of benefits.

Can a specialist refer me to another specialist?

No. Your primary care provider coordinates and directs your overall care. But, if a referral says the specialist can "consult, diagnose and treat," the specialist can order services such as physical therapy, imaging (X-rays, CT scans, etc.), outpatient surgery, and other related care.

What happens if I see a specialist without first getting a referral?

Your out-of-network benefits would apply, and your share of the costs would likely be much higher. If you see a provider who's outside your care system and outside your network, you'd pay an even larger share of the costs.

What if I need to get care outside of my plans network?

For your highest level of benefits, you'll need a referral from your primary care clinic and pre-approval (called "prior authorization") from us.

Referrals at a glance

When you get care within your care system, you don't need a referral. But if you get care outside your care system (and within your plan's network), you'll need a referral—except in the cases outlined below.

| No referral required | No referral required, but your provider must first arrange for the services |
|---|---|
| <p>You can access the following care or services directly, as long as they're in your plan's network.</p> <ul style="list-style-type: none"> • Chiropractic care • Convenience care • Durable medical equipment • Emergency ambulance* • Emergency care* • Flu shots • Mental health/substance abuse (call Medica Behavioral Health at 1 (800) 848-8327 to receive services) • OB/GYN affiliated with your care system • Ophthalmology/optometry (for annual routine eye exams only) • Oral surgery • STD Testing • Travel Program care • Urgent care • Virtual care | <p>You don't need one to get the following services, but your primary care clinic or OB/GYN will need to contact the provider and arrange for the services.</p> <ul style="list-style-type: none"> • Anesthesiology • Audiology • Home care • Mammogram (routine) • Non-emergency ambulance • Occupational therapy • Outpatient hospital services • Outpatient lab and pathology • Physical therapy • Radiology services • Skilled nursing facility care • Speech therapy • Surgery center services • Therapeutic radiology |

*Emergency care is always covered at the network level, even if you need an out-of-network provider.

You can change your primary care clinic on a monthly basis, if you enrolled in the wrong clinic.



Have a question?

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

Key terms to know

Primary Care Clinic

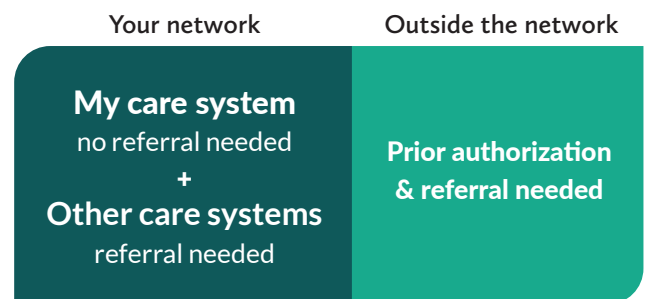
The clinic that coordinates your overall care and helps you find a specialist when you need one.

Care System

A group of primary care clinics, specialists, and hospitals that work together to give you the care you need.

Network

All the health care providers who have a contract with Medica to deliver care to our members, usually at a discounted rate. The Medica Elect and Medica Essential networks are made up of several different care systems.



Use our online provider search to see the providers and care systems are in your plan's network. Just go to [Medica.com/Members](https://www.Medica.com/Members) and select your plan.