

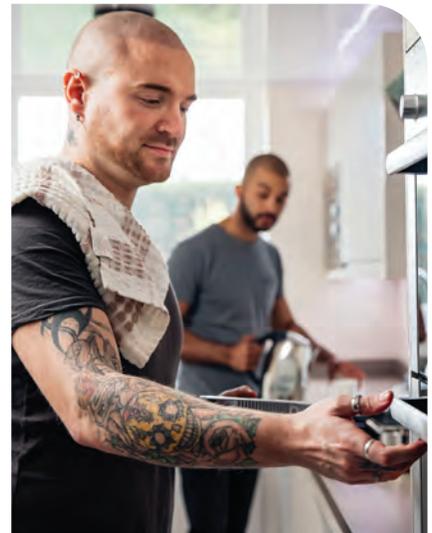


**INDIVIDUALS + FAMILIES**

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# 2024 Medica Health Plans for Kansas





# 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:



Covered insulin for only \$25/month



One deductible that combines medical and pharmacy costs



Mental health coverage when you need it

# \$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.<sup>1</sup>



## **\$0 preventive care**

Receive your annual wellness exam, preventive services, and vaccines for \$0.<sup>2</sup>



## **\$0 individual mental health therapy visits**

The space you need to get the support for whatever life throws your way.<sup>1</sup>



## **\$0 urgent care**

Avoid the ER waiting room and get the quick care you need for \$0. Win-win.<sup>1</sup>



## **\$0 preferred generic drugs**

Hundreds of \$0 drugs on our list.<sup>3</sup>

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

Call us at **1 (844) 577-5267**.

<sup>1</sup> Offered with Select by Medica Gold and Bronze \$0 Copay PCP plans only.

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

<sup>3</sup> Offered with Select by Medica Gold \$0 Primary Care plan only.

# 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-KS](https://www.Medica.com/ShopPlans-KS).

Many of our plans may fit your needs. We've noted plans with exciting new benefits with a .



## Looking for a quote?

We can help you pick a plan, too.  
Call us at **1 (844) 577-5267**.

PLAN NAME	METAL LEVEL	PLAN TYPE	DEDUCTIBLE/ OUT-OF-POCKET MAX Medical + Pharmacy	PRIMARY CARE	SPECIALTY CARE	VIRTUAL CARE Amwell or Virtuwell	PREVENTIVE CARE	INDIVIDUAL COUNSELING + THERAPY	PRESCRIPTIONS Preferred Generic/ Generic/Preferred Brand
Select by Medica	Gold	Copay \$0 PCP 	Individual: \$1,750/\$8,700 Family: \$3,500/\$17,400	\$0	\$85	\$0	\$0	\$0	\$0/\$15/\$80
		Standard	Individual: \$1,500/\$8,700 Family: \$3,000/\$17,400	\$30	\$60	\$0	\$0	\$30	\$15/\$15/\$30
	Silver	Standard	Individual: \$5,900/\$9,100 Family: \$11,800/\$18,200	\$40	\$80	\$0	\$0	\$40	\$20/\$20/\$40
	Bronze	Copay \$0 PCP 	Individual: \$7,850/\$9,450 Family: \$15,700/\$18,900	\$0	\$150	\$0	\$0	\$0	\$25/\$30/\$200
		Premier	Individual: \$1,800/\$9,450 Family: \$3,600/\$18,900	\$0 after deductible	\$160 after deductible	\$0	\$0	\$0 after deductible	\$25/\$30/\$200
		Share Plus	Individual: \$2,750/\$9,450 Family: \$5,500/\$18,900	50% coinsurance	50% coinsurance	\$0	\$0	50% coinsurance	\$15/\$20/\$200
		Standard	Individual: \$9,100/\$9,450 Family: \$18,200/\$18,900	5% coinsurance	5% coinsurance	\$0	\$0	5% coinsurance	5%/5%/5%
		Expanded Bronze Standard 	Individual: \$9,450/\$9,400 Family: \$18,900/\$18,800	\$50	\$100	\$0	\$0	\$50	\$25/\$25/ \$50 after deductible

Our plans come in three “metal” categories:



**Gold**  
HIGHER PREMIUMS



**Silver**  
MODERATE PREMIUMS



**Bronze**  
LOWER PREMIUMS

# More 2024 plan examples

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

Many of our plans may fit your needs. We've noted plans with exciting new benefits with a .



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Medica Connect	Gold	Standard	Individual: \$1,500/\$8,700 Family: \$3,000/\$17,400	\$30	\$60	\$0	\$0	\$30	\$15/\$15/\$30
	Silver	Standard	Individual: \$5,900/\$9,100 Family: \$11,800/\$18,200	\$40	\$80	\$0	\$0	\$40	\$20/\$20/\$40
		Share Plus	Individual: \$2,750/\$9,450 Family: \$5,500/\$18,900	50% coinsurance	50% coinsurance	\$0	\$0	50% coinsurance	\$15/\$20/\$200
	Bronze	Expanded Bronze Standard 	Individual: \$9,450/\$9,400 Family: \$18,900/\$18,800	\$50	\$100	\$0	\$0	\$50	\$25/\$25/\$50 after deductible only applies to the preferred brand copay
		Basic 	Individual: \$9,000/\$9,450 Family: \$18,000/\$18,900	\$75	\$150	\$0	\$0	\$75	\$30/\$30/\$250

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
Medica Connect	9,700+	190+	<a href="https://www.Medica.com/SearchConnectNetwork-2024">Medica.com/ SearchConnectNetwork-2024</a>	<a href="https://www.Medica.com/SearchConnectNetwork-2024">Medica.com/ SearchConnectNetwork-2024</a>	Barber, Butler, Chase, Chautauqua, Clark, Comanche, Cowley, Edwards, Elk, Finney, Ford, Grant, Gray, Greenwood, Hamilton, Harper, Harvey, Haskell, Hodgeman, Kearny, Kingman, Kiowa, Marion, McPherson, Meade, Montgomery, Morton, Pawnee, Pratt, Reno, Rice, Sedgwick, Seward, Stafford, Stanton, Stevens, Sumner, and Wilson
Select by Medica 	2,300+	20+	<a href="https://www.Medica.com/SearchSelectNetwork-2024">Medica.com/ SearchSelectNetwork-2024</a>	<a href="https://www.Medica.com/SearchSelectNetwork-2024">Medica.com/ SearchSelectNetwork-2024</a>	Johnson, Leavenworth, Miami, and Wyandotte

### 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.

We’ve highlighted the networks that will help you save more with a .



**Ready to enroll?**  
We make it simple.  
Call us at **1 (844) 577-5267**.

# What else you need to know

## Eligibility and requirements

To qualify for a Medica plan, you must be a resident of Kansas, and not 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. 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-KS](https://www.medicakansas.com/ShopPlans-KS), or you can get a paper copy by calling **1 (844) 577-5267** (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-KS](https://www.medicakansas.com/ShopPlans-KS) or call **1 (844) 577-5267** (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-KS](https://www.medicakansas.com/ShopPlans-KS).

## 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.medicakansas.com/BalanceBill).





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

### **Connect with us**

**Call** us at **1 (844) 577-5267** (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-KS**.

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



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