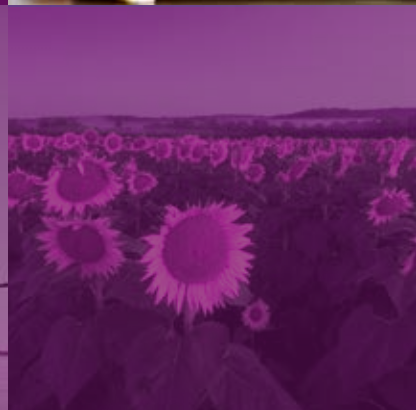




# INDIVIDUAL & FAMILY HEALTH PLANS

Sensible. Stable. Secure.



2018



KANSAS HEALTH PLANS SUMMARY

Valid January – December 2018

**MEDICA**<sup>®</sup>  
Individual & Family Health Plans

# MEDICA'S WIDE VARIETY OF HEALTH PLANS OFFER STABILITY FOR YOU AND YOUR FAMILY.

Choosing a health insurance plan is important. And that goes double for family and individual coverage. It's a choice you want to make sensibly. So you want a plan that fits your family's life, and your own personal style. Here in Kansas, you're in luck. **Say "hello" to Medica.**

With Medica, you choose from a wide variety of plans to find the one that works for your needs. And just like your favorite pair of shoes – a Medica plan feels right, fits good. And that's the way it should be. Medica plans are available as a one-person or family plan through the Health Insurance Marketplace.

Take a look through our entire portfolio of Kansas offerings—you'll discover that you can find your fit with Medica: secure coverage for you and your family.

## HERE'S HOW TO DO IT.

1. **Understand your network.** This determines who and where your care comes from. Note that not all networks are available in all areas.
2. **Choose your plan.** Decide if you want a copay plus, copay or health savings account (HSA) compatible plan. A catastrophic plan also may be available for those who qualify.
3. **Choose individual or family coverage.** Whether you need coverage for yourself or the whole family, we've got you covered. Plans are available to individuals to age 65. Dependent coverage to age 26. You decide how to cover your family — whether that's individual coverage for each family member — or a shared family plan. The choice is yours!
4. **Calculate your monthly premium.** Visit [healthcare.gov](https://www.healthcare.gov) to calculate your monthly premium and to find out if you're eligible for help to pay for your health plan.
5. **Sign up for coverage through the Health Insurance Marketplace.** You can only enroll in a plan during the annual open enrollment period (November 1 – December 15, 2017) or if you have a qualifying life event. There are 3 easy ways to sign up:



**Work with our sales team.** Give us a call at **1-844-577-5267**.



**Work with your Medica insurance agent.**



**Shop on your own.** Visit [medica.com](https://www.medica.com) to explore and compare plan options. To apply for a plan and determine if you're eligible for help to pay for your health plan, you must visit [healthcare.gov](https://www.healthcare.gov).



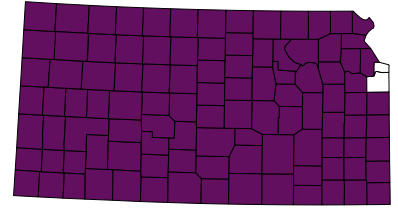


# MEDICA CONNECT<sup>SM</sup>

Connect Tiered Network

## AVAILABILITY

Available to individuals and families living throughout most of Kansas. Some counties are excluded including Johnson and Wyandotte. You must live within the Connect Tiered network service area to enroll in and remain in one of these plans.



## NETWORK SIZE

Statewide tiered network

## DETAILS

Broad tiered network that provides access to most doctors and hospitals across Kansas as well as parts of bordering states. The network includes:

### Tier 1 – Preferred Providers

- 32,000+ Primary and specialty care doctors
- 30+ Online and convenience care clinics
- 240+ Hospitals

### Tier 2 – Standard Providers

At this time, all providers in the Connect Tiered network are considered Tier 1 (Preferred) providers. Providers may shift to Tier 2 (Standard) providers throughout the year. It's important to confirm that your provider is in your plan's network before your first and each subsequent visit.

With a copay plus or copay plan, your benefits will vary depending on the provider you visit. You're free to see any provider, but you receive your highest level of benefits and typically the lowest out-of-pocket costs when you see Tier 1 – Preferred providers. With an HSA-compatible or catastrophic plan, your benefits are the same for network (tier 1 and 2) providers.

## SEARCH THE NETWORK

To search what health care systems and other providers are in the Connect Tiered network, visit [medica.com/connectnetwork](https://medica.com/connectnetwork).

**Note:** Tier 1 – Preferred and Tier 2 – Standard are network providers. Services received from tier 1 network providers will cross accumulate to your tier 1 and tier 2 network deductible and out-of-pocket maximum. Services received from tier 2 network providers will only accumulate to your tier 2 network deductible and out-of-pocket maximum. However, you're not required to pay more than your tier 2 amounts. Your network deductibles and out-of-pocket maximums do not cross accumulate with your out-of-network (tier 3) deductible and out-of-pocket maximum.



## TRAVELING? NO PROBLEM.

Health Benefits Take to the Road

You can access your network benefits nationwide when you travel outside your plan's service area and see a provider in our Travel Program. The program allows you to visit more than 4,500 hospitals, 80,000 care facilities and 700,000 providers nationwide through Multiplan's PHCS network and Medica's Choice network.

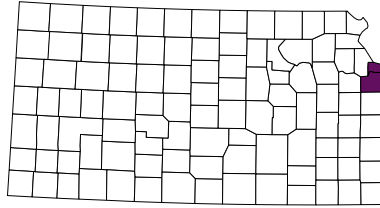
**The Travel Program is only available with the Medica Connect network.**

# SELECT BY MEDICA<sup>SM</sup>

Select Network Featuring Saint Luke's Health System

## AVAILABILITY

Available to individuals and families living in Johnson or Wyandotte county. You must live within the Select network service area to enroll in and remain in one of these plans.



## NETWORK SIZE

Localized network

## DETAILS

Large care system-based network that provides access to Saint Luke's Health System doctors plus others in the Kansas City region. The network includes:

- 800+ Primary and specialty care doctors
- 12+ Online and convenience care clinics
- 10+ Hospitals

It's important to note that unless it's an emergency, there is no coverage if you visit a provider who is not in the Select network. This means you will be responsible for the full cost of any care.

## SEARCH THE NETWORK

To search what health care systems and other providers are in the Select network, visit [medica.com/selectnetwork](https://medica.com/selectnetwork).



## CENTERS OF EXCELLENCE PROGRAM FEATURING MAYO CLINIC

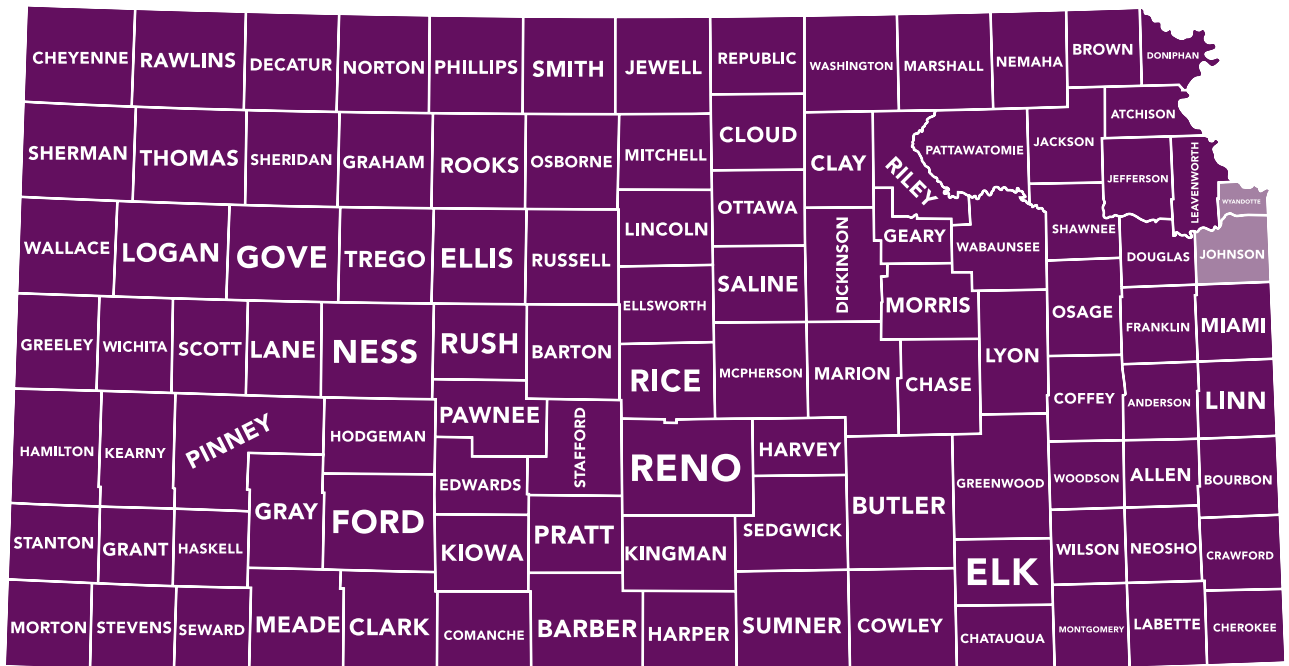
Get the care you need, when you need it.

You also have access to Mayo Clinic through the Centers of Excellence program. This program allows members to receive care for certain transplants, rare cancers and other complex medical conditions at Mayo Clinic. An allowance for transportation, lodging and living expenses for the patient and one travel companion also is included. So you can get the care you need, when you need it.

**The Centers of Excellence program is available with all networks.**

# SEE WHAT PLANS ARE AVAILABLE IN YOUR COUNTY.

Find the county where you live on the map below. Then, use the key to see what's available where you live – not all networks and plans are available in all areas.



- Medica Connect**
- Connect Tiered Network
- Gold Copay Plus
- Gold Copay
- Silver Copay  
(Including CSR variations)
- Bronze Copay
- Bronze HSA Plus
- Bronze HSA
- Catastrophic

- Select by Medica**
- Select Network
- Gold Copay Plus
- Gold Copay
- Silver Copay  
(Including CSR variations)
- Bronze Copay
- Bronze HSA Plus
- Bronze HSA
- Catastrophic

# GOLD COPAY PLUS PLANS

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered Network		Select by Medica Select Network
	Tier 1 – Preferred	Tier 2 – Standard	
<b>Deductible</b>	<b>Individual plan:</b> \$1,000 <b>Family plan:</b> \$3,000 shared family	<b>Individual plan:</b> \$1,500 <b>Family plan:</b> \$4,500 shared family	<b>Individual plan:</b> \$1,000 <b>Family plan:</b> \$3,000 shared family
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$5,000 <b>Family plan:</b> \$5,000 per family member or \$10,000 for the entire family	<b>Individual plan:</b> \$7,000 <b>Family plan:</b> \$7,000 per family member or \$14,000 for the entire family	<b>Individual plan:</b> \$5,000 <b>Family plan:</b> \$5,000 per family member or \$10,000 for the entire family
Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.			
<b>Preventive care</b>	No cost – 100% coverage		
<b>Office visits</b>	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$30 copay	<b>Primary care:</b> \$60 copay <b>Urgent care:</b> \$60 copay <b>Specialty care:</b> \$120 copay	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$30 copay
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$5 copay <b>Preferred brand:</b> \$35 copay <b>Non-preferred brand:</b> \$150 copay		<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$5 copay <b>Preferred brand:</b> \$35 copay <b>Non-preferred brand:</b> \$150 copay
<b>Convenience care visits</b>	\$10 copay	\$20 copay	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay
<b>Lab and X-ray services</b>	\$30 copay per visit. Copay waived if services performed during an office visit.	30% coinsurance after deductible	\$30 copay per visit. Copay waived if services performed during an office visit.
<b>Emergency room</b> (Facility charge only)	\$150 copay per visit	30% coinsurance after deductible	\$150 copay per visit
<b>Hospital services</b> (Inpatient facility charge only)	\$250 copay per day for the first 5 days; then no charge. Copay applies to inpatient facility charges only; professional fees apply toward deductible.	30% coinsurance after deductible	\$250 copay per day for the first 5 days; then no charge. Copay applies to inpatient facility charges only; professional fees apply toward deductible.
<b>Enhanced imaging tests</b> (e.g. MRI, PET scan)	\$250 copay per test	30% coinsurance after deductible	\$250 copay per test
<b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	30% coinsurance after deductible		

To see if these plans are available in your county, look at the map on page 6.

# GOLD COPAY PLANS

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered Network		Select by Medica Select Network
	Tier 1 – Preferred	Tier 2 – Standard	
<b>Deductible</b>	<b>Individual plan:</b> \$750 <b>Family plan:</b> \$2,250 shared family	<b>Individual plan:</b> \$1,500 <b>Family plan:</b> \$4,500 shared family	<b>Individual plan:</b> \$750 <b>Family plan:</b> \$2,250 shared family
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$6,000 <b>Family plan:</b> \$6,000 per family member or \$12,000 for the entire family	<b>Individual plan:</b> \$7,000 <b>Family plan:</b> \$7,000 per family member or \$14,000 for the entire family	<b>Individual plan:</b> \$6,000 <b>Family plan:</b> \$6,000 per family member or \$12,000 for the entire family
Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.			
<b>Preventive care</b>	No cost – 100% coverage		
<b>Office visits</b>	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay	<b>Primary care:</b> \$60 copay <b>Urgent care:</b> \$60 copay <b>Specialty care:</b> \$120 copay	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 30% coinsurance after deductible <b>Non-preferred brand:</b> 50% coinsurance after deductible		<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 30% coinsurance after deductible <b>Non-preferred brand:</b> 50% coinsurance after deductible
<b>Convenience care visits</b>	\$10 copay	\$20 copay	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	30% coinsurance after deductible		



# SILVER COPAY PLANS

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered Network		Select by Medica Select Network
	Tier 1 – Preferred	Tier 2 – Standard	
<b>Deductible</b>	<b>Individual plan:</b> \$3,500 <b>Family plan:</b> \$10,500 shared family	<b>Individual plan:</b> \$4,500 <b>Family plan:</b> \$13,500 shared family	<b>Individual plan:</b> \$3,500 <b>Family plan:</b> \$10,500 shared family
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$7,000 <b>Family plan:</b> \$7,000 per family member or \$14,000 for the entire family	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member or \$14,700 for the entire family	<b>Individual plan:</b> \$7,000 <b>Family plan:</b> \$7,000 per family member or \$14,000 for the entire family
Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.			
<b>Preventive care</b>	No cost – 100% coverage		
<b>Office visits</b>	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay	<b>Primary care:</b> \$60 copay <b>Urgent care:</b> \$60 copay <b>Specialty care:</b> \$120 copay	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 40% coinsurance after deductible <b>Non-preferred brand:</b> 60% coinsurance after deductible		<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 40% coinsurance after deductible <b>Non-preferred brand:</b> 60% coinsurance after deductible
<b>Convenience care visits</b>	\$10 copay	\$20 copay	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	40% coinsurance after deductible		

To see if these plans are available in your county, look at the map on page 6.

# SILVER COPAY 94% CSR PLAN

For Individuals & Families Who Meet Certain Income Requirements

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
Deductible	<b>Individual plan:</b> \$100 <b>Family plan:</b> \$300 shared family	
Out-of-pocket maximum	<b>Individual plan:</b> \$1,000 <b>Family plan:</b> \$1,000 per family member or \$2,000 for the entire family Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.	
Preventive care	No cost – 100% coverage	
Office visits	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ibpharmacy">medica.com/ibpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 5% coinsurance after deductible <b>Non-preferred brand:</b> 25% coinsurance after deductible	
Convenience care visits	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay	
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	5% coinsurance after deductible	

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.



## COST SHARE REDUCTION (CSR) PLAN OPTIONS

To enroll in a CSR plan, you must meet certain income requirements. CSR plans help reduce your out-of-pocket costs by providing you with a discount that lowers your deductibles, copays and coinsurance. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits. Learn if you qualify at [healthcare.gov](http://healthcare.gov).

# SILVER COPAY 87% CSR PLAN

For Individuals & Families Who Meet Certain Income Requirements

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
<b>Deductible</b>	<b>Individual plan:</b> \$500 <b>Family plan:</b> \$1,500 shared family	
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$2,000 <b>Family plan:</b> \$2,000 per family member or \$4,000 for the entire family  Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.	
<b>Preventive care</b>	No cost – 100% coverage	
<b>Office visits</b>	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 20% coinsurance after deductible <b>Non-preferred brand:</b> 40% coinsurance after deductible	
<b>Convenience care visits</b>	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay	
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	20% coinsurance after deductible	

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.

# SILVER COPAY 73% CSR PLAN

For Individuals & Families Who Meet Certain Income Requirements

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
<b>Deductible</b>	<b>Individual plan:</b> \$2,500 <b>Family plan:</b> \$7,500 shared family	
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$5,850 <b>Family plan:</b> \$5,850 per family member or \$11,700 for the entire family Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.	
<b>Preventive care</b>	No cost – 100% coverage	
<b>Office visits</b>	<b>Primary care:</b> \$30 copay <b>Urgent care:</b> \$30 copay <b>Specialty care:</b> \$60 copay	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$5 copay <b>Generic:</b> \$10 copay <b>Preferred brand:</b> 30% coinsurance after deductible <b>Non-preferred brand:</b> 50% coinsurance after deductible	
<b>Convenience care visits</b>	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay	
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	30% coinsurance after deductible	

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.

# BRONZE COPAY PLANS

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered Network		Select by Medica Select Network
	Tier 1 – Preferred	Tier 2 – Standard	
<b>Deductible</b>	<b>Individual plan:</b> \$6,850 <b>Family plan:</b> \$13,700 shared family	<b>Individual plan:</b> \$6,850 <b>Family plan:</b> \$13,700 shared family	<b>Individual plan:</b> \$6,850 <b>Family plan:</b> \$13,700 shared family
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member or \$14,700 for the entire family	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member or \$14,700 for the entire family	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member or \$14,700 for the entire family
Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.			
<b>Preventive care</b>	No cost – 100% coverage		
<b>Office visits</b>	<b>Primary care:</b> \$80 copay <b>Urgent care:</b> \$80 copay <b>Specialty care:</b> \$150 copay	<b>Primary care:</b> \$120 copay <b>Urgent care:</b> \$120 copay <b>Specialty care:</b> \$225 copay	<b>Primary care:</b> \$80 copay <b>Urgent care:</b> \$80 copay <b>Specialty care:</b> \$150 copay
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> \$10 copay <b>Generic:</b> \$20 copay <b>Preferred brand:</b> 50% coinsurance after deductible <b>Non-preferred brand:</b> 70% coinsurance after deductible		<b>Preferred generic:</b> \$10 copay <b>Generic:</b> \$20 copay <b>Preferred brand:</b> 50% coinsurance after deductible <b>Non-preferred brand:</b> 70% coinsurance after deductible
<b>Convenience care visits</b>	\$10 copay	\$20 copay	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay
<b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	50% coinsurance after deductible		

To see if these plans are available in your county, look at the map on page 6.

# BRONZE HSA PLUS PLAN

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
<b>Deductible</b>	<b>Individual plan:</b> \$2,600 <b>Family plan:</b> \$5,200 shared family	
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$6,650 <b>Family plan:</b> \$6,650 per family member or \$13,300 for the entire family  Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.	
<b>Preventive care</b>	No cost – 100% coverage	
<b>Office visits</b>	<b>Primary, urgent, and specialty care:</b> 40% coinsurance after deductible	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	<b>Preferred generic:</b> 40% coinsurance after deductible <b>Generic:</b> 40% coinsurance after deductible <b>Preferred brand:</b> 40% coinsurance after deductible <b>Non-preferred brand:</b> 40% coinsurance after deductible	
<b>Convenience care visits</b> <b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	40% coinsurance after deductible	

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.



## BENEFITS OF A HEALTH SAVINGS ACCOUNT (HSA)

The Bronze HSA Plus and Bronze HSA plans can be paired with an HSA – which is a special savings account for IRS-approved medical expenses. It's not mandatory to have an HSA paired with these plans; however, it can be a great benefit to you! You decide when to use it on IRS-approved medical expenses and may receive tax savings at the same time. Money in your HSA belongs to you. If you change employers or health plans, retire or move, you take your account with you. Plus any unused balance rolls over from year to year. With a Medica HSA-compatible plan **you can choose any administrator (typically a bank) to manage your HSA.**

Learn more about the benefits of an HSA or how to open an account by visiting [medica.com/hsa](http://medica.com/hsa).

# BRONZE HSA PLAN

For Individuals & Families

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
<b>Deductible</b>	<b>Individual plan:</b> \$6,000 <b>Family plan:</b> \$12,000 shared family	
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$6,650 <b>Family plan:</b> \$6,650 per family member or \$13,300 for the entire family  Family plan has an embedded individual out-of-pocket maximum. This means each covered family member only needs to satisfy their individual out-of-pocket maximum, not the entire family amount, before receiving 100 percent coverage.	
<b>Preventive care</b>	No cost – 100% coverage	
<b>Office visits</b>	<b>Primary, urgent, and specialty care:</b> 20% coinsurance after deductible	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ibfpharmacy">medica.com/ibfpharmacy</a>	<b>Preferred generic:</b> 20% coinsurance after deductible <b>Generic:</b> 20% coinsurance after deductible <b>Preferred brand:</b> 20% coinsurance after deductible <b>Non-preferred brand:</b> 20% coinsurance after deductible	
<b>Convenience care visits</b> <b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Maternity</b> <b>Other eligible health care services</b>	20% coinsurance after deductible	

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.

# CATASTROPHIC

For Individuals & Families Under Age 30 or Those With an Eligible Exemption

NETWORK BENEFITS	Medica Connect Connect Tiered <sup>1</sup> Network	Select by Medica Select Network
<b>Deductible</b>	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member, or \$14,700 for the entire family	
<b>Out-of-pocket maximum</b>	<b>Individual plan:</b> \$7,350 <b>Family plan:</b> \$7,350 per family member, or \$14,700 for the entire family  This plan has an embedded individual deductible and out-of-pocket maximum. This means each covered family member only needs to satisfy their individual deductible and out-of-pocket maximum not the entire family amount before receiving benefits.	
<b>Preventive care</b>	No cost – 100% coverage	
<b>Primary care office visits</b>	\$30 copay first 3* visits per person per calendar year. After 3rd, 0% coinsurance after deductible	
<b>Prescription drugs</b> (Medica Drug List)  To see how your drugs are covered visit <a href="http://medica.com/ibfbpharmacy">medica.com/ibfbpharmacy</a>	<b>Preferred generic:</b> 0% coinsurance after deductible <b>Generic:</b> 0% coinsurance after deductible <b>Preferred brand:</b> 0% coinsurance after deductible <b>Non-preferred brand:</b> 0% coinsurance after deductible	
<b>Convenience care visits</b>	<b>Preferred providers:</b> \$10 copay <b>Standard providers:</b> \$20 copay Limited to first 3* visits per person per calendar year. After 3rd visit, 0% coinsurance after deductible.	
<b>Specialty care office visits</b> <b>Urgent care visits</b> <b>Enhanced imaging tests</b> (e.g. MRI, PET scan) <b>Ambulance</b> <b>Surgery</b> <b>Home health care</b> <b>Lab and X-ray services</b> <b>Emergency room</b> <b>Hospital services</b> <b>Maternity</b> <b>Other eligible health care services</b>	0% coinsurance after deductible	

**Details**

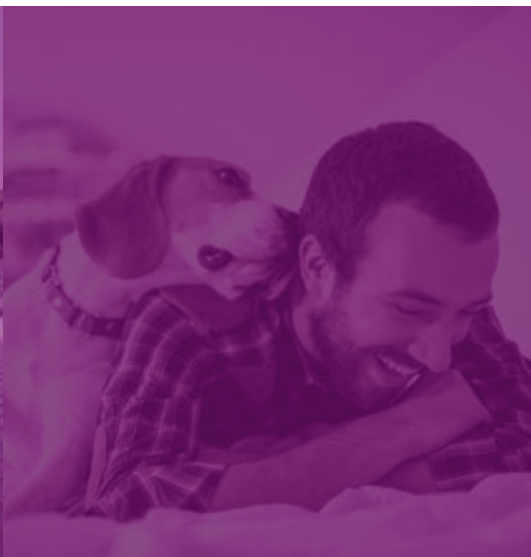
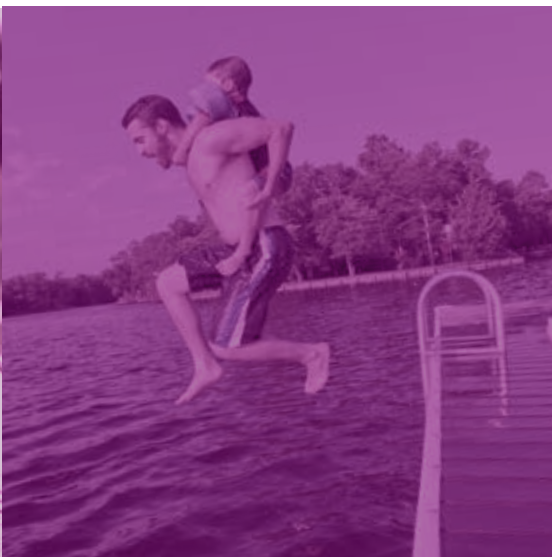
\* Primary and convenience care subject to combined 3 visit maximum per person per calendar year.

<sup>1</sup>**Connect Tiered Network:** For Copay CSR, HSA-Compatible and Catastrophic plans, your benefits are the same for Tier 1 and Tier 2 providers.



# 2018 OUT-OF-NETWORK DETAILS

OUT-OF-NETWORK BENEFITS	<b>Medica Connect</b> Connect Tiered Network	<b>Select by Medica</b> Select Network
COPAY PLUS, COPAY, HSA-COMPATIBLE AND CATASTROPHIC PLANS		
Deductible	<b>Individual:</b> \$20,000 <b>Family:</b> \$40,000	
Out-of-pocket maximum	There is no maximum for out-of-network services	
Benefit coverage	50% coinsurance after deductible	No out-of-network coverage.
Exclusions	If you visit an out-of-network health care provider, certain services may be excluded or limited. Please see a policy on <a href="http://medica.com">medica.com</a> for details.	
Other Details	If you choose to receive services or supplies from an out-of-network providers, you are responsible for any differences between Medica's non-network reimbursement amounts (generally based on a fee schedule) and the charges billed by the non-network provider. That means your out-of-pocket costs can be much higher.	If you choose to receive services or supplies from an out-of-network provider, you are responsible for the full cost of these services.



# OTHER IMPORTANT INFORMATION

## Eligibility and Requirements

To qualify for a Medica plan, you must be a resident of Kansas, and not eligible for or enrolled in Medicare.

## Understanding Benefits and Coverage Details

This brochure is a brief overview of the plans. For complete benefit details, limitations, and exclusions please see a Medica insurance policy. This can be found by visiting [medica.com](https://www.medica.com) or requesting a paper copy by calling **1-844-577-5267**.

## Prior Approvals and Excluded Services

Some services and procedures require prior approval from Medica before they are covered. Services not covered include, but are not limited to, custodial care, adult eyewear, most dental services, cosmetic services, refractive eye surgery, those received while on military duty, and services that are investigational or not medically necessary. For a complete list see a Medica insurance policy available on [medica.com](https://www.medica.com) or call **1-844-577-5267**.

## Pediatric Dental is Not Covered

These policies do not include pediatric dental services. Pediatric dental is an essential health benefit that can be purchased as a standalone product through the Health Insurance Marketplace. For more information visit [healthcare.gov](https://www.healthcare.gov).

## Deductible and Out-Of-Pocket Maximum Details

The deductible and out-of-pocket maximum are subject to a “cost of living” increase on a yearly basis. This increase is tied to the Consumer Price Index and/or may result from adjustments needed to keep plans within the range for a given metal level; metal levels (e.g., Gold, Silver, Bronze) must always be in compliance with the Affordable Care Act (ACA) for Qualified Health Plans (QHPs).

## Medica Drug List

To help keep your share of the costs at their lowest, our plans cover drugs on the Medica Drug List. This list is comprised of drugs that provide the most value and have proven safety and effectiveness. To see what drugs are covered, please visit [medica.com/ifbpharmacy](https://www.medica.com/ifbpharmacy).

## Health Management Programs

These plans include programs to help individuals with certain health conditions manage their overall health care and treatment. Find more information about the programs and services available by visiting [medica.com](https://www.medica.com).

## Health Insurance Marketplace and Cost Share Reduction Plans

You may be able to receive help paying your health insurance premium or qualify for plans with reduced deductibles and copays. Plans with reduced deductibles and copays are called Cost Share Reduction plans. You can get this assistance if you get health insurance through the Health Insurance Marketplace, your income is below a certain level, and you choose a health plan from the Silver plan category. Reduced cost sharing is not available with a Catastrophic plan. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits. To see if you're eligible, please visit [healthcare.gov](https://www.healthcare.gov).

## Medica Privacy Notice

Medica takes its responsibility of protecting your personal information seriously. Where possible, Medica de-identifies or encrypts personal information. We use and disclose personal information only to the extent necessary to conduct treatment, payment and health care operations, or to comply with legal, regulatory or accreditation requirements. Medica's full Privacy Notice is available upon request by calling **1-844-577-5267** or by going to [medica.com](https://www.medica.com).

### Discrimination is Against the Law

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, call the number included in this document or on the back of your Medica ID card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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إذا كنت ترغب في مساعدة مجانية لترجمة هذا المستند، فاتصل على الرقم 1-800-952-3455.

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이 문서를 번역하는 데 무료로 도움을 받고 싶으시면 1-800-952-3455로 전화하십시오.

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## GOT QUESTIONS? CONTACT US.

Call **1-844-577-5267**

Monday – Thursday 8 a.m. to 5 p.m. Central and Fridays 9 a.m. to 5 p.m. Central  
TTY users, call 711.

Email:

**medicaindividualproducts@medica.com**

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**medica.com**

Visit us at one of our office locations:

### **Minnetonka, Minnesota Corporate Office**

401 Carlson Parkway  
Minnetonka, MN 55305

### **Omaha, Nebraska Retail Office**

331 Village Pointe Plaza #304  
Omaha, NE 68118

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**MEDICA**<sup>®</sup>  
Individual & Family Health Plans



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