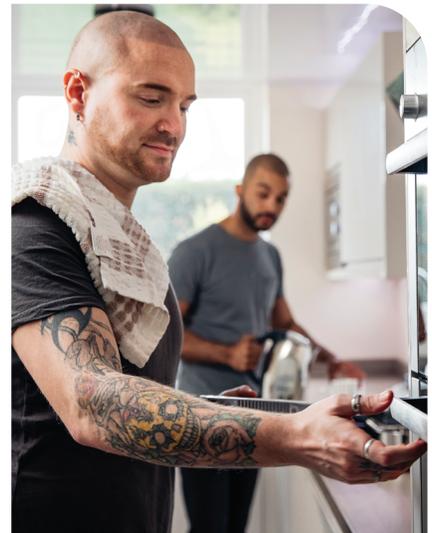


INDIVIDUALS + FAMILIES

2024 Medica Health Plans for Illinois





Coverage + care that work for you

We're a nonprofit health plan that's been around for nearly 50 years. We offer a range of plans to meet every need and budget. They all give you these benefits and much more:



Free, preferred diabetic supplies



Unlimited, free rides to and from
medical appointments



\$0 SSM Health Express E-visit

Extras built into your plan

They make your plan even better.
And you can get a lot at no additional cost.



Personal Health Advocate

Your advocate can help you find doctors, estimate costs, and make informed health care decisions. This is a no-additional-cost, confidential service.



24/7 NurseLine

Get no-cost, 24/7 answers for non-urgent care questions. Nurses will help answer questions about symptoms, medications, and health conditions, and offer self-care tips. They can even help you find the best location for accessing care.



Online health program with reward opportunities

You'll get access to programs to motivate and support a healthy lifestyle at no additional cost. Stay active, eat healthy, manage stress, and find direction for your life. Participate in the app and earn a \$50 reward for completing your annual preventive visit.



On-demand help for stress, anxiety, and depression

1 in 5 adults will experience mental illness in their life. If you or someone you know needs help, know you're not alone. We offer a spectrum of support, services, and treatment options in our network.

Prescription drug coverage

Our list of covered drugs

To help keep your costs low, our plans cover safe and effective drugs on Medica's List of Covered Drugs. Your cost will depend on which tier your drug belongs to.

\$	TIER 1	Generic
\$\$	TIER 2	Preferred brand
\$\$\$	TIER 3	Non-preferred brand
\$\$\$\$	TIER 4	Specialty



Insulin Coverage

You'll pay no more than **\$35 for preferred insulin** – per prescription, per month – when you fill it at a network pharmacy.



90-day refill options

Your doctor can prescribe 90-day supplies of certain medications. Talk to your doctor about this option for you. Once prescribed, pick it up at a network pharmacy – or have it sent through our mail-order pharmacy at no extra cost when you use standard shipping.



Search the drug list or find a pharmacy

To apply your benefits to a prescription on our drug list, you need to visit a network pharmacy. Our network includes more than 68,000 pharmacies nationwide, including most major chains and thousands of independent pharmacies.

See what drugs are covered or find a network pharmacy by using [Medica.com/ShopPlans-IL](https://www.medicare.com/shopplans-il).

\$0 copays + coverage that cares

Some of our plans give you access to benefits for \$0 when your care is provided by in-network doctors and hospitals.



\$0 primary care

Get the care you need when you're sick or hurt, always with a \$0 copay.¹



\$0 preventive care

Receive your annual wellness exam, preventive services, and vaccines for \$0.²



\$0 transportation

Members can get free rides to and from their health-related appointments



\$0 virtual care

Avoid the waiting room and get the quick care you need for \$0. Win-win.³



\$0 preventive drugs

See our drug formulary for more details.

**Want more info?
We can easily sign you up, too.**

Call us at **1 (800) 918-2397**.

¹ \$0 primary care copay applies to the first three visits of the catastrophic safety net plan.

² Preventive services as defined by the ACA. If your doctor does extra tests, follow-up appointments, and treatments, you may have additional costs.

³ \$0 copay applies to SSM Health express e-visits on specific plans. Additional copays apply to other virtual care appointments. See plans for more coverage details.

2024 Plan examples

Here are some plans we're offering this year. You can see the full list of plans and their benefits at [Medica.com/ShopPlans-IL](https://www.Medica.com/ShopPlans-IL).



Looking for a quote?

We can help you pick a plan, too.
Call us at **1 (800) 918-2397**.

PLAN NAME	METAL LEVEL	PLAN TYPE	DEDUCTIBLE/ OUT-OF-POCKET MAX Medical + Pharmacy	PRIMARY CARE	SPECIALTY CARE	SSM HEALTH EXPRESS E-VISIT	PREVENTIVE CARE	URGENT CARE	PRESCRIPTIONS Preferred Generic/Generic/ Preferred Brand
WellFirst by Medica	Gold	Copay Plus	Individual: \$1,500/\$5,700 Family: \$3,000/\$11,400	\$30	\$60	\$0	\$0	\$30	\$15/\$15/\$60
		Copay PCP	Individual: \$3,000/\$4,900 Family: \$6,000/\$9,800	\$30	20% after deductible	\$0	\$0	\$0	\$15/20% after deductible/ 20% after deductible
	Silver	Copay Plus	Individual: \$4,800/\$9,450 Family: \$9,600/\$18,800	\$40	\$80	\$0	\$0	\$40	\$15/\$15/\$60
		Copay PCP	Individual: \$4,500/\$8,850 Family: \$9,000/\$17,700	\$30	20% after deductible	\$0	\$0	\$0	\$15/20% after deductible/ 20% after deductible
		HSA-E HDHP	Individual: \$3,550/\$7,500 Family: \$7,100/\$15,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible on all tiers
	Bronze	Copay Plus	Individual: \$9,400/\$9,400 Family: \$18,800/\$18,800	\$40	\$80	\$0	\$0	\$40	\$25/\$200/\$300
		HSA-E HDHP	Individual: \$7,450/\$7,450 Family: \$14,900/\$14,900	\$0 after deductible	\$0 after deductible	\$0	\$0	\$0 after deductible	0% after deductible on all tiers
	Catastrophic		Individual: \$9,450/\$9,450 Family: \$18,900/\$18,900	\$0 after deductible	\$0 after deductible	\$0	\$0	\$0 after deductible	0% after deductible on all tiers

Our plans come in three “metal” categories:



Gold
HIGHER PREMIUMS



Silver
MODERATE PREMIUMS



Bronze
LOWER PREMIUMS

2024 Network details

A **network** is made up of the **doctors, hospitals, clinics, and pharmacies** that we work with. Your benefits will apply to in-network providers. See “Receiving care outside your network” on the “What else you need to know” page to learn more about your out-of-network coverage.

PLAN NAME	PRIMARY + SPECIALTY CARE DOCTORS	HOSPITALS	FIND A DOCTOR OR HOSPITAL	FIND A MENTAL HEALTH PROVIDER	COVERED COUNTIES
WellFirst by Medica	2,900+	29+	Medica.com/ SearchWellFirstNetwork-2024	Medica.com/ SearchWellFirstNetwork-2024	Madison and Saint Clair

Choosing your plan’s network

A smaller network will **save you the most** on your premium. With a smaller network, you’ll have fewer doctors and hospitals to choose from. We’ve partnered with health systems we trust to give you care at a lower cost.



Ready to enroll?
We make it simple.
Call us at **1 (800) 918-2397**.

What else you need to know

Eligibility and requirements

To qualify for a Medica plan, you must be a resident of Illinois, and not enrolled in Medicare. You also must live within WellFirst by Medica'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. This document is not an invitation to apply or contract for insurance and is only intended to provide basic information about insurance that may be available. For costs and further details of the coverage, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force, see your agent, visit [Medica.com/ShopPlans-IL](https://www.medicacom/shopplans-il), or you can get a paper copy by calling **1 (800) 918-2397** (TTY: **711**).

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 Individual and Family insurance policy available on [Medica.com/ShopPlans-IL](https://www.medicacom/shopplans-il) or call **1 (800) 918-2397** (TTY: **711**).

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 Marketplace. For more information, visit [healthcare.gov](https://www.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/ShopPlans-IL](https://www.medicacom/shopplans-il).

Health Savings Account

The Silver HSA and Bronze HSA plans can be paired with a health savings account (HSA) – which is a special savings account for IRS-approved medical expenses. Generally, Cost Share Reduction (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](https://www.medicacom/hsa).

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).

Cost Share Reduction plans

You may be able to get 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 (CSR) plans. You can get this assistance if you get health insurance through [healthcare.gov](https://www.healthcare.gov), 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).

Receiving care outside your network

Unless it's an emergency, air ambulance service, or certain out-of-network care at an in-network facility or pre-approved by Medica, there is no coverage if you visit a provider that is not in your plan's network. This means that your provider may require you to be responsible for the full cost of any care or supplies. Learn more at [Medica.com/BalanceBill](https://www.medicacom/balancebill).

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.

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>.

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.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميدكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໜາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမူနာအဖြစ်: တာကွီထံစာကလိနိုင်းတိုက်တာကွီထံစာကလိနိုင်း, ကီးလီဘဲရီနိုင်းဂါလါအပိုင် ယုဂ်လါလ်ဘ်တီလ်ဘ်အပိုင်, ဆဲးမုတမုဖဲနနနိုင်းခေလ်ဘ်အပိုင်, သးကုအလီဝဲတကာယအမိမိနိုင်းနိုင်းတကာ့.

Kung nais mo ng libreng tulong sa pagsasalain ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica ID.

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Dii t'áá jíik'e shá ata' hodoonih níningo éi ninaaltsoos Medica bee ného'dilzinígí bine'déé' námboo biká'ígíjí' b'éesh bee hodílnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

COMIFB-0119-I

Medica privacy notice

We take our responsibility of protecting your personal information seriously. Where possible, we de-identify or encrypt personal information. We also 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. You can get our full Privacy Notice by calling **1 (800) 918-2397** (TTY: **711**) or by going to **Medica.com/Privacy**.

How we pay agents + brokers

With the Consolidated Appropriations Act of 2021 (CAA), health insurance companies offering individual health insurance coverage must tell you how much they pay brokers for helping someone enroll in a health insurance plan. You can review this information on our website before you finalize your enrollment or renew your plan. To learn more about this disclosure or to see how much your broker earned with your enrollment, go to **Medica.com/AgentPayment**.



**You're not just covered,
you're cared for.®**

Connect with us

Call us at **1 (800) 918-2397** (TTY: **711**) 8 a.m. - 5 p.m. CT, Monday - Friday.

Email us at **MedicalIndividualProducts@Medica.com**.

Visit us on the web at **Medica.com/ShopPlans-IL**.

Follow us on social media with the handle **@Medica**.



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