# MEDICAL: 2022 PLAN COMPARISON

## IN-NETWORK SERVICES

| Health Care Services | Base Plan<br>Medica Elect/Essential<br>Medica Choice Regional | Medica ACO Plan | Medica Choice National | Medica HSA |
|---|---|---|---|---|
| **Preventive Care**[1] | 100% coverage | 100% coverage | 100% coverage | 100% coverage[2] |
| **Eye and Hearing Exam (routine)** | 100% coverage | 100% coverage | 100% coverage | 100% coverage |
| **Physician**[3] | $25 Primary/<br>$35 Specialty copay | $20 Primary/<br>$30 Specialty copay | $40 Primary/<br>$50 Specialty copay | 90% coverage after deductible |
| **All Walk-in/ Convenience Clinics and Virtual Care**[4] | $15 copay | $15 copay | $20 copay | 90% coverage after deductible |
| **Outpatient MRI and CT Scan** | $50 copay | $40 copay | $50 copay | 90% coverage after deductible |
| **Urgent Care: In-Network and Out-of-Network** | $25 copay | $20 copay | $40 copay | 90% coverage after deductible |
| **Emergency Care: In-Network and Out-of-Network** | $100 copay, waived if admitted | $100 copay, waived if admitted | $100 copay, waived if admitted | 90% coverage after deductible |
| **Outpatient Mental Health/ Substance Use**[5] | $25 copay | $20 copay | $40 copay | 90% coverage after deductible |
| **Chiropractic Care** | $25 copay | $20 copay | $40 copay | 90% coverage after deductible |
| **Physical, Speech, and Occupational Therapy** | $25 copay | $20 copay | $40 copay | 90% coverage after deductible |
| **Home Health Care** | $25 copay | $20 copay | $40 copay | 90% coverage after deductible |

[1] Preventive care includes routine physical, hearing and eye exams; well child care; prenatal care; immunizations; and allergy injections.

[2] HSA guidelines do not view allergy injections as preventive; therefore, the deductible and coinsurance apply to this service.

[3] Primary Care includes Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics.

[4] Gopher Quick Clinic in the Twin Cities and other walk-in/convenience care clinics; also applies to virtual care.

[5] Outpatient Mental Health/Substance Use virtual care services will apply the office visit benefit.

# MEDICAL: 2022 PLAN COMPARISON

## IN-NETWORK AND OUT-OF-NETWORK

| Deductibles and Services | Base Plan Medica Elect/Essential Medica Choice Regional | Medica ACO Plan | Medica Choice National | Medica HSA |
|---|---|---|---|---|
| **In-Network Deductible**[1] | $100 per person/ $200 per family | $100 per person/ $200 per family | $200 per person/ $400 per family | Total in-network and out-of-network: Employee only: $1,500 Family: $3,000 |
| **Out-of-Network Deductible** | $600 per person/ $1,200 per family | $600 per person/ $1,200 per family | $600 per person/ $1,200 per family | |
| **Annual Out-of-Pocket Maximum*** Total annual in-network and out-of-network | $2,500 per person/ $4,000 per family | $2,500 per person/ $4,000 per family | $2,500 per person/ $4,000 per family | $3,000 employee only/ $6,000 per family (Note: Out-of-pocket maximums include the deductible) |
| **Lifetime Maximum** | Unlimited | Unlimited | Unlimited | Unlimited |
| **Lab/X-Ray** | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 90% coverage after deductible |
| **Outpatient Surgery** | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 90% coverage after deductible |
| **In-Network Hospital (General and Mental Health/ Substance Use Care)** | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 90% coverage after deductible |
| **Ground and Air Ambulance to Nearest Facility** | 80% coverage | 80% coverage | 80% coverage | 90% coverage after deductible |
| **Prosthetics, Durable Medical Equipment** | 80% coverage, including hearing aids | 80% coverage, including hearing aids | 80% coverage, including hearing aids | 90% coverage after deductible, including hearing aids |
| **Out-of-Network Care**[2] | 70% coinsurance after deductible is met, up to the annual out-of-pocket maximum | 70% coinsurance after deductible is met, up to the annual out-of-pocket maximum | 70% coinsurance after deductible is met, up to the annual out-of-pocket maximum | 70% coinsurance after deductible is met, up to the annual out-of-pocket maximum |

[1] In-network deductible applies to expenses without a copay, primarily in- and out-patient hospital, and lab/x-ray.

[2] **If you visit an out-of-network provider, Medica discounts do not apply.** That means your out-of-pocket costs can be much higher, potentially thousands of dollars. Plus, Medica usually pays out-of-network providers less than the amount they bill. When this happens, you're responsible for paying the provider the balance.

# MEDICAL: 2022 PLAN COMPARISON

## PRESCRIPTION DRUGS

The UPlan Pharmacy program is provided through Prime Therapeutics and Fairview Specialty Pharmacy. It is automatically provided to members in all UPlan medical options.

A prescription is dispensed as a 30-day supply (including insulin) in network pharmacies only.

| Prescription Drug Categories | Base Plan Medica Elect/ Essential Medica Choice Regional | Medica ACO Plan | Medica Choice National | Medica HSA |
|---|---|---|---|---|
| **Certain Preventive Medications Specified in the Affordable Care Act and Contraceptives in the Generic Plus Category** | $0 copay | $0 copay | $0 copay | 100% |
| **Generic Plus (Tier 1) Drugs** (includes covered generic drugs and some low-cost brand drugs if there is no covered generic drug in a given therapeutic class.) | $10 copay | $10 copay | $10 copay | Prescriptions are covered in the HSA and at 90% in medical plan after deductible |
| **Formulary Brand Name (Tier 2) Drugs** (includes other covered formulary brand drugs) | $30 copay | $30 copay | $30 copay | Prescriptions are covered in the HSA and at 90% in medical plan after deductible |
| **Non-formulary (Tier 3) Drugs** (includes covered brand drugs not listed on formulary) | $75 copay | $75 copay | $75 copay | Prescriptions are covered in the HSA and at 90% in medical plan after deductible |
| **Purchase of Brand Drug When Chemically Equivalent Generic is Available** | Pay the **generic copay and difference in cost**[1] between the brand drug and the generic drug | Pay the **generic copay and difference in cost**[1] between the brand drug and the generic drug | Pay the **generic copay and difference in cost**[1] between the brand drug and the generic drug | Prescriptions are covered in the HSA and at 90% in medical plan after deductible[2] |
| **Drugs Purchased by Mail Order** | 3-month supply available for two copays | 3-month supply available for two copays | 3-month supply available for two copays | 90-day supply available at discount |
| **Annual Out-of-Pocket Maximum (Rx only)** | $750 per person/ $1,500 per family | $750 per person/ $1,500 per family | $750 per person/ $1,500 per family | No separate out-of-pocket maximum for prescriptions |

[1] The difference in cost does not apply toward the annual out-of-pocket maximum.

[2] When in the coinsurance level, pay 10 percent coinsurance based on generic price in addition to difference in cost between the brand drug and the generic drug.

# MEDICAL: 2022 PLAN COMPARISON

## OTHER COVERAGE AND MAXIMUMS

| Other Coverage and Maximums | Base Plan<br>Medica Elect/Essential<br>Medica Choice Regional | Medica ACO Plan | Medica Choice National | Medica HSA |
|---|---|---|---|---|
| **Travel Benefit: In-Network Coverage** | For students and other travelers if services are provided by United Healthcare Options PPO providers | For students and other travelers if services are provided by United Healthcare Options PPO providers | For out-of-area residents, students and other travelers if services are provided by United Healthcare Options PPO providers | For out-of-area residents, students and other travelers if services are provided by United Healthcare Options PPO providers |
| **National Coverage** | Available through emergency or out-of-network benefit only | Available through emergency or out-of-network benefit only | Available in-network through United Healthcare Options PPO network | Available in-network through United Healthcare Options PPO network |

*If you go out of network, you could end up paying more than the out-of-pocket maximum, because certain amounts you pay don't count toward the maximum. Plus, even after you've met your out-of-pocket maximum, you'll continue to pay the difference between what the provider bills and what Medica pays.

| Annual HSA Contributions | UPlan Contribution | Employee Maximum Contribution | Total Annual Contribution |
|---|---|---|---|
| Employee-only amount | $750 | $2,900 | $3,650 |
| Family coverage amount (either tier) | $1,500 | $5,800 | $7,300 |
| Catch-up amount – Age 55 or over | | $1,000 | 2022 max + $1,000 catch-up |

# MEDICAL: 2022 UPLAN BIWEEKLY RATES

## EMPLOYEE-ONLY

| | Wellbeing Rates | | Standard Rates | | |
|---|---|---|---|---|---|
| **Plans** | **Employee** | **University** | **Employee** | **University** | **Total Cost** |
| Medica Elect/Essential: Twin Cities & Duluth Base Plan<br>Medica Choice Regional: Greater Minnesota Base Plan | $28.96 | $341.71 | $48.19 | $322.48 | $370.67 |
| Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area | $9.83 | $341.71 | $29.06 | $322.48 | $351.54 |
| Medica Choice National | $113.69 | $341.71 | $132.92 | $322.48 | $455.40 |
| Medica HSA | $22.71 | $341.71 | $41.94 | $322.48 | $364.42 |

## EMPLOYEE AND CHILDREN

| | Wellbeing Rates | | Standard Rates | | |
|---|---|---|---|---|---|
| **Plans** | **Employee** | **University** | **Employee** | **University** | **Total Cost** |
| Medica Elect/Essential: Twin Cities & Duluth Base Plan<br>Medica Choice Regional: Greater Minnesota Base Plan | $106.01 | $536.23 | $125.24 | $517.00 | $642.24 |
| Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area | $71.55 | $536.23 | $90.78 | $517.00 | $607.78 |
| Medica Choice National | $252.13 | $536.23 | $271.36 | $517.00 | $788.36 |
| Medica HSA | $95.32 | $536.23 | $114.55 | $517.00 | $631.55 |

## EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN

| | Wellbeing Rates | | Standard Rates | | |
|---|---|---|---|---|---|
| **Plans** | **Employee** | **University** | **Employee** | **University** | **Total Cost** |
| Medica Elect/Essential: Twin Cities & Duluth Base Plan<br>Medica Choice Regional: Greater Minnesota Base Plan | $158.58 | $802.60 | $187.43 | $773.75 | $961.18 |
| Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area | $108.89 | $802.60 | $137.74 | $773.75 | $911.49 |
| Medica Choice National | $377.78 | $802.60 | $406.63 | $773.75 | $1180.38 |
| Medica HSA | $141.69 | $802.60 | $170.54 | $773.75 | $944.29 |

- Total Costs are for those with a 50% to 74% time appointment
- Employees who work 50% to 74% time will pay the "Total Cost" rate per pay period
- Employees who earned the $500/$750 Wellbeing reduction in 2020-21 pay the Wellbeing Program Rate in 2022. Those who didn't earn the wellbeing points will pay the Standard Rate.