

Medica Provider Fact Sheet on Medica EncoreSM

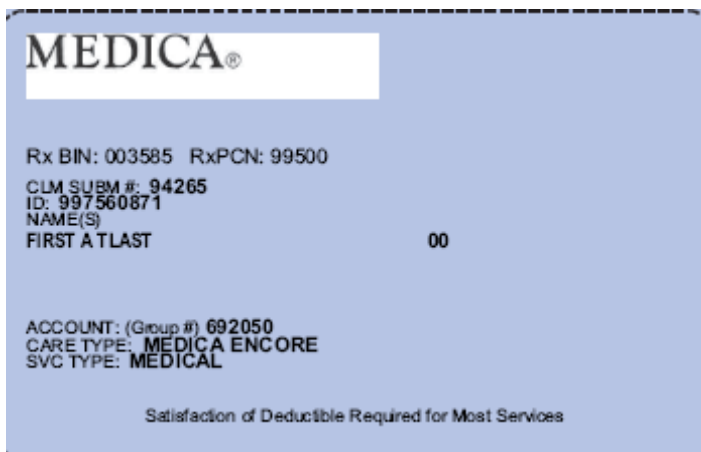
Overview

Medica EncoreSM is a new low-cost health plan for pre-retirement individuals age 50-64, available beginning September 1, 2008. While this is the target market age range for Medica Encore, it will be available for any Minnesota resident age 3 months through age 64. Medica Encore has been created to provide an additional Medica individual health plan solution for a target market that includes consumers who may be self-employed or small business owners or who are planning to retire early. Medica Encore utilizes the Medica Choice® network.

Available

September 1, 2008
Offered in MN only

Identification Card



Highlights

- Provides complete coverage for the first \$400 each calendar year for the following in-network preventative services:
 - Annual physicals
 - Eye exams
 - Cancer screeningsAfter the first \$400, the member's deductible applies.
- OV (non-preventative), Urgent Care and Emergency Room are subject to deductible.
- Coverage is single only, no family or dependent policies
- The Medica travel program *does* apply outside the Medica service area (MN, WI, SD, ND).
- Prenatal is included at 100%, maternity services are excluded.

Pharmacy Benefits

- Mandatory use of Generic drugs (difference is paid by member when generic is available but not chosen)
- No coverage for out-of-network pharmacies.
- Subject to deductible.
- Closed formulary.
- Cosmetic, weight loss and erectile dysfunction medications are *excluded*.
- Specialty drugs: infertility and growth hormone medications are *excluded*.

Specialty Network

These networks follow the Medica standard networks:

- American Chiropractic Network (ACN)
- Medica Behavioral Health (MBH)
- United Resource Network (URN)
- Delta Dental
- MedImpact

Claim Submission

Claims should be submitted to:

Medica
PO Box 30990
Salt Lake City, UT 84130

Electronic payer ID 94265

Claims Payment and Provider Explanations of Benefits (EOBs)

- Payments will be issued on a different schedule than payments for Medica’s other business. Payments will be issued, once per week, based on the first letter of the provider’s check name:

Monday	A-C
Tuesday	D-H
Wednesday	I-M
Thursday	N-R
Friday	S-Z, 0-9, any other characters

 - Generally, the provider’s check name will be the group name, e.g. ABC Clinic
 - Payments will not be bundled to one entity under the Alt Payee address. Payments will be made to the provider’s check name under the individual practitioner (see Q&A for more details).
 - A maximum of 9 claims will be paid per Provider EOB.
- Provider EOBs and ePRA/835 will **not** include 7-digit COSMOS provider number.
- Adjustment, denial and disallow codes will **not** be used for this business on Provider EOBs. Proprietary “Remark codes”, which are a combination of numbers and letters, will be used on Provider EOBs. Proprietary codes used on Provider EOBs are mapped to the ANSI X12 code set for the ePRA/835.