Marketplace Plans: Options and Information

2019 IOWA HEALTH PLANS PORTFOLIO

ENROLLING IN INDIVIDUAL & FAMILY PLANS

Health Insurance Marketplace
As a Midwestern, not-for-profit health insurance plan we’ve been putting the needs of our members at the forefront of everything we do for more than 40 years.

Take comfort in knowing Medica is on your side. We know you want affordability and options. We also know you want to choose your doctor. Medica plans are designed to let you personalize your coverage to meet your unique needs and preferences.

Take a look through our entire portfolio of Iowa offerings — you’ll discover that you can find your fit with Medica.
STEPS TO PERSONALIZING YOUR COVERAGE

1. Determine what’s available where you live.
   Not all products are available in all areas.

2. Choose your network.
   Decide who and where your care comes from.

3. Choose your plan.
   Decide if you want a share, copay or health savings account (HSA) compatible plan. Cost share reduction and catastrophic plans may also be available for those who qualify.

4. Choose individual or family coverage.
   Plans are available for 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.

5. Calculate your monthly premium.
   Visit medica.com/IndividualPlansIA to calculate your monthly premium and to find out if you’re eligible for help to pay for your health plan. Your estimated household income and other household information determine what you qualify for.
WHERE YOU LIVE DETERMINES WHAT’S AVAILABLE TO YOU.

MEDICA INSURE<sup>SM</sup>
Insure Tiered Network
Available in all Iowa counties.

ELEVATE BY MEDICA<sup>SM</sup>
Elevate Network
Available in Mills and Pottawattamie counties.

INSPIRE BY MEDICA<sup>SM</sup>
Inspire Network
Available in Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Dubuque, Fayette, Greene, Grundy, Iowa, Jackson, Jones, Linn, Marshall, Muscatine, Polk, Scott, Tama, Warren and Woodbury counties.

MEDICA WITH CHI HEALTH<sup>SM</sup>
Medica with CHI Health Network
Available in Harrison and Pottawattamie counties.
This is who and where your care comes from. You have the option to choose a broad tiered network that will give you access to the largest system of providers. Or, you may be able to choose a large care-system network that will provide you with significant cost savings.
**Broad Provider Network Option**
This network is tiered with access to the largest number of providers.

**MEDICA INSURE℠**
Insure Tiered Network

**AVAILABILITY**
For individuals and families living throughout Iowa — see page 4 for the complete county list.

**CARE DETAILS**
Provides access to most doctors and hospitals throughout Iowa, Nebraska, as well as parts of bordering states. The network includes:

**Tier 1 – Preferred Providers**
- 8,290+ Primary and specialty care doctors
- 55+ Online and convenience care clinics
- 133+ Hospitals

Including the following health care systems, and other providers:
- Avera Health
- Boys Town
- Bryan Health
- CHI Health
- Children’s Hospital & Medical Center
- Children’s Physicians
- Genesis Health Group
- Genesis Health System
- Great River Medical Center
- Great River Physicians & Clinics
- Mary Lanning Health Care
- Mercy Iowa City PHO
- Methodist Health System
- UnityPoint Health
- University of Iowa

**Tier 2 – Standard Providers**
- 8,136+ Primary and specialty care doctors
- 43+ Online and convenience care clinics
- 142+ Hospitals

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

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**Care System Provider Network Options**
These networks are localized, but the benefits are significant.

**ELEVATE BY MEDICA℠**
Elevate Network

**AVAILABILITY**
For individuals and families living in the Council Bluffs metro area — see page 4 for the complete county list.

**CARE DETAILS**
Provides access to Methodist Health System and Nebraska Medicine doctors plus others in southwestern Iowa and southeastern to central Nebraska.

The network includes:
- 1,900+ Primary and specialty care doctors
- 70+ Online and convenience care clinics
- 6+ Hospitals

Including the following health care systems, and other providers:
- Methodist Health System
- Nebraska Medicine

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**Search the**
INSPIRE BY MEDICA℠
Inspire Network

AVAILABILITY
For individuals and families living in select Iowa counties — see page 4 for the complete county list.

CARE DETAILS
Provides access to UnityPoint Health doctors plus others across Iowa.

The network includes:
- 3,300+ Primary and specialty care doctors
- 7+ Online and convenience care clinics
- 39+ Hospitals

Including the following health care systems, and other providers:
- Allen Hospital
- Blank Children’s Hospital
- Grand River Medical Group
- Greater Regional Medical Center
- Greene County Medical Center
- Grinnell Regional Medical Center
- Jones Regional Medical Center
- Trinity Regional Medical Center
- Unity Physicians Clinic
- UnityPoint Health

MEDICA WITH CHI HEALTH℠
Medica with CHI Health Network

AVAILABILITY
For individuals and families living in the Council Bluffs metro area — see page 4 for the complete county list.

CARE DETAILS
Provides access to CHI Health doctors plus others throughout southwestern Iowa and southeastern to central Nebraska.

The network includes:
- 1,400+ Primary and specialty care doctors
- 8+ Online and convenience care clinics
- 30+ Hospitals

Including the following health care systems, and other providers:
- Alegent Creighton Health
- Boys Town
- CHI Health

To search what health care systems and other providers are in the network, use the online search tool at medica.com/IndividualPlansIA. Unless it’s an emergency, there is no coverage if you visit a provider who’s not in the network. This means you’ll be responsible for the full cost of any care.
### SHARE PLAN

#### GOLD SHARE
Elevate by Medica

<table>
<thead>
<tr>
<th>NETWORK BENEFITS</th>
<th>TIER 1 – PREFERRED</th>
<th>TIER 2 – STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Individual plan: $500</td>
<td>Individual plan: $750</td>
</tr>
<tr>
<td></td>
<td>Family plan: $1,500 shared family</td>
<td>Individual plan: $1,500</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
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<td>Family plan: $6,500 per family member or $13,000 for the entire family</td>
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<tr>
<td>Online care – virtuwell.com</td>
<td>35% coinsurance after deductible</td>
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<tr>
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<tr>
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<td>Other eligible health care services</td>
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### COPAY PLANS

#### GOLD COPAY*
Medica Insure

<table>
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<tr>
<th>NETWORK BENEFITS</th>
<th>TIER 1 – PREFERRED</th>
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<tbody>
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<td>Out-of-pocket maximum</td>
<td>Individual plan: $6,500</td>
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<tr>
<td><strong>TIER 1 – PREFERRED</strong></td>
<td><strong>TIER 2 – STANDARD</strong></td>
<td><strong>TIER 1 – PREFERRED</strong></td>
</tr>
<tr>
<td><strong>Individual plan:</strong> $750</td>
<td><strong>Individual plan:</strong> $3,700</td>
<td><strong>Individual plan:</strong> $3,700</td>
</tr>
<tr>
<td><strong>Family plan:</strong> $2,250 shared family</td>
<td><strong>Family plan:</strong> $11,100 shared family</td>
<td><strong>Family plan:</strong> $11,100 shared family</td>
</tr>
<tr>
<td><strong>Individual plan:</strong> $6,500</td>
<td><strong>Individual plan:</strong> $7,600</td>
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</tr>
<tr>
<td><strong>Family plan:</strong> $6,500 per family member or $13,000 for the entire family</td>
<td><strong>Family plan:</strong> $7,600 per family member or $15,200 for the entire family</td>
<td><strong>Family plan:</strong> $7,600 per family member or $15,200 for the entire family</td>
</tr>
</tbody>
</table>

**You pay nothing – 100% coverage**

- $30 copay
- $20 copay
- $20 copay
- $60 copay
- $5 copay
- $15 copay
- $70 copay
- 50% coinsurance after deductible
- 60% coinsurance after deductible
- 60% coinsurance after deductible
- 60% coinsurance after deductible

**30% coinsurance after deductible**

- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible
- 40% coinsurance after deductible

**Out-of-pocket maximum**

- Individual plan: $6,500
- Family plan: $6,500 per family member or $13,000 for the entire family
- Individual plan: $6,500
- Family plan: $6,500 per family member or $13,000 for the entire family
- Individual plan: $7,600
- Family plan: $7,600 per family member or $15,200 for the entire family
- Individual plan: $7,600
- Family plan: $7,600 per family member or $15,200 for the entire family

**OFFICE VISITS**

- Preventive care: You pay nothing – 100% coverage
- Primary and urgent care: 35% coinsurance after deductible, $30 copay
- Online care - virtuwell.com: 35% coinsurance after deductible, $20 copay
- Convenience or retail care: 35% coinsurance after deductible, $20 copay
- Specialty care: 35% coinsurance after deductible, $60 copay

**PRESCRIPTION DRUGS (MEDICA DRUG LIST)**

- Preferred generic: $5 copay
- Generic: $15 copay
- Preferred brand: $70 copay
- Non-preferred brand: 50% coinsurance after deductible

**MEDICAL SERVICES**

- Lab, X-rays and imaging services: 35% coinsurance after deductible, 30% coinsurance after deductible
- Emergency room services: 35% coinsurance after deductible, 30% coinsurance after deductible
- Emergency medical transportation: 35% coinsurance after deductible, 30% coinsurance after deductible
- Hospital services: 35% coinsurance after deductible, 30% coinsurance after deductible
- Maternity: 35% coinsurance after deductible, 30% coinsurance after deductible
- Home health care, rehabilitation services, habilitation services and skilled nursing care: 35% coinsurance after deductible, 30% coinsurance after deductible
- Other eligible health care services: 35% coinsurance after deductible, 30% coinsurance after deductible

**三级 一 Preferred 二 Standard**

TIER 1 - PREFERRED TIER 2 - STANDARD

- Individual plan: $750
- Family plan: $2,250 shared family
- Individual plan: $6,500
- Family plan: $6,500 per family member or $13,000 for the entire family
- Individual plan: $3,700
- Family plan: $11,100 shared family
- Individual plan: $7,600
- Family plan: $7,600 per family member or $15,200 for the entire family
- Individual plan: $4,700
- Family plan: $14,100 shared family
- Individual plan: $7,900
- Family plan: $7,900 per family member or $15,800 for the entire family
- Individual plan: $7,600
- Family plan: $14,100 shared family
- Individual plan: $7,600
- Family plan: $15,200 per family member or $30,400 for the entire family
- Individual plan: $7,600
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- Family plan: $15,200 per family member or $30,400 for the entire family
## Share, Copay & HSA-Compatible Plans Comparison

For Individuals & Families

<table>
<thead>
<tr>
<th>NETWORK BENEFITS</th>
<th>BRONZE COPAY</th>
<th>TIER 1 – PREFERRED</th>
<th>TIER 2 – STANDARD</th>
<th>BRONZE HSA PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Individual plan: $6,850</td>
<td>Family plan: $13,700 shared family</td>
<td>Individual plan: $6,850</td>
<td>Family plan: $13,700 shared family</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>Individual plan: $7,900</td>
<td>Family plan: $7,900 per family member or $15,800 for the entire family</td>
<td>Individual plan: $7,900</td>
<td>Family plan: $7,900 per family member or $15,800 for the entire family</td>
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<tr>
<td>Primary and urgent care</td>
<td>$80 copay</td>
<td>$160 copay</td>
<td>$80 copay</td>
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<tr>
<td>Online care – virtuwell.com</td>
<td>$20 copay</td>
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<td>$150 copay</td>
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### PRESCRIPTION DRUGS (MEDICA DRUG LIST)

<table>
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<tr>
<th>Preferred generic</th>
<th>$10 copay</th>
<th>$10 copay</th>
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<tbody>
<tr>
<td>Generic</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$160 copay</td>
<td>$160 copay</td>
<td>$160 copay</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>70% coinsurance after deductible</td>
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### MEDICAL SERVICES

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<th>Lab, X-rays and imaging services</th>
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<tr>
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**PRESCRIPTION DRUG COVERAGE**

Our plans include a range of convenient services and options for filling and managing your prescriptions. Here are some features to keep in mind:

**Medica Drug List.** To help keep your share of the costs at their lowest, our plans cover drugs on the Medica Drug List. The list includes drugs that provide the most value and have proven safety and effectiveness. Your cost will vary depending on which tier your drug belongs to.

**Network Pharmacy.** For your plan to cover a drug on the drug list, you need to visit a network pharmacy. Our pharmacy network includes more than 64,000 pharmacies nationwide including most major chains and thousands of independent pharmacies.

**90-Day Refill Option.** You can get a 90-day supply of a drug that you take regularly. Pick it up at a network pharmacy — or have it sent through the mail, with no shipping or handling fees.

**Search the Drug List or Find a Pharmacy**

To see what drugs are covered or to find a network pharmacy, use the online search tool at medica.com/IndividualPlansIA.
## Catastrophic & Cost Share Reduction Plans Comparison

For Individuals & Families Who Meet Certain Income or Age Requirements

<table>
<thead>
<tr>
<th>NETWORK BENEFITS</th>
<th>CATASTROPHIC</th>
<th>COST SHARE REDUCTION PLANS</th>
<th>SILVER COPAY 94%</th>
<th>SILVER COPAY 87%</th>
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<tbody>
<tr>
<td></td>
<td>All Products</td>
<td></td>
<td>Inspire by Medica</td>
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<tr>
<td>Deductible</td>
<td>Individual plan: $7,900</td>
<td>Individual plan: $100</td>
<td>Individual plan: $500</td>
<td>Individual plan: $1,500 shared family</td>
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<tr>
<td></td>
<td>Family plan: $7,900 per family member or $15,800 for the entire family</td>
<td>Family plan: $300 shared family</td>
<td>Family plan: $1,500 per family member or $3,000 for the entire family</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>Individual plan: $7,900</td>
<td>Individual plan: $650</td>
<td>Individual plan: $1,500</td>
<td>Individual plan: $1,500 per family member or $3,000 for the entire family</td>
</tr>
<tr>
<td></td>
<td>Family plan: $7,900 per family member or $15,800 for the entire family</td>
<td>Family plan: $650 per family member or $1,300 for the entire family</td>
<td></td>
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</tr>
</tbody>
</table>

### OFFICE VISITS

| Preventive care | You pay nothing – 100% coverage | You pay nothing – 100% coverage | You pay nothing – 100% coverage |
| Primary and urgent care | $30 copay for the first 3 visits | $30 copay | $30 copay |
| Online care – virtuwell.com | $20 copay for the first 3 visits | $20 copay | $20 copay |
| Convenience or retail care | $20 copay for the first 3 visits | $20 copay | $20 copay |
| Specialty care | 0% coinsurance after deductible | $60 copay | $60 copay |

### PRESCRIPTION DRUGS (MEDICA DRUG LIST)

| Preferred generic | 0% coinsurance after deductible | $10 copay | $10 copay |
| Generic | 0% coinsurance after deductible | $20 copay | $20 copay |
| Preferred brand | 0% coinsurance after deductible | $120 copay | $120 copay |
| Non-preferred brand | 0% coinsurance after deductible | 25% coinsurance after deductible | 40% coinsurance after deductible |

### MEDICAL SERVICES

| Lab, X-rays and imaging services | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency room services | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency medical transportation | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| (e.g. Ambulance) | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Hospital services | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| (Facility & physicians services) | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Maternity | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| (Delivery & inpatient services) | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Home health care, rehabilitation services, habilitation services and skilled nursing care | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
| Other eligible health care services | 0% coinsurance after deductible | 5% coinsurance after deductible | 20% coinsurance after deductible |
WHO CAN BUY CATASTROPHIC AND COST SHARE REDUCTION PLANS

You must meet certain age or income requirements to enroll in these plans. We’ve listed some general requirements below.

**Catastrophic Plan.** For individuals and families under 30 or with a hardship exemption based on insurance being unaffordable.

**Cost Share Reduction Plans.** For individuals and families who meet specific income requirements. Your household size and income will determine which plan you qualify for; silver copay 94%, silver copay 87% or silver copay 73%. If you’re a member of a federally recognized American Indian tribe, you may qualify for additional cost-sharing reductions (not shown in this brochure).

### QUALIFYING GUIDELINES

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $48,560</td>
</tr>
<tr>
<td>2</td>
<td>Up to $65,840</td>
</tr>
<tr>
<td>3</td>
<td>Up to $83,120</td>
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<tr>
<td>4</td>
<td>Up to $100,400</td>
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<tr>
<td>5</td>
<td>Up to $117,680</td>
</tr>
<tr>
<td>6</td>
<td>Up to $134,960</td>
</tr>
</tbody>
</table>

**Find Out If You Can Get Help Paying for Your Plan**

To see what you qualify for, you must complete an application through the Health Insurance Marketplace. Get started at medica.com/IndividualPlansIA.
EXTRAS TO MAKE YOUR PLAN EVEN BETTER

A great plan is only one piece of the puzzle when it comes to maintaining your health. So we provide you with the extra resources you need to stay healthy each and every day.

**Nationwide Travel Network**
You can take your coverage with you when you travel within the United States and enjoy access to your network benefits. Whether it’s a quick trip or an extended stay, you’re covered when traveling outside your plan’s service area and use a Travel Program provider for your care.

**Personal Support Services**
Specially trained Personal Health Advocates can help you tackle health-related questions — from finding the right doctor to resolving claims questions. They can even help you make an appointment with a hard-to-reach doctor. This service is confidential — and provided at no additional cost.
24/7 NurseLine

Nurse line services provide you with a place to turn 24/7 for trusted advice and information when you need it most. Highly-trained nurses are available to help answer your questions about symptoms, medications and health conditions, and offer self-care tips for non-urgent concerns. This service is provided at no additional cost.

Online Care Available 24/7

Quick, convenient treatment online for everyday medical conditions through virtuwell.com. Often in 30 minutes or less, you can get a diagnosis, treatment plan and prescription if needed. Plus, if they can’t treat you, there’s no charge.

Centers of Excellence Program

Receive care for transplants, certain rare cancers and other complex medical conditions at Mayo Clinic or the University of Iowa (Inspire members only). For transplants, an allowance for transportation, lodging and living expenses also included. Before you use the program, you need a referral from your network doctor and approval from Medica.

Health Programs

Online health programs to motivate and support you to make the changes you want in your health — get fit, eat healthier, manage stress and find direction for your life. Earn points as you participate that you can redeem for whatever motivates you most: raffle tickets, local deals or charity. You may even be eligible to earn gift card rewards. This service is provided at no additional cost.

Fitness Deals

Access to fitness deals on personal training and health clubs in your community.
There are two enrollment periods when you can buy a plan:

**Open Enrollment Period**
The period each year anyone can enroll in a plan. For coverage that starts in 2019, this period is November 1 through December 15, 2018.

**Special Enrollment Period**
A 60-day period outside of the Open Enrollment Period when you can enroll in a plan. You only qualify if you experience certain life events like getting married, losing coverage, moving, having a baby, or adopting a child.

READY TO ENROLL?

**CHECKLIST**

Gather this information for each person applying before you start your application:

- Social Security number and date of birth (everyone in the household, not just those applying)
- Driver’s license, Tribal ID, Green Card or other ID
- Last year’s tax forms (1040EZ or 1040)
- Two most recent pay stubs
- Documents for other sources of income (social security, unemployment, self-employment, etc.)
- W2 form or Employer Tax ID Number
- Employer’s address and contact information
- Information about any employer-sponsored health insurance available
THERE ARE FOUR EASY WAYS TO SIGN UP:

**ONLINE**

Visit medica.com/IndividualPlansIA. Then, follow these steps to apply:

1. **Create or log in to your account**
   If you’re a new user, you’ll need to create an account and provide some basic demographic information.

   **Returning user?** Log in to your account and select your 2019 application. Then, follow the steps to update and confirm your information.

2. **Review your Eligibility Results**
   After you submit your information, you’ll receive your Eligibility Results. Your results will highlight if you’re eligible for a tax credit to lower your monthly premiums and out-of-pocket costs. If eligible, it will show you how much you can save.

3. **Pick your plan**
   Next, you’ll see all the health insurance plans available in your area.

4. **Enroll in your plan**
   Select your preferred plan and follow the steps to enroll.

**OVER THE PHONE**

Call 1-844-752-6742 (TTY:711) to apply for a health insurance plan and enroll over the phone. A Medica Sales Consultant can help you shop, compare plans and enroll in coverage.

**WITH YOUR AGENT**

If you work with a licensed agent, they’re your best resource to help you make your plan selection and enroll in coverage.

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Working with a sales consultant or agent to complete your application?

Make sure you include their agent (NPN) number on your application.
WHAT TO EXPECT AFTER ENROLLMENT

What’s next after you enroll in Medica coverage online, with your agent, over the phone or in-person? Here’s a quick summary of the materials you’ll receive from us so you can start using your plan.
Pay your first month’s premium. To activate your coverage, you must make your payment. You have two options:

» Pay online. Visit medica.com/Payments to pay electronically with your bank account or credit card.

» Mail your payment. We’ll send you a pending payment letter with instructions on how to send in your payment.

What Medica is doing:

- Reviewing your application and setting up your policy. We’ll contact you if we need more information.

- Creating your ID card. You’ll receive your card 7-10 days after we process your first month’s premium payment.

- Building your Welcome Kit. You’ll receive your kit 7-10 days after we process your first month’s premium payment. It includes information to help you get the most from your plan.

What you can do:

- Register for your secure member site. After you receive your ID card, visit medica.com/IndividualLogin to register. Your site is your one-stop resource for the information you need to manage your health plan benefits and help improve your health.

  » View your ID card.
  » See what’s covered by your plan, including important plan documents.
  » Track your plan balances, such as your deductible and out-of-pocket maximum.
  » Track your claims and explanation of benefits (EOB).
  » Look up prices for prescriptions.
  » Wellness tools and support.
  » Check to see if a doctor or other health care provider is in your plan’s network.
  » Pay your premium.
Eligibility and Requirements
To qualify for a Medica plan, you must be a resident of Iowa, and not eligible for or enrolled in Medicare. You also must live within your selected network’s service area to enroll in and remain in the plan.

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/IndividualPlansIA or request a paper copy by calling 1-844-752-6742.

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, costs covered by a drug manufacturer savings card, 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/IndividualPlansIA or call 1-844-752-6742.

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.

Member Complex Case Management
We have services and programs designed to help members with certain health conditions manage their overall care and treatment. Find more information about the programs and services available by visiting medica.com.

Health Savings Account
The Bronze HSA Plus and Bronze HSA plan can be paired with a health savings account (HSA) — which is a special savings account for IRS-approved medical expenses. HSA CSR plans cannot be paired with an HSA. Learn more about the benefits of an HSA or how to open an account by visiting medica.com/hsa.
Receiving Care Outside Your Network

Unless it’s an emergency, there is no coverage if you visit a provider that is not in your network. This means you’ll be responsible for the full cost of any care or supplies. Please see a policy on medica.com/IndividualPlansIA for details.

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 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.

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 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 healthcare operations, or to comply with legal, regulatory or accreditation requirements. Medica’s full Privacy Notice is available upon request by calling 1-844-752-6742 or by going to medica.com/Privacy.
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.

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.


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