

# Medica Medical and Prescription Drug Plan Overview

City of Minneapolis 1/1/2020 – 12/31/2020

Benefit Summary	Current Plan 2	Renewal Plan 2	Current Plan 6	Renewal Plan 6
Monthly Premium	\$273.10	\$299.00	\$138.00	\$148.00
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual deductible	None	None	None	None
Annual out-of-pocket maximum	\$1,500 combined-in and out-of-network (Medical Only)	\$1,500 combined-in and out-of-network (Medical Only)	\$3,000 combined-in and out-of-network (Medical Only)	\$3,000 combined-in and out-of-network (Medical Only)
Out-of-Network Services	Same as in-network. Provider must accept	Same as in-network. Provider must accept	Same as in-network. Provider must accept	Same as in-network. Provider must accept
<b>Preventive Health</b>				
Routine physical, eye and hearing	100% coverage	100% coverage	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage	100% coverage	100% coverage
<b>Medical</b>				
IP Hospital	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency Room	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$15 copay	\$15 copay	\$0-\$10 copay	\$0-\$10 copay
Outpatient Hospital - Surgery	\$50 copay	\$50 copay	\$50 copay	\$50 copay
MRI/CT/ Diag Tests/ X-Ray	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Primary Care Office Visit	\$15 copay	\$15 copay	\$0 copay	\$0 copay
Specialty Office Visit	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Ambulance	\$0 ground/80% air coverage	\$0 ground/80% air coverage	\$25 copay	\$25 copay
DME/Prosthetics	90% coverage	90% coverage	80% coverage	80% coverage

<b>Prescription Drug</b>				
Deductible	\$0	\$0	\$0	\$0
Tier 1 (Preferred Generic Copay)	\$10 copay	\$5-\$10 copay	\$2 copay	\$2-\$6 copay
Tier 2 (Non-Preferred Generic Copay)	\$20 copay	\$15-\$20 copay	\$8 copay	\$5-\$12 copay
Tier 3 (Preferred Brand Copay)	\$35 copay	\$30-\$35 copay	\$35 copay	\$30-\$35 copay
Tier 4 (Non-Preferred Brand Copay)	\$65 copay	\$60-\$65 copay	50% coinsurance	50% coinsurance
Tier 5 (Specialty Copay)	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
Coverage in the Gap?	Same as listed above	Same as listed above	no	no
Catastrophic Coverage	At \$5,100: \$3.40 generics, \$8.50 brand or 5%, whichever is greater	At \$6,350: \$3.60 generics, \$8.95 brand or 5%, whichever is greater	At \$5,100: \$3.40 generics, \$8.50 brand or 5%, whichever is greater	At \$6,350: \$3.60 generics, \$8.95 brand or 5%, whichever is greater
E-Visits (Virtuwell)	N/A	N/A	N/A	N/A
Fitness club membership at most major clubs	No cost	No cost	No cost	No cost

This benefit information is not a comprehensive listing of benefits. Evidence of Coverage is considered as final and complete level of benefits.