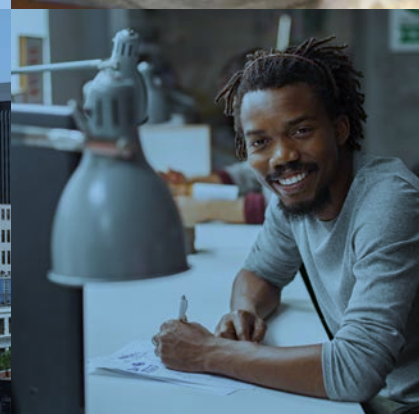




# MEDICA INSURE<sup>SM</sup>

Sensible. Stable. Secure.



**2016**  
**NEBRASKA PRODUCTS SUMMARY**  
Valid January 2016 – December 2016

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

# MEDICA'S WIDE VARIETY OF 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 you and your family's lifestyle perfectly. Here in Nebraska, 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, or directly from Medica. Your insurance agent can assist you in either situation.

Take a look through our entire portfolio of Nebraska offerings—you'll discover that you can have it all with Medica: secure coverage for you and your family.

# MEDICA INSURE NETWORK

Who & Where Your Care Comes From

You have access to the Medica Insure Network – one of the Nebraska's largest provider networks with **100% of the hospitals** and **97% of clinicians** in Nebraska. You can receive care from more than 20,000 physicians and other health care professionals, 320 hospitals and 1,500 health care facilities in Nebraska and Iowa, as well as bordering states.

You'll also have **access to the 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 is also included. So you can get exactly the care you need, when you need it.

To search the Medica Insure network, visit [medica.com/insureproviders](https://medica.com/insureproviders).

## TRAVELING? NO PROBLEM.

You can access your network benefits nationwide when you 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 Healthy Directions network and Medica's Choice network. To find Travel Program providers, visit [medica.com/ifbfindadoctor](https://medica.com/ifbfindadoctor) and select Travel Program.

## ABOUT US

So Who is Medica?

We're a Midwestern, not-for-profit health insurance plan with more than 1.5 million members and we've been putting the needs of our members at the forefront of everything we do for **more than 40 years**. We've been working hard to understand the health care experience from our members' perspective. And building a health plan that's easier to understand, easier to navigate and more responsive to your needs. We're not only out to become a familiar household name, we're out to become the best health plan for you and your family.





## HERE'S HOW TO DO IT.

1. **Choose your plan.** Decide if you want a copay plus, copay, or health savings account (HSA) compatible plan. Then select the metal level you prefer: gold, silver or bronze. A catastrophic plan may also be available for those who qualify.
2. **Choose individual or family coverage.** Whether you need coverage for yourself or the whole family, we've got you covered. Plans are available for single or family coverage for ages 0 through 64.
3. **Calculate your monthly premium.** Visit our quoting and enrollment tool at [personalplans.medica.com](https://personalplans.medica.com), call Medica Sales at **1-800-670-5935** or call your Medica insurance agent.



# NEBRASKA COPAY PLUS PLANS

Individual & Family

NETWORK BENEFITS	GOLD Copay Plus	SILVER Copay Plus
Deductible	Individual: \$1,000 Family: \$3,000	Individual: \$2,500 Family: \$7,500
Out-of-pocket maximum	Per member: \$4,000 Family: \$8,000	Per member: \$6,000 Family: \$12,000
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office and urgent care visits Lab and X-ray services	\$30 copay	\$60 copay
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$5 copay Tier 2 drugs: \$35 copay Tier 3 drugs: \$150 copay	Tier 1 drugs: \$10 copay Tier 2 drugs: \$60 copay Tier 3 drugs: \$200 copay
Convenience care visits	\$20 copay	\$20 copay
Emergency room (Facility charge only)	\$150 copay	\$250 copay
Hospital services (Facility charge only)	\$250 copay per day for the first five days; then 100% coverage (deductible does not apply). Copay applies to facility charges only; professional fees apply toward deductible.	\$400 copay per day for the first five days; then 100% coverage (deductible does not apply). Copay applies to facility charges only; professional fees apply toward deductible.
Enhanced imaging services (e.g. MRI, PET scan)	\$150 copay per service. Copay applies to facility charges only; professional fees apply toward deductible.	\$250 copay per service. Copay applies to facility charges only; professional fees apply toward deductible.
Ambulance Surgery Home health care Maternity Other eligible health care services	75% coverage after deductible	65% coverage after deductible

# NEBRASKA COPAY PLANS

Individual & Family

NETWORK BENEFITS	GOLD Copay	GOLD Copay 100
Deductible	Individual: \$300 Family: \$900	Individual: \$2,400 Family: \$7,200
Out-of-pocket maximum	Per member: \$5,000 Family: \$10,000	Per member: \$2,400 Family: \$7,200
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office and urgent care visits	\$30 copay	\$30 copay
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copay Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 50% coverage after deductible	Tier 1 drugs: \$10 copay Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits	\$20 copay	\$20 copay
Emergency room		
Hospital services		
Enhanced imaging services (e.g. MRI, PET scan)		
Ambulance		
Surgery	70% coverage after deductible	100% coverage after deductible
Home health care		
Lab and X-ray services		
Maternity		
Other eligible health care services		

# NEBRASKA COPAY PLANS

Individual & Family

NETWORK BENEFITS	SILVER Copay	BRONZE Copay
Deductible	Individual: \$2,600 Family: \$7,800	Individual: \$6,850 Family: \$13,700
Out-of-pocket maximum	Per member: \$5,750 Family: \$11,500	Per member: \$6,850 Family: \$13,700
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office and urgent care visits	\$30 copay	\$100 copay
Prescription drugs (Preferred Drug List)	Tier 1 drugs: \$10 copay Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 40% coverage after deductible	Tier 1 drugs: \$20 copay Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits	\$20 copay	\$20 copay
Emergency room Hospital services Enhanced imaging services (e.g. MRI, PET scan) Ambulance Surgery Home health care Lab and X-ray services Maternity Other eligible health care services	60% coverage after deductible	100% coverage after deductible

# NEBRASKA HSA-COMPATIBLE PLANS

Individual & Family

NETWORK BENEFITS	GOLD HSA	SILVER HSA	BRONZE HSA
Deductible	Individual: \$1,300 Family: \$3,900	Individual: \$1,300 Family: \$3,900	Individual: \$6,300 Family: \$12,700
Out-of-pocket maximum	Per member: \$2,600 Family: \$7,050	Per member: \$5,450 Family: \$12,700	Per member: \$6,300 Family: \$12,700
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office and urgent care visits	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible
Prescription drugs (Preferred Drug List)	Tier 1 drugs: 70% coverage after deductible Tier 2 drugs: 70% coverage after deductible Tier 3 drugs: 70% coverage after deductible	Tier 1 drugs: 60% coverage after deductible Tier 2 drugs: 60% coverage after deductible Tier 3 drugs: 60% coverage after deductible	Tier 1 drugs: 100% coverage after deductible Tier 2 drugs: 100% coverage after deductible Tier 3 drugs: 100% coverage after deductible
Convenience care visits Emergency room Hospital services Enhanced imaging services (e.g. MRI, PET scan) Ambulance Surgery Home health care Lab and X-ray services Maternity Other eligible health care services	70% coverage after deductible	60% coverage after deductible	100% coverage after deductible



# NEBRASKA CATASTROPHIC

Individuals & Families Under Age 30

## NETWORK BENEFITS

## CATASTROPHIC

### Deductible

**Per member:** \$6,850  
**Family:** \$13,700

### Out-of-pocket maximum

**Per member:** \$6,850  
**Family:** \$13,700

### Family plan deductible details

Embedded<sup>1</sup> individual deductible

### Preventive care

100% coverage (deductible does not apply)

### Primary care office visits

\$30 copay first 3\* visits per person per calendar year. After 3rd, 100% coverage after deductible

### Prescription drugs (Preferred Drug List)

**Tier 1 drugs:** 100% coverage after deductible  
**Tier 2 drugs:** 100% coverage after deductible  
**Tier 3 drugs:** 100% coverage after deductible

### Convenience care visits

\$20 copay first 3\* visits per person per calendar year. After 3rd visit, 100% coverage after deductible

### Enhanced imaging services (e.g. MRI, PET scan)

### Ambulance

### Surgery

### Home health care

### Lab and X-ray services

### Emergency room

### Hospital services

### Maternity

### Other eligible health care services

100% coverage after deductible

### Details

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

<sup>1</sup>Embedded: Each covered family member only needs to satisfy their individual deductible not the entire family deductible before receiving benefits.

## THESE VALUE EXTRAS ARE STANDARD WITH ANY PLAN YOU CHOOSE.

### HealthAdvocate™

#### Your Health Care Lifeline

Need help navigating the world of health insurance and medical care? Health Advocate is there for you 24/7. Get help making appointments with hard-to-reach doctors, resolving medical claims and getting answers to questions about medical treatment. You can even get help with health care issues facing your parents and parents-in-law. Health Advocate is an independent and confidential service.

#### 24-Hour NurseLine™

You and your family have a place to turn for trusted advice and information when you need it most. Highly trained nurses are available 24/7 to help answer your questions about symptoms, medications and health conditions, and offer self-care tips for non-urgent concerns.

### HEALTHY LIVING with MEDICA®

#### Daily Health Rewarded

Personalized health and well-being programs, gym membership discounts, special offers for personal trainer sessions, and rewards for making healthy choices — Healthy Living offers all this and more! It's a web-based tool whose two-week programs will motivate and support you to make the changes you want in your health and life — get fit, eat healthier, manage stress, sleep better and find direction for your life. Earn points as you participate that you can redeem for discounts, be entered into raffles or you can use to donate to charities.



# 2016 OUT-OF-NETWORK DETAILS

OUT-OF-NETWORK BENEFITS	COPAY PLUS, COPAY, HSA-COMPATIBLE AND CATASTROPHIC PLANS
Deductible	Individual: \$10,000 Family: \$20,000
Out-of-pocket maximum	There is no maximum for out-of-network services
Benefit coverage	50% coverage after deductible
Lifetime maximum benefits	\$1 million
Other Details	If you visit an out-of-network health care provider, certain services may be excluded or limited. Please see a Medica Insure policy on <a href="http://medica.com">medica.com</a> for details.

If you choose to receive services or supplies from an out-of-network provider, 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.



# OTHER IMPORTANT INFORMATION

## Pediatric Dental

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

## Health Insurance Marketplace and Cost-Sharing Reduction Plans

You may be able to receive help paying your health insurance premium or qualify for plans with reduced deductibles and copays. 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).

## Deductible and Out-Of-Pocket Maximum Details

On family plans, each member has their own individual out-of-pocket maximum. Any amount paid by an individual will also apply to the family amount- but no individual is required to pay more than their individual amount. 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).

## Preferred Drug List

To help keep your share of the costs at their lowest, Medica's plans cover drugs on our Preferred 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/ibfpharmacy](https://www.medicacom/ibfpharmacy).

## 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.medicacom).

## 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 policy available on [medica.com](https://www.medicacom) or call **1-800-670-5935**.

## Applying for Coverage

You can only enroll in a Medica plan during the annual open enrollment period or if you have a qualifying life event. Birth of a child, marriage or moving outside your current plans service area are examples of qualifying life events and generally you have 60 days from the date of the event to apply for new coverage. Visit [medica.com](https://www.medicacom) for more information.

## Understanding Benefits and Coverage Details

This brochure is a brief overview of the plans. For complete benefit details, limitations, and exclusions please see a policy. This can be found by visiting [medica.com](https://www.medicacom) or request a paper copy by calling **1-800-670-5935**.

## 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 **1-800-670-5935** or by going to [medica.com](https://www.medicacom).

## GOT QUESTIONS? CONTACT US.

Call **1-855-752-6763**

Monday-Thursday 8 a.m. to 5 p.m. and Fridays 9 a.m. to 5 p.m.

**1-800-855-2880** (National Relay Center)

TTY users, please call the National Relay Center and ask for the number listed above.

Email: [medicaidindividualproducts@medica.com](mailto:medicaidindividualproducts@medica.com)

Visit us on the web: [medica.com](http://medica.com)

Connect with **Medica4Me**  

See us at [www.youtube.com/medica4me](http://www.youtube.com/medica4me)

IFB11855-7-00915



Medica is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Medica does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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