



# MEDICA INSURE<sup>SM</sup>

Sensible. Stable. Secure.



# 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 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 find your fit 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 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 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.

### Health Benefits Take to the Road

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/insureproviders](https://medica.com/insureproviders) and select **Travel Network**.

## ABOUT US

### So Who is Medica?

We're a Midwestern, not-for-profit health insurance plan with more than 1.7 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. 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 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!
3. **Calculate your monthly premium.** Visit our quoting and enrollment tool at **medica.com** to price and compare your plan options.
4. **Sign up for coverage.** You can only enroll in a plan during the annual open enrollment period (November 1, 2016 - January 31, 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 **1-855-752-6763**.



**Work with your Medica insurance agent.**



**Shop on your own.** Visit **medica.com** to explore and compare plan options.



\*Copay plus plan is only available in Douglas and Sarpy county.

# NEBRASKA COPAY PLUS PLAN

Individuals & Families

Only available in Douglas and Sarpy county.

NETWORK BENEFITS	GOLD Copay Plus
Deductible	Individual plan: \$1,000 Family plan: \$3,000 shared family
Out-of-pocket maximum	Individual plan: \$4,000 Family plan: \$4,000 per family member <sup>1</sup> , or \$8,000 for the entire family
Preventive care	100% coverage (deductible does not apply)
Office visits	Primary care: \$30 copay Urgent care: \$30 copay Specialty care: \$30 copay
Prescription drugs (Preferred Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	Preferred generic: \$5 copay Non-preferred generic: \$5 copay Preferred brand: \$35 copay Non-preferred brand: \$150 copay
Convenience care visits	Preferred providers: \$10 copay Non-preferred providers: \$20 copay
Lab and X-ray services	\$30 copay per day. Copay waived if services performed during an office visit.
Emergency room (Facility charge only)	\$150 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.
Enhanced imaging services (e.g. MRI, PET scan)	\$150 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

<sup>1</sup>Per member: 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% coverage.

# NEBRASKA COPAY PLANS

Individuals & Families

NETWORK BENEFITS	SILVER Copay	BRONZE Copay
Deductible	Individual plan: \$2,600 Family plan: \$7,800 shared family	Individual plan: \$6,850 Family plan: \$13,700 shared family
Out-of-pocket maximum	Individual plan: \$5,750 Family plan: \$5,750 per family member <sup>1</sup> , or \$11,500 for the entire family	Individual plan: \$7,150 Family plan: \$7,150 per family member <sup>1</sup> , or \$14,300 for the entire family
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office visits	Primary care: \$30 copay Urgent care: \$30 copay Specialty care: \$60 copay	Primary care: \$80 copay Urgent care: \$80 copay Specialty care: \$150 copay
Prescription drugs (Preferred Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	Preferred generic: \$5 copay Non-preferred generic: \$10 copay Preferred brand: 60% coverage after deductible Non-preferred brand: 40% coverage after deductible	Preferred generic: \$10 copay Non-preferred generic: \$20 copay Preferred brand: 50% coverage after deductible Non-preferred brand: 30% coverage after deductible
Convenience care visits	Preferred providers: \$10 copay Non-preferred providers: \$20 copay	Preferred providers: \$10 copay Non-preferred providers: \$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	50% coverage after deductible

## SAVE MONEY BY VISITING A PREFERRED CONVENIENCE CARE PROVIDER

MinuteClinic® - Your Preferred Convenience Care Provider Network

When you visit a MinuteClinic location for care you'll pay only a \$10 copay. MinuteClinic walk-in medical clinics are staffed by nurse practitioners and physician assistants who specialize in family health care. You can get same-day services, often without an appointment and even on evenings and weekends. So you can be in, out and on with your day before you know it.

**NOTE:** Preferred convenience care benefit is not available with HSA-compatible plans.

# NEBRASKA HSA-COMPATIBLE PLANS

Individuals & Families

NETWORK BENEFITS	SILVER HSA	BRONZE HSA
Deductible	Individual plan: \$1,300 Family plan: \$3,900 shared family	Individual plan: \$6,400 Family plan: \$12,800 shared family
Out-of-pocket maximum	Individual plan: \$5,500 Family plan: \$5,500 per family member <sup>1</sup> , or \$11,000 for the entire family	Individual plan: \$6,400 Family plan: \$6,400 per family member <sup>1</sup> , or \$12,800 for the entire family
Preventive care	100% coverage (deductible does not apply)	100% coverage (deductible does not apply)
Office visit	Primary, urgent and specialty care: 60% coverage after deductible	Primary, urgent and specialty care: 100% coverage after deductible
Prescription drugs (Preferred Drug List)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	Preferred generic: 60% coverage after deductible Non-preferred generic: 60% coverage after deductible Preferred brand: 60% coverage after deductible Non-preferred brand: 60% coverage after deductible	Preferred generic: 100% coverage after deductible Non-preferred generic: 100% coverage after deductible Preferred brand: 100% coverage after deductible Non-preferred brand: 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	60% coverage after deductible	100% coverage after deductible

## BENEFITS OF A HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a special savings account for IRS-approved medical expenses. It's not mandatory to have an HSA paired with our 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](https://medica.com/hsa).

<sup>1</sup>**Per member:** 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% coverage.



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.



NEBRASKA CATASTROPHIC

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

NETWORK BENEFITS	CATASTROPHIC
Deductible	Individual plan: \$7,150 Family plan: \$7,150 per family member <sup>2</sup> , or \$14,300 for the entire family
Out-of-pocket maximum	Individual plan: \$7,150 Family plan: \$7,150 per family member <sup>2</sup> , or \$14,300 for the entire family
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)  To see how your drugs are covered visit <a href="https://medica.com/ifbpharmacy">medica.com/ifbpharmacy</a>	Preferred generic: 100% coverage after deductible Non-preferred generic: 100% coverage after deductible Preferred brand: 100% coverage after deductible Non-preferred brand: 100% coverage after deductible
Convenience care visits	Preferred providers: \$10 copay Non-preferred providers: \$20 copay Limited to first 3* visits per person per calendar year. After 3rd visit, 100% coverage after deductible.
Specialty care office visits Urgent care visits 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>2</sup>Per member: 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.



# 2017 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

### Other Details

If you visit an out-of-network health care provider, certain services may be excluded or limited. Please see a policy on [medica.com](http://medica.com) 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

## Eligibility and Requirements

To qualify for a Medica plan, you must be a resident of Nebraska, 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 request a paper copy by calling **1-855-752-6763**.

## 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 **1-855-752-6763**.

## 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

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).

## Medica's Drug List

To help keep your share of the costs at their lowest, our 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/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-Sharing 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-Sharing 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 **1-855-752-6763**. 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:

Lori Braegelman, Civil Rights Coordinator, Mail Route  
CP250, PO Box 9310, Minneapolis, MN 55443-9310,  
952-992-3422 (phone/fax), TTY 711,  
lori.braegelman@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, 1-800-368-1019, 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 Waraqaa 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 مبدك 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, ໃຫ້ໂທ  
ທາເລກໜາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ 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.

နမ့်အဲဒီးတၢ်ကျိးထံစၢ်ကလိန့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤလၢအကလိန့ၢ်, ကိးလိတဲစိနီၣ်ဂံၢ်လၢအပၣ်  
ယုၢ်လၢလံာ်တီၢ်လိာ်မိအပ္ပၤအံၤမ့တမ့ၢ်ဖဲနန့ၢ်ခၢၣ် လံာ်အုၣ်သးခးက့အလီၢ်ခံတကပၤအဖီဒိၣ်န့ၣ်တက့ၢ်.

Kung nais mo ng libreng tulong sa pagsalin 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 poledini svoje ID kartice Medica.

Díí t'áá jíík'e shá ata' hodoonihi nínízingo éí  
ninaaltsoosMedica bee néiho'dilzinígi bine'dée' námboo  
biká'ígíjiji' béesh bee hodfilnih.

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.



## GOT QUESTIONS? CONTACT US.

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

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

Email:

**medicaindividualproducts@medica.com**

Visit us on the web:

**medica.com**

Visit us at one of our office locations:

Minnetonka, Minnesota Corporate Office  
401 Carlson Parkway  
Minnetonka, MN 55305

Omaha Retail Office - Open January 2017  
331 Village Pointe Plaza #304  
Omaha, NE 68118

Connect with **Medica4Me**  

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

IFB11855-7-00916

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



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

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Medica Insure<sup>SM</sup> is a service mark of Medica Health Plans.

Mayo Clinic<sup>®</sup> is an independent, nonprofit healthcare provider offering network access to its providers and health services. Mayo, Mayo Clinic, Mayo Clinic Health System and the triple-shield logo are registered trademarks and service marks of Mayo Clinic.