



INDIVIDUAL + FAMILIES



2025 Medica Health Plans for Nebraska



Contents

Page 4	How to choose the right plan	Page 12	Prescription drug coverage
Page 5	Plan types	Page 13	Extras that make your plan even better
Page 6	What's covered	Pages 14-15	2025 plan examples
Page 7	Help paying for your insurance	Page 16	3 ways to enroll
Page 8	Medica plan networks	Page 17	After you enroll
Page 9	Choosing the right care	Page 18	What else you need to know
Pages 10-11	2025 network details		

Questions? We're here to help.



Contact our sales team with questions about your plan options, benefits and more.

1 (855) 752-6763 (TTY: 711)
8 a.m. - 5 p.m. CT, Monday - Friday



Find the best plan for you.
Visit **Medica.com/ShopPlans-NE**



Support is just a click away.
Visit **Medica.com/Contact-us**

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:



\$0 preferred diabetic supplies and preferred insulin for only \$35 per month on select plans



\$0 virtual care visits on most plans



\$0 copay plans available for primary care, mental health and behavioral health

How to choose the right plan

Not sure how to select health coverage? These topics can help you understand your plan options.

How it works

When you're in the market for a health plan, check out the coverage and benefits. Coverage is how much financial protection you get from insurance. Benefits are the health services that your plan covers. Insurance plans come in four "metal" categories. What's the difference between them? It comes down to how much you pay for your care — your premium — and how much your plan pays.

Balancing costs and benefits

The higher the coverage level, the higher the premium. Premiums are higher for gold plans because the insurer covers more of the medical care costs for you and everyone on your plan. Silver and bronze plans have lower premiums, but you'll pay more of your medical expenses. You'll want to balance the level you want with the premium you can afford.

How many doctor visits and prescriptions will you use next year?



VERY FEW

Consider a **bronze plan**.
These are best if you don't go to the doctor or pharmacy very often. You pay a lower premium, but your out-of-pocket care costs will be higher.



IN BETWEEN

Consider a **silver plan**.
These are best if you aren't sure how often you'll go to the doctor or pharmacy. Your premium and out-of-pocket care costs will be more evenly balanced.



MANY

Consider a **gold plan**.
These are best if you go to the doctor or pharmacy frequently. You pay a higher premium, but your out-of-pocket care costs will be lower.

Plan types

What's the difference between plan types? It has to do with when and how you pay for your health care and how predictable your expenses will be. Note: other services not listed below may be subject to coinsurance or a deductible which you will need to pay.

With a standard plan, here's what you can expect:

- Primary care, behavioral health and therapy office visit copays
- Lower costs when you access specialty care
- An easy shopping experience with options at every metal tier across our provider networks

With a \$0 copay plan you'll pay:

- \$0 for primary care office visits, behavioral health visits, urgent care and more
- Specialty care at a dependable office visit copay
- Prescription copays on all medications your plan covers
- An easy way to maintain or build your relationship with your provider

With a share plan, here's what you can expect:

- Primary care at an affordable office visit copay
- Low cost generic copays at the pharmacy
- Lower monthly premiums to help you balance your budget and stay healthy

With a premier plan you'll pay:

- \$0 for primary care office visits and more after your deductible is met
- Specialty care at a dependable office visit copay after your deductible is met
- Lower cost generic copays at the pharmacy
- Our lowest possible deductible on a Bronze plan

Covered benefits and preventive care

What's covered?







All plans cover a comprehensive list of health care services called benefits. You and your health plan share the cost for these services. They include:

-  **Most same-day services**
office visits, outpatient services
-  **Emergency services**
-  **Prescription drugs**
-  **Hospitalization**
including surgery and overnight stays
-  **Pregnancy, maternity, and newborn care**
before and after birth
-  **Pediatric services**
medical care for children
-  **Rehabilitative and habilitative services and devices**
these help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills
-  **Mental health and substance abuse services**
-  **Preventive care and chronic disease management**

Specific services vary based on the state you live in. There's no annual limit on the value of services you can receive in these categories as long as you receive them from a provider in your network. You can see what each plan covers by viewing its plan document.

Preventive care[†] available at no cost

Preventive care that you get from a network provider is available at no cost to you. Preventive care, commonly known as your annual checkup or physical, can help you spot or avoid health problems. It also includes services like:

-  **Annual exams**
-  **Recommended vaccines such as tetanus, HPV, and influenza**
-  **Cancer screenings such as skin, breast, and cervical (Pap test)**
-  **Obesity screening and counseling**
-  **Alcohol abuse and tobacco use screenings, and help to stop**
-  **Screenings for blood pressure, high cholesterol, diabetes, and depression**

Find out more about preventive care at [Medica.com/Prevention](https://www.Medica.com/Prevention).

[†] 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.

Help paying for your insurance

Many people who buy their own insurance can get financial assistance to help pay for their premiums and out-of-pocket costs — and a lot of them don't even know it. There are two kinds of help, and your estimated household income and other household information determine what you qualify for. That help may cover most or even all of your costs.

1

Premium tax credits*

You can use a tax credit to lower your monthly premium. This is what you pay each month for your insurance. If your estimated income falls between 100%–400% of the federal poverty level for your household size, you may qualify for a premium tax credit. You can use that credit to enroll in any metal level (gold, silver or bronze) plan.

2

Cost-Share Reduction (CSR) plans*

CSR plans help reduce your out-of-pocket costs by giving you a discount that lowers your deductibles, copays, and coinsurance. For the discount to apply, you must enroll in a silver metal level plan.

To get assistance you may be qualified for, you'll need to buy your plan through your state's **Health Insurance Marketplace**. The Marketplace can also help you apply for public assistance insurance if your income makes you eligible.

Who qualifies for help?

Your 2024 household income determines if you can get help paying for your 2025 health insurance. To see if you qualify, visit [Medica.com/ShopPlans-NE](https://www.Medica.com/ShopPlans-NE).

Eligibility guidelines:*

- Individuals making \$20,783 — \$60,240 or more
- Family of two making \$28,207 — \$81,760 or more
- Family of three making \$35,632 — \$103,280 or more
- Family of four making \$43,056 — \$124,800 or more

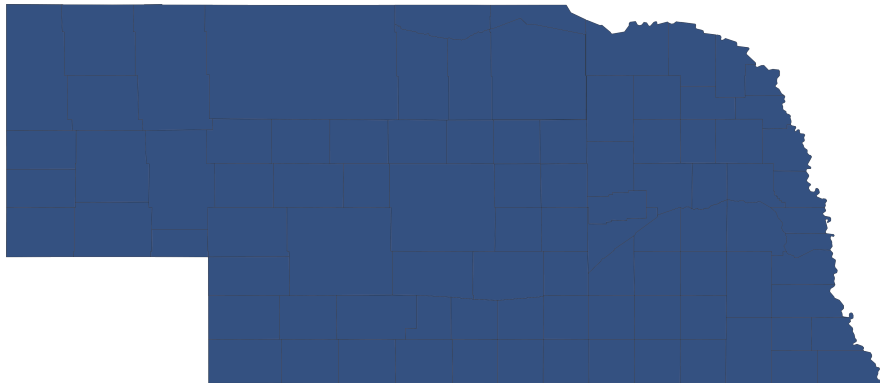
* All income ranges and financial help qualifications are determined by [HealthCare.gov](https://www.HealthCare.gov). Visit [HealthCare.gov](https://www.HealthCare.gov) for more information.

Medica plan networks

Eligibility + enrollment area

If you live in one of the counties below and you aren't enrolled in Medicare, you can enroll in the Individual + Family plans in this brochure.

Available in all Nebraska counties



Want to know if your provider is in our network?
Visit [Medica.com/Find-Care](https://www.Medica.com/Find-Care) to search our provider directory.

Choosing the right care

Where to go for care



\$0 virtual care options

\$0 virtual care visits with Amwell are available from the comfort of home for medical issues like urinary tract infections, lice, yeast infections, and pink eye/ conjunctivitis, and more. They're ideal if you can't meet with your regular provider face-to-face. A virtual care visit with your provider is the same as your primary care copay.



Primary care provider

Your primary care provider should usually be your first choice for care. They know your medical history, plus a scheduled office visit is the least expensive type of care.



Urgent care

Urgent care is available if you need to treat medical problems sooner than a scheduled office visit. Use it for bruises or sprains, minor cuts, minor burns, and the like.



Emergency room (ER)

The ER is for life-threatening illnesses or injuries. Go to the ER for unconsciousness, severe or unusual bleeding, a suspected heart attack or stroke.

Out-of-network coverage



Emergency and urgent care services

You're always covered for emergency and urgent care with in-network copays for care you get in the U.S. and its territories.



Non-emergency services

You pay higher costs for non-emergency care when you visit an out-of-network provider.



Care while traveling

Virtual care is an option if you're traveling in the United States or its territories, and need to meet with your doctor. Your office visit cost share will apply, and you can schedule and get virtual care from anywhere you have an internet connection.

No referral? No problem.

You don't need referrals for specialty care as long as the specialist is in-network.

2025 network details

A **network** is made up of the independently contracted **doctors, hospitals, clinics, and pharmacies** that we work with. Your benefits will apply to in-network providers. See “Receiving care outside of your network” on the “What else you need to know” page to learn more about your out-of-network coverage.





Ready to enroll?

We make it simple.


Call us at **1 (855) 752-6763 (TTY: 711)**.

8 a.m. – 5 p.m. CT, Monday - Friday

PLAN NAME	PRIMARY + SPECIALTY CARE DOCTORS	HOSPITALS	FIND A DOCTOR OR HOSPITAL	FIND A MENTAL HEALTH PROVIDER	COVERED COUNTIES
Elevate by Medica 	6,900+	25+	Medica.com/ SearchElevateNetwork-2025	Medica.com/ SearchElevateNetwork-2025	Adams, Buffalo, Cass, Clay, Fillmore, Hall, Hamilton, Kearney, Mills, Montgomery, Pottawattamie, Saline, Seward, Shelby, and York
Medica with CHI Health 	6,600+	50+	Medica.com/ SearchCHINetwork-2025	Medica.com/ SearchCHINetwork-2025	Buffalo, Burt, Butler, Cass, Colfax, Cuming, Custer, Dawson, Dodge, Douglas, Fillmore, Greeley, Hall, Hamilton, Howard, Johnson, Kearney, Lancaster, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Saline, Sarpy, Saunders, Seward, Sherman, Thayer, Valley, and Washington
Medica Insure	47,300+	365+	Medica.com/ SearchInsureNetwork-2025	Medica.com/ SearchInsureNetwork-2025	All Nebraska Counties

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 contracted with health systems to give you access to quality care at a lower cost.

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

Prescription drug coverage

Our list of covered drugs

To help keep your costs low, our plans cover safe and effective drugs on our List of Covered Drugs. Your cost will depend on which tier your drug belongs to.

\$	TIER 1	Generic
\$\$	TIER 2	Preferred brand
\$\$\$	TIER 3	Non-preferred brand
\$\$\$\$	TIER 4	Specialty



Insulin coverage

You'll pay no more than **\$35 for preferred insulin** – per prescription, per month – when you fill it at a network pharmacy.



90-day refill options

Your doctor can prescribe 90-day supplies of certain medications. Once prescribed, pick it up at a network pharmacy – or have it sent through our mail-order pharmacy at no extra cost when you use standard shipping.



Search the drug list or find a pharmacy

To apply your benefits to a prescription on our drug list, you need to visit an independently contracted network pharmacy. Our network includes more than 68,000 pharmacies nationwide, including most major chains and thousands of independent pharmacies.

See what drugs are covered or find a network pharmacy at **[Medica.com/ShopPlans-NE](https://www.medicare.com/ShopPlans-NE)**

Extras that make your plan even better

These resources can help you stay healthy.
And you get them all at no additional cost.



Personal Health Advocate

Your advocate can help you find doctors, estimate costs, and make informed health care decisions. All completely confidential.



24/7 Nurseline

Get 24/7 answers for many non-urgent care questions. Nurses will help answer questions about symptoms, medications, and health conditions. They also can help you find the right location to get care.



Online health program with reward opportunities

With My Health Rewards by Medica, you'll get access to programs to motivate and support a healthy lifestyle. Stay active, eat healthy, manage stress, and find direction for your life.



On-demand help for stress, anxiety, and depression

Get access to clinically proven techniques based on cognitive behavioral therapy for stress, anxiety, depression, or whatever else you're going through. You also get access to AbleTo, an app-based therapy program.

AbleTo also offers a coaching tool that lets you message with a supportive behavioral health coach and try live, anonymous classes. There's an additional cost for coaching that's not covered under your Medica plan. Find out more by tapping on the "Coaching" tile in the AbleTo app.

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

2025 plan examples

Here are some plans we're offering this year. See the full list of them and their benefits at [Medica.com/ShopPlans-NE](https://www.Medica.com/ShopPlans-NE).



Ready to enroll?

We can help you pick a plan too

Call us at **1 (855) 752-6763 (TTY: 711)**.

8 a.m. – 5 p.m. CT, Monday - Friday

PLAN NAME	METAL LEVEL	PLAN TYPE	DEDUCTIBLE/OUT-OF-POCKET MAX Medical + Pharmacy	PRIMARY CARE	SPECIALTY CARE	VIRTUAL CARE Amwell	PREVENTIVE CARE	INDIVIDUAL COUNSELING + THERAPY	PRESCRIPTIONS Generic/Preferred Brand/ Non-Preferred Brand/ Specialty
Elevate by Medica	Gold	Standard	Individual: \$1,500/\$7,800 Family: \$3,000/\$15,600	\$30 ¹	\$60	\$0	\$0	\$30	\$15/\$30/\$60/\$250
		\$0 Copay	Individual: \$1,325/\$7,750 Family: \$2,650/\$15,500	\$0	\$75	\$0	\$0	\$0	\$15/\$75/\$225/\$550
		Share	Individual: \$2,500/\$5,150 Family: \$5,000/\$10,300	\$30	\$90	\$0	\$0	\$30	\$15/\$80/50% ² /\$550
Medica Insure	Silver	Standard	Individual: \$5,000/\$8,000 Family: \$10,000/\$16,000	\$40 ¹	\$80	\$0	\$0	\$40	\$20/\$40/\$80 ² /\$350 ²
		\$0 Copay	Individual: \$3,500/\$9,000 Family: \$7,000/\$18,000	\$0	\$80	\$0	\$0	\$0	\$25/\$125/\$225/\$700
Medica with CHI Health		Share	Individual: \$3,525/\$7,600 Family: \$7,050/\$15,200	\$30	\$110	\$0	\$0	\$30	\$20/\$125/60% ² /\$700
	Bronze	Standard	Individual: \$7,500/\$9,200 Family: \$15,000/\$18,400	\$50 ¹	\$100	\$0	\$0	\$50	\$25/\$50 ² /\$100 ² /\$500 ²
Premier		Individual: \$2,000/\$9,200 Family: \$4,000/\$18,400	\$0 ²	\$160 ²	\$0	\$0	\$0 ²	\$35/\$200/70% ² /\$750	
Elevate by Medica Medica with CHI Health	Bronze	\$0 Copay	Individual: \$7,500/\$9,200 Family: \$15,000/\$18,400	\$0	\$150	\$0	\$0	\$0	\$30/\$200/\$500/\$750
Medica Insure	Bronze	Share	Individual: \$7,500/\$9,200 Family: \$15,000/\$18,400	\$50	\$200	\$0	\$0	\$50	\$30/\$250/70% ² /\$850

Medica with CHI Health offers all of its plans with additional adult eye exam coverage. For more details, visit [Medica.com/ShopPlans-NE](https://www.Medica.com/ShopPlans-NE)

¹ Primary visit cost-share applies to physical therapy, occupational therapy and speech therapy.

² Cost-share begins after the deductible is met.

Our plans come in three “metal” categories:



Gold
HIGHER PREMIUMS



Silver
MODERATE PREMIUMS



Bronze
LOWER PREMIUMS

THREE WAYS TO ENROLL



Over the phone

Call 1 (877) 347-0267 (TTY: 711).
for fast phone enrollment.
8 a.m. – 5 p.m. CT, Monday – Friday



Online

Visit [Medica.com/ShopPlans-NE](https://www.Medica.com/ShopPlans-NE)
to enroll.



Through the mail

Complete and sign a paper application form
and submit as indicated on the form. (You
can call us to get a paper application
or contact your local Medica agent.)



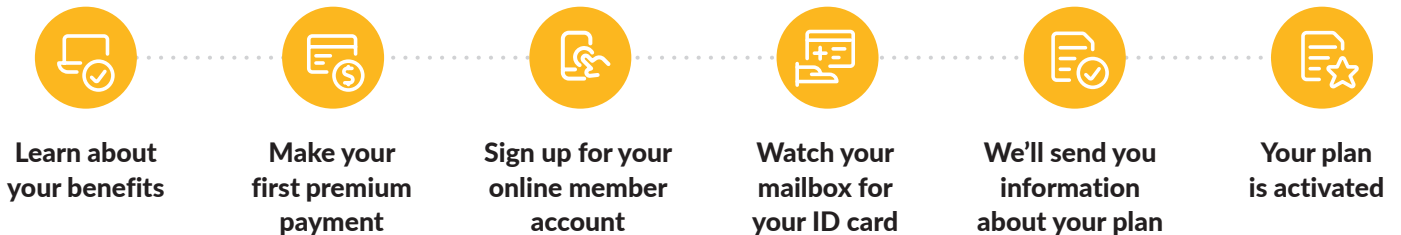
Have questions?

Email us at
MedicalIndividualProducts@Medica.com
or find an agent or broker in your community
at [Medica.com/Agent](https://www.Medica.com/Agent)



After you enroll

What to expect as a new member:



Making your first premium payment

To complete enrollment and activate your coverage, you'll need to make your first premium payment.

After we get that first payment, we'll send your Medica member ID card and Welcome Guide in the mail, and you can start using your insurance coverage on your effective date.

Your member account

Your online member account lets you:

- Download your ID card
- Find doctors, hospitals, or clinics close by
- Explore mental health and wellness benefits
- Pay your premium and sign up for autopay

Sign up at [Medica.com/SignIn](https://www.Medica.com/SignIn).



What else you need to know

Eligibility and requirements

To qualify for a Medica plan, you must be a resident of Nebraska, 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-NE](https://www.Medica.com/ShopPlans-NE), or you can get a paper copy by calling 1 (877) 347-0267 (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 eye wear, 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-NE](https://www.Medica.com/ShopPlans-NE) or call 1 (877) 347-0267 (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 [HealthCare.gov](https://www.HealthCare.gov). 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-NE](https://www.Medica.com/ShopPlans-NE).

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. 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, 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.Medica.com/BalanceBill).

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>.

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 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 Waraqa 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 ميدিকা 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, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ 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.

နမူနာအဖြစ်: တာကျိန်ထံစာကလိနိုနာတာဂျိတိုဘီလိယာဆာကလိနို, ကီးလိဘီနိုဂျိကလိယာဆာပုဒ် ယုဂ်လားလ်ဘီလိယာဆာကလိနိုနာတာကျိန်ထံစာကလိနိုနာတာဂျိတိုဘီလိယာဆာကလိနိုတို့ကတော်.

Kung nais mo ng libreng tulong sa pagsasalín ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica ID.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በገጽ 1 ላይ ወይንም ደገፍ ላይ የሚገኘውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá jííik' e shá ata' hodoonih nínizingo éí ninaaltsoos Medica bee néího' díłzinígí bine'déé' námboo biká'ígíjijí' béésh bee hodíilnih.

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.

COMIFB-0119-I

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 (877) 347-0267 (TTY: 711) or by going to [Medica.com/Privacy](https://www.Medica.com/Privacy).

How we pay agents + brokers

With the Consolidated Appropriations Act of 2021 (CAA), health insurance companies offering individual health insurance coverage must tell you how much they pay brokers for helping someone enroll in a health insurance plan. You can review this information on our website before you finalize your enrollment or renew your plan. To learn more about this disclosure or to see how much your broker earned with your enrollment, go to [Medica.com/AgentPayment](https://www.Medica.com/AgentPayment).



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

Connect with us

Call us at 1 (877) 347-0267 (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-NE](https://www.Medica.com/ShopPlans-NE).

Follow us on social media with the handle [@Medica](https://www.Medica.com).



Medica Insurance Company is a Qualified Health Plan issuer in the Health Insurance Marketplace. All other trademarks are the property of their respective owners.

© 2024 Medica | IFB1013669-7-00624A