

DETAILS

WellFirst by Medica

Marketplace Plan Options

What's in the network

2,900+ primary and specialty care doctors
29+ hospitals

Network provider locations

St. Louis Metro and its surrounding counties in Missouri and southwest Illinois



Looking for a specific doctor or hospital?
Use our network search tool.

**Medica.com/
SearchWellFirstNetwork-2024**



Need a mental health provider?

Go to [Medica.com/SearchWellFirstNetwork-2024](https://www.Medica.com/SearchWellFirstNetwork-2024)

Save the most by staying in-network

Staying in-network will give you the most savings. 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's not in the WellFirst by Medica 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.Medica.com/BalanceBill).

Catastrophic Plans

All individuals covered by the plan must be under age 30. You may also enroll if you're over 30 and qualify for a hardship exemption based on insurance being unaffordable.

Cost Share Reduction Plans

Plans for those who meet specific income requirements determined by household size and income. 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). To see what you qualify for, you'll need to complete an application through the Health Insurance Marketplace.

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>.

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Disclaimers

¹ Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

² If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.

³ Displayed copay or coinsurance will apply after the deductible is met.

⁴ Subject to plan deductible.

⁵ \$0 copay for three visits, and then no charge after the deductible.

⁶ 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.Medica.com/ShopPlans-IL), or you can get a paper copy by calling 1 (800) 918-2397 (TTY: 711).

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 (844) 577-5267 (TTY: 711) or by going to [Medica.com/Privacy](https://www.Medica.com/Privacy)

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

2024

WellFirst by Medica

Side-by-side plan comparison overview for Illinoisans

WellFirst by Medica is available for individuals and families living in:
Madison and St. Clair counties.

To qualify for a plan, the policy subscriber must be an Illinois resident,
live in the WellFirst by Medica service area, and not enrolled in Medicare.

For complete benefit details, limitations, and exclusions please review the following documents:



Summary of Benefits and Coverage (SBC)

This provides the basics of a plan in a question-and-answer format.



Policy of Coverage

This is the plan's contract. It describes the details of the plan.

You can view these documents on [Medica.com/ShopPlans-IL](https://www.Medica.com/ShopPlans-IL), or call **1 (800) 918-2397** (TTY: **711**) to request a paper copy.

Note: If there is a discrepancy between this document and the plan's Policy of Coverage (POC), the POC will govern.

Find a plan that fits your needs

You might qualify for a cost-sharing reduction plan that offers more affordable benefits. Visit [Medica.com/ShopPlans-IL](https://www.medicare.com/ShopPlans-IL) to see if you qualify and view our plan options.

| BENEFITS | GOLD COPAY PCP 3000X | SILVER COPAY PCP 4500X | CATASTROPHIC |
|--|----------------------|------------------------|------------------|
| Deductible: Medical + pharmacy (Individual/Family) | \$3,000/\$6,000 | \$4,500/\$9,000 | \$9,450/\$18,900 |
| Out-of-pocket maximum (Individual/Family) | \$4,900/\$9,800 | \$8,850/\$17,700 | \$9,450/\$18,900 |
| Coinsurance | 20% | 20% | 0% |
| OFFICE VISITS | | | |
| Preventive care ¹ | \$0 | \$0 | \$0 |
| Primary care | \$30 | \$30 | \$0 ⁵ |
| Urgent care | 20% ³ | 20% ³ | \$0 ³ |
| SSM Health Express E-Visit | \$0 | \$0 | \$0 ³ |
| Specialty care | 20% ³ | 20% ³ | \$0 ³ |
| PRESCRIPTION DRUG | | | |
| Preventive ¹ | \$0 | \$0 | \$0 |
| Generic | \$15 | \$15 | 0% ³ |
| Preferred brand | 20% ³ | 20% ³ | 0% ³ |
| Non-preferred brand | 20% ³ | 20% ³ | 0% ³ |
| Specialty | 20% ³ | 20% ³ | 0% ³ |
| MEDICAL SERVICES | | | |
| Labs, imaging services, hospital stays, and other covered services | 20% ³ | 20% ³ | \$0 ³ |
| Emergency Room | 20% ³ | 20% ³ | \$0 ³ |

Copay PCP plans

The best value for the care you receive the most
Copay PCP plans keep your premiums low, and offer you the best value for your regular PCP visits and generic prescription drugs.

| GOLD COPAY PLUS 1500X | SILVER COPAY PLUS 4800X | BRONZE COPAY PLUS 9400X | SILVER HSA-E HDHP 3550X | BRONZE HSA-E HDHP 7450X |
|--|-------------------------|-------------------------|------------------------------|-------------------------------|
| \$1,500/\$3,000 | \$4,800/\$9,600 | \$9,400/\$18,800 | \$3,550/\$7,100 ² | \$7,450/\$14,900 ² |
| \$5,700/\$11,400 | \$9,450/\$18,900 | \$9,400/\$18,800 | \$7,500/\$15,000 | \$7,450/\$14,900 |
| 20% | 30% | 0% | 20% | 0% |
| OFFICE VISITS | | | | |
| Preventive care ¹ | \$0 | \$0 | \$0 | \$0 |
| Primary care | \$30 | \$40 | \$40 | 20% ³ |
| Urgent care | \$30 | \$40 | \$40 | 20% ³ |
| SSM Health Express E-Visit | \$0 | \$0 | \$0 | 20% ³ |
| Specialty care | \$60 | \$80 | \$80 | 20% ³ |
| PRESCRIPTION DRUG | | | | |
| Preventive ¹ | \$0 | \$0 | \$0 | \$0 |
| Generic | \$15 | \$15 | \$25 | 20% ³ |
| Preferred brand | \$60 | \$60 | \$200 | 20% ³ |
| Non-preferred brand | \$225 | \$225 | \$300 | 20% ³ |
| Specialty | \$450 | \$450 | \$450 | 20% ³ |
| MEDICAL SERVICES | | | | |
| Labs, imaging services, hospital stays, and other covered services | 20% ³ | 30% ³ | \$0 ³ | 20% ³ |
| Emergency Room | 20% ³ | 30% ³ | \$0 ³ | \$0 ³ |

Copay plus plans

Coverage you need and the cost predictability you prefer
Copay plus plans feature affordable copays for office visits and many prescription drugs, as well as affordable deductible and coinsurance options.

Health savings account (HSA) plans

Plans for HSA savers
Use your HSA towards your care and drug costs. There is no "use it or lose it" rule, and you may receive tax savings."

| GOLD STANDARD 1500X | SILVER STANDARD 5900X | BRONZE STANDARD 7500X |
|--|-----------------------|-----------------------|
| \$1,500/\$3,000 | \$5,900/\$11,800 | \$7,500/\$15,000 |
| \$8,700/\$17,400 | \$9,100/\$18,200 | \$9,400/\$18,800 |
| 25% | 40% | 50% |
| OFFICE VISITS | | |
| Preventive care ¹ | \$0 | \$0 |
| Primary care | \$30 | \$40 |
| Urgent care | \$45 | \$60 |
| SSM Health Express E-Visit | \$0 | \$0 |
| Specialty care | \$60 | \$80 |
| PRESCRIPTION DRUG | | |
| Preventive ¹ | \$0 | \$0 |
| Generic | \$15 | \$20 |
| Preferred brand | \$30 | \$40 |
| Non-preferred brand | \$60 | \$80 ⁴ |
| Specialty | \$250 | \$350 ³ |
| MEDICAL SERVICES | | |
| Labs, imaging services, hospital stays, and other covered services | 25% ³ | 40% ³ |
| Emergency Room | 25% ³ | 40% ³ |

Standard plans

Simplified shopping experience with standard plans
Standard plans make it easy to shop across all of the important services you need.