

BREAKING DOWN YOUR MEDICA INVOICE

ENROLLED IN INDIVIDUAL & FAMILY PLANS



YOUR HEALTH INSURANCE PREMIUM

Each month you'll receive an invoice for your health insurance premium. 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.

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.

MEDICA®

PO Box 9310
Minneapolis, MN 55440-9310

Your Name Here
Your Address
City, State 12345

Sample Statement

Invoice No: 1234567
Invoice Date: mm/dd/yyyy
Subscription ID: 1234567891
Plan Name: Your Plan Name Here
Coverage Period: mm/dd/yyyy – mm/dd/yyyy

Have Questions?

Visit medica.com/MyPayment
Call us at 1-866-398-7231
(TTY: 713) Monday – Friday 8 a.m. – 6 p.m.

Current Month Summary

Due Date	Current Month Due	Past Due Amount	Total Amount Due
mm/dd/yyyy	\$ 123.00	-\$80.00	\$43.00

Current Month Due includes your Advance Premium Tax Credit (subsidy) and/or other credit(s).

Important Account Information

You do not need to submit payment. You are enrolled in Medica's Automatic Payment Plan. This is a copy for your records. Your payment will automatically withdraw from your account within the first five business days of each month.

This statement includes both your current month charges and any unpaid past due amounts. Your premium is due on the first day of the month for that month's coverage and must be paid in full to avoid cancellation of your Medica policy. If you didn't pay last month's premium in full, the balance is shown in the past due amount column and you have entered your grace period. If you have made a recent or mid-month change to your policy, that change may not be reflected until your next statement.

Thank you for choosing Medica

Subscriber Name	Subscription ID	Invoice No.
Your Name Here	1234567891	1234567

Return payment to:

Medica
PO Box 856523
Minneapolis MN 55485-6523

Due Date: mm/dd/yyyy
Current Month Due: \$123.00
Past Due Amount: -\$80.00
Total Amount Due: \$43.00

AMOUNT PAID \$ _____

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!

OPTIONS FOR PAYING YOUR HEALTH INSURANCE PREMIUM

You have three payment options:



Online

Log into your secure member site at **MedicaMember.com** and select *Premium Pay* to make a one-time payment throughout the year using your bank account or credit/debit card (Visa and Mastercard only). You can also set up your payment to come out automatically each month by enrolling in our Automatic Payment Plan.



Phone

Call Customer Service at **1 (866) 398-7231** to enroll in our Automatic Payment Plan or make a payment using your bank account, pre-paid debit card or a credit/debit card (Visa and Mastercard only*).



Mail

Return the pay slip at the bottom of the invoice along with your check or money order in the envelope provided. Allow 10 business days for mailing and processing.

Medica
PO Box 856523
Minneapolis, MN 55485-6523

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?

Visit **Medica.com/MyPayment** for answers to common billing questions. Or, call Customer Service at the number on the back of your Medica ID card.

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 information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

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MEDICA®

*Pre-paid debit card or a credit/debit card payment are only accepted with your first payment to activate your coverage. Ongoing payments over the phone only accepted using your bank account.

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