

2025

WellFirst by Medica

Side-by-side plan comparison overview for Missourians

WellFirst by Medica is available for individuals and families living in:
Saint Charles, Saint Louis City, Saint Louis and Warren counties.

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

This document is a summary of certain plan benefits. For more benefit details, limitations, and exclusions please review the following documents:



Summary of Benefits and Coverage (SBC)

This provides the basics of a plan.



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-WellFirst](https://www.Medica.com/ShopPlans-WellFirst), or call **1 (800) 918-2149 (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.

DETAILS

WellFirst by Medica

Marketplace Plan Options

What's in the network

3,200+ primary and specialty care doctors
25+ hospitals

Network provider locations

St. Louis metro and its surrounding counties in Missouri



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

[Medica.com/SearchWellFirstNetwork-2025](https://www.Medica.com/SearchWellFirstNetwork-2025)



Need a mental health provider?

Go to **[Medica.com/SearchWellFirstNetwork-2025](https://www.Medica.com/SearchWellFirstNetwork-2025)**

Note: Medica Central Insurance Company does not provide health care but arranges for the provision of covered health care services with independently contracted health care providers. Network providers are not agents or employees of Medica. The relationship between a provider and any member is that of health care provider and patient. The provider is solely responsible for health care provided to any member.

Save the most by staying in-network

Staying in-network will give you the most savings. Unless it's an emergency, 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)**.

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-WellFirst](https://www.medicare.com/shopplans-wellfirst) to see if you qualify and view our plan options.

BENEFITS	GOLD \$0 COPAY	GOLD COPAY PLUS	GOLD STANDARD
Deductible: Medical + pharmacy (Individual/Family)	\$1,325/\$2,650	\$1,600/\$3,200	\$1,500/\$3,000
Out-of-pocket maximum (Individual/Family)	\$7,750/\$15,500	\$6,750/\$13,500	\$7,800/\$15,600
Coinsurance	30%	20%	25%
Preventive care ⁵	\$0	\$0	\$0
OFFICE VISITS			
Primary care, mental + behavioral health	\$0	\$30	\$30 ⁴
Urgent care	\$0	\$30	\$45
SSM Health Express E-Visit ¹	\$0	\$0	\$0
Convenience or retail care	Not covered	Not covered	Not covered
Specialty care	\$75	\$60	\$60
PRESCRIPTION DRUG			
Generic	\$15	\$15	\$15
Preferred brand	\$75	\$75	\$30
Non-preferred brand	\$225	\$225	\$60
Specialty	\$550	\$550	\$250
Preferred insulin per 30-day supply	\$35	\$35	\$35
Preferred diabetic supplies	\$0	\$0	\$0
MEDICAL SERVICES			
Labs, emergency room services, imaging services, hospital stays, and other covered services	30% ³	20% ³	25% ³

Copay plans

Plans with easy to understand copays and less stress, Rest easy, and know what you're likely to pay on most services before you even walk in the door. With lower out-of-pocket costs, it's easy to build a relationship with your provider and maintain your health.

	SILVER \$0 COPAY	SILVER COPAY PLUS	SILVER STANDARD
	\$3,500/\$7,000	\$3,525/\$7,050	\$5,000/\$10,000
	\$9,000/\$18,000	\$9,000/\$18,000	\$8,000/\$16,000
	40%	20%	40%
	\$0	\$0	\$0
	\$0	\$40	\$40 ⁴
	\$0	\$40	\$60
	\$0	\$0	\$0
	Not covered	Not covered	Not covered
	\$80	\$80	\$80
	\$25	\$15	\$20
	\$125	\$75	\$40
	\$225	\$225	\$80 ³
	\$700	\$550	\$350 ³
	\$35	\$35	\$35
	\$0	\$0	\$0
	40% ³	20% ³	40% ³

Share plans

Dependable, affordable copays for your primary care and generic prescription drugs, "just in case" coverage for everything else with lower monthly premiums to help you balance your budget and stay healthy.

Standard plans

This plan makes shopping easy with options at every metal tier across our provider networks and similar benefits to a traditional copay style plan.

	BRONZE \$0 COPAY	BRONZE SHARE	EXPANDED BRONZE STANDARD	CATASTROPHIC
	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$9,200/\$18,400
	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
	50%	50%	50%	0%
	\$0	\$0	\$0	\$0
	\$0	\$50	\$50 ⁴	\$30 ²
	\$0	50% ³	\$75	0% ³
	\$0	\$0	\$0	0% ³
	Not covered	Not covered	Not covered	Not covered
	\$150	\$200	\$100	0% ³
	\$30	\$30	\$25	0% ³
	\$200	\$250	\$50 ³	0% ³
	\$500	70% ³	\$100 ³	0% ³
	\$750	\$850	\$500 ³	0% ³
	\$35	\$35	\$35	\$35
	\$0	\$0	\$0	\$0
	50% ³	50% ³	50% ³	0% ³

Catastrophic plans

Safety net coverage for individuals who are comfortable with their health status and/or transitioning between other coverages. All individuals on a catastrophic plan must be under age 30 or qualify through a federal hardship exemption.

Cost Share Reduction 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, civilrightscordinator@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 Not all email, telephone, or webcam visits are considered part of the member's virtual care benefit. Members receiving services for ongoing treatment with their primary or specialty care doctor could be charged a copay or applicable deductible/coinsurance depending on their plan type. Members should consult their plan documents for more details. Prescriptions, if needed, will be covered according to a member's plan benefits. They may also be subject to cost-sharing.

² Primary and convenience care copays subject to combined three-visit maximum per person per calendar year. After third visit, you pay 0% coinsurance after deductible.

³ The cost share will apply after the deductible is met.

⁴ Primary visit copay applies to physical therapy, occupational therapy and speech therapy.

⁵ Preventive services as defined by the Patient Protection and Affordable Care Act (PPACA). If your doctor does extra tests, follow-up appointments, and treatments, you may have additional costs.

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, which plans are available in your county, 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-WellFirst, or you can get a paper copy by calling 1 (855) 347-5001 (TTY: 711).

WellFirst by Medica plans are underwritten by Medica Central Health Insurance Company

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

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

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