

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

<sup>1</sup> Preventive care includes routine physical, hearing and eye exams; well child care; prenatal care; immunizations; and allergy injections.

<sup>2</sup> HSA guidelines do not view allergy injections as preventive; therefore, the deductible and coinsurance apply to this service.

<sup>3</sup> Primary Care includes Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics.

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

<sup>5</sup> Outpatient Mental Health/Substance Abuse virtual care services will apply the office visit benefit.

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## IN-NETWORK AND OUT-OF-NETWORK

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

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

<sup>2</sup>**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<br>Medica Elect/<br>Essential<br>Medica Choice<br>Regional  | Medica ACO Plan   | Medica Choice<br>National   | Medica HSA  |
|--|---|---|---|---|
| <b>Certain Preventive Medications Specified in the Affordable Care Act and Contraceptives in the Generic Plus Category</b>   | \$0 copay   | \$0 copay   | \$0 copay   | 100%  |
| <b>Generic Plus (Tier 1) Drugs</b><br>(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              |
| <b>Formulary Brand Name (Tier 2) Drugs</b> (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              |
| <b>Non-formulary (Tier 3) Drugs</b><br>(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              |
| <b>Purchase of Brand Drug When Chemically Equivalent Generic is Available</b>  | Pay the <b>generic copay and difference in cost<sup>1</sup></b> between the brand drug and the generic drug | Pay the <b>generic copay and difference in cost<sup>1</sup></b> between the brand drug and the generic drug | Pay the <b>generic copay and difference in cost<sup>1</sup></b> between the brand drug and the generic drug | Prescriptions are covered in the HSA and at 90% in medical plan after deductible <sup>2</sup> |
| <b>Drugs Purchased by Mail Order</b>   | 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   |
| <b>Annual Out-of-Pocket Maximum (Rx only)</b>  | \$750 per person/<br>\$1,500 per family   | \$750 per person/<br>\$1,500 per family   | \$750 per person/<br>\$1,500 per family   | No separate out-of-pocket maximum for prescriptions   |

<sup>1</sup> The difference in cost does not apply toward the annual out-of-pocket maximum.

<sup>2</sup> 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<br>National   | Medica HSA  |
|--|--|--|---|---|
| <b>Travel Benefit:<br/>In-Network Coverage</b> | 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 |
| <b>National Coverage</b>                       | 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 +<br>\$1,000 catch-up |

# MEDICAL: 2022 UPLAN BIWEEKLY RATES

## EMPLOYEE-ONLY

| Plans  | Wellbeing Rates |            | Standard Rates |            | Total Cost |
|--|-----------------|------------|----------------|------------|------------|
|  | Employee        | University | Employee       | University |            |
| 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

| Plans  | Wellbeing Rates |            | Standard Rates |            | Total Cost |
|--|-----------------|------------|----------------|------------|------------|
|  | Employee        | University | Employee       | University |            |
| 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

| Plans  | Wellbeing Rates |            | Standard Rates |            | Total Cost |
|--|-----------------|------------|----------------|------------|------------|
|  | Employee        | University | Employee       | University |            |
| 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.