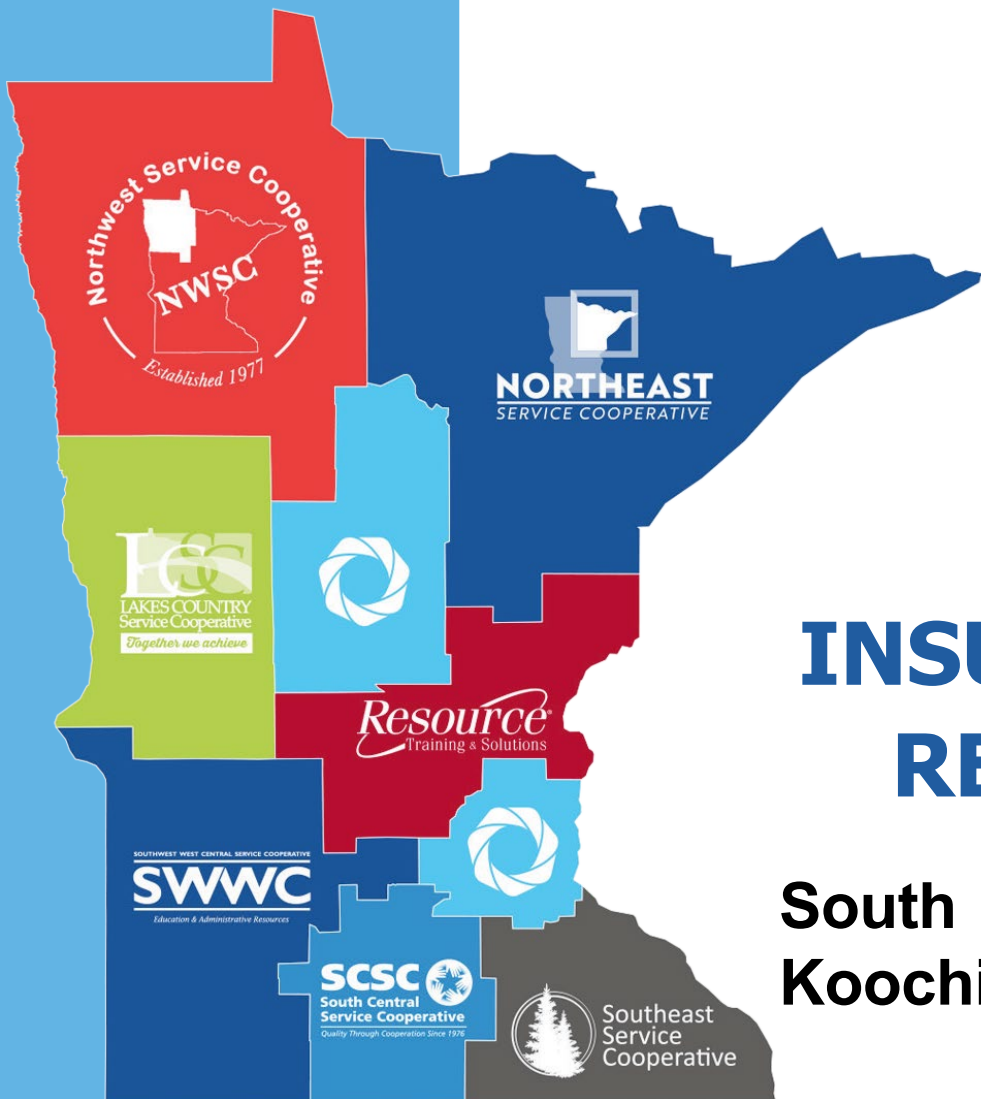




**Minnesota  
Healthcare  
Consortium**  
Participating Minnesota Service Cooperatives



# 2025 HEALTH INSURANCE RENEWAL

**South  
Koochiching SD**

[www.mnhc.gov](http://www.mnhc.gov)



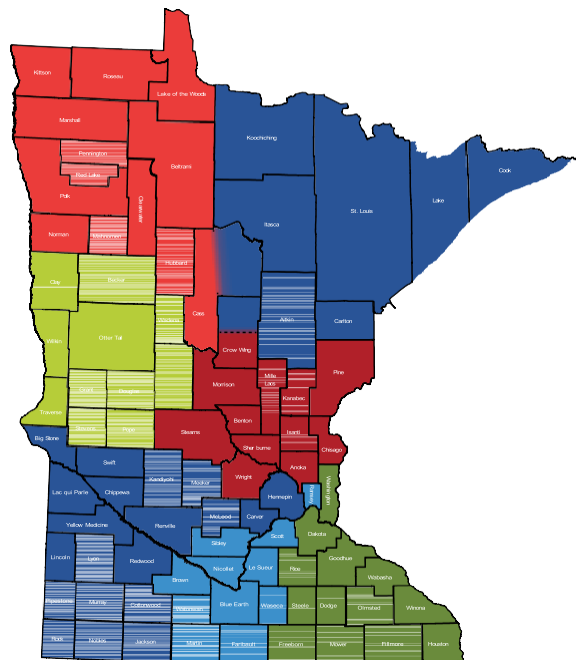
**Health insurance** is a need and providing it can be a challenge for organizations of all sizes. The Minnesota Healthcare Consortium (MHC) is a partner in bringing Minnesota schools, cities and counties the best plans at the best pricing, along with extensive wellness resources to serve the needs of the population.

MHC is the second largest health insurance pool in the state behind the State of Minnesota. We negotiate statewide pricing and create a large, diverse membership that reduces costs for everyone, including taxpayers.

Many insurance programs seek to control costs by limiting access to only select health care providers and pharmacies. MHC believes it is important to maintain access and choice by providing flexible options for groups and employees.

With MHC, enrolled groups may:

- Choose from the broadest provider and pharmacy networks.
- Access a seamless national network for out-of-state claims.
- Access the Mayo Clinic for complex healthcare needs.
- Select from the MHC plan portfolio or establish a more tailored plan to meet the group's needs.



## OUR PARTNERS



### Health Plan Administrator

Rely on MHC and Medica for great service, an extensive network of healthcare providers, and numerous wellness resources designed to empower members to achieve their optimal health.



### Medical Spending Accounts

With MHC and WEX Health, you get a team of knowledgeable experts with extensive years of public sector experience. That experience helps guide members in managing their money for current and future medical expenses.



### Vision Care

VSP provides a range of options, including voluntary and employer-sponsored plans. Employers have the flexibility to select either a comprehensive plan covering examination services or a materials-only plan.



## Group Leader Information

### Reminders

- **The Medicare Part D Credible Coverage** – notification will be mailed to all members annually. This is a task group leaders no longer need to complete as it will be managed by our medical carrier.
- **PCORI** – fees are paid by your organization. MHC will send data annually in June for the report due by July 31.
- **IRS deductible indexing** – Annually the IRS adjusts the minimum and maximum annual deductible and other out-of-pocket expenses for high deductible health plans. If you have the minimum or maximum plan MHC will automatically make the adjustment to remain in compliance with the IRS.
- **Filing 1094 and 1095s** - 26 CFR § 301.6011-2(b) and (c) was amended to provide that electronic filing of Forms 1094-1095 is required if the employer files 10 or more forms. Click here for more information: [Electronic-Filing Requirements for Specified Returns and Other Documents](#)

### Medica Self Insured (MSI) Administrative Changes

- See attachment for benefit/language change grid. Your service cooperative insurance consultant will review these updates with you after renewal.

### Enrollment Platform

Businessolver (formerly Capstone) continues as your platform for enrollment & billing. If contact information for your office needs to be updated, please fill out the [BenefitSolver Access Form](#) and send it to contact your service cooperative consultant and Jody at Businessolver.

### Plan Documents

- A group leader's signature is required on the plan documents when plan changes are made. Updated Summary Plan Documents (SPDs) will be available on the Medica Portal for each member once signed.
- Updated Summary of Benefits and Coverage (SBC) will be produced after the signed confirmation is returned. Your plans with MHC are custom built, so the SBCs generally take 10-15 business days to produce.

### Open Enrollment

- Regional Service Cooperative staff are available to meet with you and/or present to your staff.
- We have materials for you to share with staff related to the new programs available through our partnership with Medica.
- A [pre-enrollment site](#) is available to staff to find information regarding network options, preventative Rx and formulary.

Regional Service Cooperative	Medica	BenefitSolver Enrollment & Billing portal
<b>Chris Wavra</b> Health Insurance/Member Services <a href="mailto:cwavra@nwservice.org">cwavra@nwservice.org</a> (218) 684-1761	<b>Sarah Bagley-Lindgren</b> Strategic Account Manager <a href="mailto:Sarah.Bagley-Lindgren@medica.com">Sarah.Bagley-Lindgren@medica.com</a> (952) 992-2869	<b>Jody Cox</b> Account Manager <a href="mailto:jcox@businessolver.com">jcox@businessolver.com</a> (317) 793-2916
Website: <a href="http://mnhc.gov">mnhc.gov</a>	Website: <a href="https://www.medica.com/">https://www.medica.com/</a> Group Leader Service Center 1 (800)-936-6880 Email: <a href="mailto:MedicaServiceCenter@Medica.com">MedicaServiceCenter@Medica.com</a>	Website: <a href="http://www.benefitsolver.com">www.benefitsolver.com</a>  Email: <a href="mailto:MHC@capstonebenefits.com">MHC@capstonebenefits.com</a>

We are dedicated to empowering and engaging our members in lifelong health and well-being | [www.mnhc.gov](http://www.mnhc.gov)



## Terms and Conditions

1. Your Regional Service Cooperative's medical & pharmacy benefits program is administered by Medica. Medica also underwrites the specific and aggregate stop loss insurance and provides customer service and account management support. The Minnesota Healthcare Consortium, of which your Regional Service Cooperative is a member, also self-insures a layer of stop loss combined with other participating service cooperatives in a statewide pooling arrangement.
2. The rates are contingent on being the only health plan(s) that you offer.
3. The rates are based on the benefit description and expected enrollment shown for each plan. If you request different benefits, or if your actual enrollment varies from expected enrollment listed by more than 10%, we reserve the right to make changes to the rates.
4. At least 50% of the total number of all eligible employees must enroll in the program for coverage to be offered to your group.
5. The employer must contribute at least 50% of the cost of the lowest priced health plan offered to your employees.
6. Rates included are guaranteed for 12 months beginning on July 1, 2025 contingent on becoming a member of the service cooperative.
7. Rates and plans are compliant with state and Federal regulations, including ACA.
8. Cash in lieu of benefits are not recommended. Please discuss variations with the Service Cooperative.
9. Your quoted rates may include commission as indicated on your renewal confirmation page.
10. MHC utilizes Benefitsolver to manage Medica enrollment. Review your bill each month to confirm changes made are reflected. It's especially important to review after open enrollment and at the beginning of the plan year. Retroactive terminations are limited to 60 days. Qualifying life event changes need to be entered within 30 days of the event.
11. Your account will continue to be serviced locally by your Regional Service Cooperative and Medica.
12. The Regional Service Cooperative collects premiums in full from members via ACH on a monthly basis.

For questions, please contact your Regional Service Cooperative representative.



## Renewal Checklist

Here is a guide to the forms to submit and steps that need to take place:

1. ☐ **Renewal**

- a. Rate Confirmation Page: Be sure to check yes or no next to the plans your group is choosing.
- b. Buy-up programs: If you are adding any additional programs to your renewal this year indicate that to your MHC contact.
- c. Benefitsolver: If you have any changes or additions to your benefit team request an updated [admin access form](#).
- d. Sign all documents and email them to your MHC contact by May 2, 2025
- e. Updated Summary of Benefits and Coverage (SBC) will be produced after the renewal is signed. These documents are custom made and generally take 10-15 business days to produce.

2. ☐ **Open Enrollment:** Hold an Open Enrollment meeting with your staff to educate them on their plan choices for the year – Ideally between May 12-23, 2025

3. ☐ **Employee Plan Changes:** Enter the employee plan changes into the Benefitsolver system by June 2, 2025.



## MHC Statewide Pool Renewal for: SOUTH KOOCHICHING RAINY

7/1/25

Plan	Description	Coverage	Contracts *	Current rates	RATES EFFECTIVE 7/1/25	Plan adj. %	Elect this plan? Yes/No
1	MSI PP MN 3300-0% HSA <i>Ded updated for 2025 IRS Limits</i>	Single	12	\$775.84	\$808.64	4.23%	<input type="checkbox"/>
		Family	4	\$2,073.20	\$2,160.86	4.23%	<input type="checkbox"/>
2	MSI PP MN 1500-25-20%	Single	2	\$848.66	\$890.80	4.97%	<input type="checkbox"/>
		Family	0	\$2,267.76	\$2,380.38	4.97%	<input type="checkbox"/>
3	MSI PP MN 500-25-20%	Single	4	\$913.94	\$959.32	4.97%	<input type="checkbox"/>
		Family	0	\$2,442.22	\$2,563.52	4.97%	<input type="checkbox"/>

\*Based on the group's most recent enrollment data. Rates are guaranteed for one year from 7/1/2025 through 6/30/2026.

	Current	Renewal
Projected Monthly Premium *	\$22,956	\$23,966
Projected Annual Premium *	\$275,472	\$287,592
Projected Renewal % Change *		4.40%

### IMPORTANT RENEWAL CONFIRMATION INSTRUCTIONS

Your current plans are subject to auto-renewal 60-days prior to the effective date if the signed confirmation is not received or if you haven't communicated a different intent.

Please verify broker fees, commissions and information listed below that apply to your policy.

#### Alternative Plans (if applicable)

Attach plan summaries and rates for alternative plans. Check "no" above for any current plan or plans that are being replaced or discontinued.

Broker commissions included? \$0.00 per contract/mo 0.0% of total plan premium

Broker Name: MHC Direct Brokerage Agency: \_\_\_\_\_ Broker tel: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker MN Life and Health License # \_\_\_\_\_

#### Rate confirmation approved by:

Print name: \_\_\_\_\_

for: SOUTH KOOCHICHING RAINY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Plan Descriptions	SOUTH KOOCHICHING RAINY	Effective: 7/1/25
Plan 1:	MSI PP MN 3300-0% HSA	\$3300/6600 Ded, 100/0% Coins, \$3300/6600 OOP, Ded/Coins with Prev Rx, (OON: \$5600/11200, 20%, \$11200/22400) Embedded
Plan 2:	MSI PP MN 1500-25-20%	\$1500/3000 Ded, \$25, 80/20% Coins, \$3500/7000 OOP, \$15/50/100 No Prev Rx, (OON: \$3500/7000, 40%, \$10500/21000) Embedded
Plan 3:	MSI PP MN 500-25-20%	\$500/1000 Ded, \$25, 80/20% Coins, \$2000/4000 OOP, \$15/50/100 No Prev Rx, (OON: \$2000/4000, 40%, \$6000/12000) Embedded

### FOR MHC INTERNAL USE ONLY

Underwriting approval: \_\_\_\_\_ Date: \_\_\_\_\_

Financial approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** HITA Bid: Present MHC HITA Exhibit as page one in the renewal response; Health Plan Rate Confirmation Page is page two.



**Health Plan Rate Confirmation for:**  
**Effective: 7/1/25**

**SOUTH KOOCHICHING RAINY**

**MHC PREFERRED PORTFOLIO**

**Please submit plan design requests to UW Committee**

			Passport	ECC	ALT
MHC 100	MSI PP MN 500-40/75-20% MV: 0.837	Single	\$946.78	\$757.42	\$823.70
		Family	\$2,530.00	\$2,024.00	\$2,201.10
MHC 106	MSI PP MN 1000-40/75-20% MV: 0.828	Single	\$936.74	\$749.40	\$814.96
		Family	\$2,503.18	\$2,002.54	\$2,177.76
MHC 112	MSI PP MN 1500-40/75-20% MV: 0.800	Single	\$891.56	\$713.24	\$775.64
		Family	\$2,382.42	\$1,905.94	\$2,072.70
MHC 118	MSI PP MN 2000-50/100-20% MV: 0.754	Single	\$846.86	\$677.48	\$736.76
		Family	\$2,263.00	\$1,810.40	\$1,968.80
MHC 124	MSI PP MN 2500-50/100-20% MV: 0.732	Single	\$815.98	\$652.80	\$709.90
		Family	\$2,180.50	\$1,744.40	\$1,897.04
MHC 130	MSI PP MN 3000-50/100-20% MV: 0.714	Single	\$789.90	\$631.92	\$687.22
		Family	\$2,110.78	\$1,688.62	\$1,836.38
MHC 200	MSI PP MN 1500-50/100-0% MV: 0.822	Single	\$975.56	\$780.46	\$848.74
		Family	\$2,606.92	\$2,085.54	\$2,268.02
MHC 206	MSI PP MN 2000-50/100-0% MV: 0.807	Single	\$946.20	\$756.96	\$823.20
		Family	\$2,528.44	\$2,022.76	\$2,199.74
MHC 212	MSI PP MN 2500-50/100-0% MV: 0.794	Single	\$920.80	\$736.64	\$801.10
		Family	\$2,460.58	\$1,968.46	\$2,140.70
MHC 218	MSI PP MN 3000-50/100-0% MV: 0.779	Single	\$898.36	\$718.70	\$781.58
		Family	\$2,400.64	\$1,920.50	\$2,088.56
MHC 300	MSI PP MN 3300-20% HSA MV: 0.656	Single	\$747.98	\$598.38	\$650.74
		Family	\$1,998.78	\$1,599.02	\$1,738.94
MHC 306	MSI PP MN 3300-20% HSA MV: 0.656	Single	\$707.14	\$565.72	\$615.22
		Family	\$1,889.64	\$1,511.72	\$1,643.98
MHC 312	MSI PP MN 3500-20% HSA MV: 0.645	Single	\$695.14	\$556.10	\$604.76
		Family	\$1,857.56	\$1,486.04	\$1,616.08
MHC 318	MSI PP MN 4000-20% HSA MV: 0.629	Single	\$681.28	\$545.02	\$592.70
		Family	\$1,820.50	\$1,456.40	\$1,583.84
MHC 324	MSI PP MN 5000-20% HSA MV: 0.604	Single	\$663.48	\$530.78	\$577.24
		Family	\$1,772.98	\$1,418.38	\$1,542.48
MHC 330	MSI PP MN 6000-20% HSA MV: 0.588	Single	\$654.98	\$523.98	\$569.84
		Family	\$1,750.26	\$1,400.20	\$1,522.72
MHC 400	MSI PP MN 1650-0% HSA MV: 0.832	Single	\$912.50	\$730.00	\$793.86
		Family	\$2,438.38	\$1,950.70	\$2,121.38
MHC 406	MSI PP MN 2000-0% HSA MV: 0.806	Single	\$884.80	\$707.84	\$769.78
		Family	\$2,364.38	\$1,891.50	\$2,057.00
MHC 412	MSI PP MN 2500-0% HSA MV: 0.772	Single	\$848.68	\$678.94	\$738.34
		Family	\$2,267.84	\$1,814.28	\$1,973.02
MHC 418	MSI PP MN 3000-0% HSA MV: 0.742	Single	\$817.50	\$654.00	\$711.22



		Family	\$2,184.54	\$1,747.64	\$1,900.56
MHC 424	MSI PP MN 3300-0% HSA MV: 0.726	Single	\$808.64	\$646.92	\$703.52
		Family	\$2,160.86	\$1,728.68	\$1,879.94
MHC 430	MSI PP MN 3500-0% HSA MV: 0.715	Single	\$798.02	\$638.42	\$694.28
		Family	\$2,132.48	\$1,705.98	\$1,855.26
MHC 436	MSI PP MN 4000-0% HSA MV: 0.691	Single	\$773.12	\$618.48	\$672.60
		Family	\$2,065.92	\$1,652.74	\$1,797.34
MHC 442	MSI PP MN 4500-0% HSA MV: 0.669	Single	\$750.44	\$600.34	\$652.88
		Family	\$2,005.32	\$1,604.26	\$1,744.62
MHC 448	MSI PP MN 5000-0% HSA MV: 0.648	Single	\$729.66	\$583.72	\$634.80
		Family	\$1,949.80	\$1,559.84	\$1,696.32
MHC 454	MSI PP MN 6000-0% HSA MV: 0.612	Single	\$692.56	\$554.06	\$602.54
		Family	\$1,850.68	\$1,480.54	\$1,610.10
MHC 460	MSI PP MN 6500-0% HSA MV: N/A below .60	Single	\$673.42	\$538.74	\$585.88
		Family	\$1,799.54	\$1,439.64	\$1,565.60
MHC 466	MSI PP MN 7000-0% HSA MV: N/A below .60	Single	\$657.98	\$526.38	\$572.44
		Family	\$1,758.26	\$1,406.60	\$1,529.68
MHC 470	MSI PP MN 7500-0% HSA MV: N/A below .60	Single	\$643.96	\$515.18	\$560.26
		Family	\$1,720.82	\$1,376.66	\$1,497.12
MHC 476	MSI PP MN 8300-0% HSA MV: N/A below .60	Single	\$621.74	\$497.38	\$540.90
		Family	\$1,661.40	\$1,329.12	\$1,445.42

## MHC Preferred Plan Descriptions

MHC 100: \$500/1000 Ded, \$40/75, 80/20% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 106: \$1000/2000 Ded, \$40/75, 80/20% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 112: \$1500/3000 Ded, \$40/75, 80/20% Coins, \$3000/6000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 118: \$2000/4000 Ded, \$50/100, 80/20% Coins, \$4000/8000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 124: \$2500/5000 Ded, \$50/100, 80/20% Coins, \$5000/10000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 130: \$3000/6000 Ded, \$50/100, 80/20% Coins, \$6000/12000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 200: \$1500/3000 Ded, \$50/100, 100/0% Coins, \$1500/3000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 206: \$2000/4000 Ded, \$50/100, 100/0% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 212: \$2500/5000 Ded, \$50/100, 100/0% Coins, \$2500/5000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 218: \$3000/6000 Ded, \$50/100, 100/0% Coins, \$3000/6000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 300: \$3300/6600 Ded, 80/20% Coins, \$4600/9200 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 306: \$3300/6600 Ded, 80/20% Coins, \$6500/13000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 312: \$3500/7000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 318: \$4000/8000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 324: \$5000/10000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 330: \$6000/12000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 400: \$1650/3300 Ded, 100/0% Coins, \$1650/3300 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 406: \$2000/4000 Ded, 100/0% Coins, \$2000/4000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 412: \$2500/5000 Ded, 100/0% Coins, \$2500/5000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 418: \$3000/6000 Ded, 100/0% Coins, \$3000/6000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 424: \$3300/6600 Ded, 100/0% Coins, \$3300/6600 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 430: \$3500/7000 Ded, 100/0% Coins, \$3500/7000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 436: \$4000/8000 Ded, 100/0% Coins, \$4000/8000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 442: \$4500/9000 Ded, 100/0% Coins, \$4500/9000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 448: \$5000/10000 Ded, 100/0% Coins, \$5000/10000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 454: \$6000/12000 Ded, 100/0% Coins, \$6000/12000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 460: \$6500/13000 Ded, 100/0% Coins, \$6500/13000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 466: \$7000/14000 Ded, 100/0% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10500/21000, 50%, \$15750/29000) Embedded
MHC 470: \$7500/15000 Ded, 100/0% Coins, \$7500/15000 OOP, Ded/Coins with Prev Rx, (OON: \$11250/22500, 50%, \$17000/29000) Embedded
MHC 476: \$8300/16600 Ded, 100/0% Coins, \$8300/16600 OOP, Ded/Coins with Prev Rx, (OON: \$12500/25000, 50%, \$18750/29000) Embedded

## MHC Preferred Plan Notes:

- 1.) All of the above benefit descriptions are benefit outlines only. The details of benefit coverage are provided by the Plan Document applicable to each plan. In case of differences, the Plan Document applies.
- 2.) HSA-eligible plans will be indexed each year per IRS regulations.
- 3.) For a plan to be implemented, it must have a minimum of 1 enrollee. Final rates subject to approval once plan(s) have been selected.
- 4.) The above plan benefit schedules apply to all network options. Refer to the Plan Document for network benefit provisions.
- 5.) Preventative care is provided in-network at 100%, with no deductible or coinsurance. Preventative care coverage details are provided in the Plan Document.
- 6.) Preventative Rx refers to the list of drugs permitted to be covered at 100% and not subject to the deductible under HSA-qualified High Deductible Health Plans. See the Preventative Drug List for details.
- 7.) The lower copays for virtual care listed above under the copay plans apply only to Amwell and Virtuwell.

Submit alternative Portfolio Plan requests to your MHC Representative. Once approved, an updated confirmation sheet will be provided to finalize the plan selections.





**Health Plan Rate Confirmation for:**  
**Effective: 7/1/25**

**SOUTH KOOCHICHING RAINY**

**NETWORK ALTERNATES**

**Please submit plan design requests to UW Committee**

		<b>Passport</b>	<b>ECC</b>	<b>ALT</b>
<b>Plan 1</b>	MSI PP MN 3300-0% HSA	Single	\$808.64	\$646.92
		Family	\$2,160.86	\$1,728.68
<b>Plan 2</b>	MSI PP MN 1500-25-20%	Single	\$890.80	\$712.64
		Family	\$2,380.38	\$1,904.32
<b>Plan 3</b>	MSI PP MN 500-25-20%	Single	\$959.32	\$767.46
		Family	\$2,563.52	\$2,050.82

# SOUTH KOOCHICHING RAINY

Request For Proposals - Group Insurance Coverage  
Effective Date: 7/1/25



## Section 1:

	Rate Tier	Assumed # of Contracts	MHC Proposed Rates (with commissions)	MHC Proposed Rates (w/o commissions)	Brief Description / Group Number(s)
Plan 1	Single	12	\$808.64	\$808.64	MSI PP MN 3300-0% HSA
	Family	4	\$2,160.86	\$2,160.86	44503
Plan 2	Single	2	\$890.80	\$890.80	MSI PP MN 1500-25-20%
	Family	0	\$2,380.38	\$2,380.38	44504
Plan 3	Single	4	\$959.32	\$959.32	MSI PP MN 500-25-20%
	Family	0	\$2,563.52	\$2,563.52	44505

Total Contracts:	22
Total Annual Premium:	\$287,592
Premium PCPM (per contract/mo):	\$1,089.36
Total Annual Commissions:	\$0
Total Commissions PCPM:	\$0.00
Total Annual Premium (no commissions):	\$287,592
Premium PCPM (no commissions):	\$1,089.36

## Section 2:

Brief Plan Description - NOTE: SBC or benefit book required for all quoted plans.

	Plan 1	Plan 2	Plan 3	
Does Plan Match Current Benefit (Y or N)	Y	Y	Y	
Plan Type	PPO	PPO	PPO	
Plan Minimum Value (MV)	0.726	0.803	0.857	
Network Name	PP	PP	PP	
Network Description (Broad or Narrow)	Broad	Broad	Broad	
Primary Care Model (Y or N)	N	N	N	
Multiple Tiers Within Network	NA	NA	NA	
Note Number of Tiers and Deductible Range	NA	NA	NA	
HSA/VEBA Account	HSA	NA	NA	
INN Single Deductible	\$3,300	\$1,500	\$500	
INN Family Deductible	\$6,600	\$3,000	\$1,000	
Embedded Deductible (Y or N)	Embedded	Embedded	Embedded	
4th Quarter Deductible Carryover Included (Y or N)	N	N	N	
Coinsurance %	0%	20%	20%	
Office Visit Copay Amount	NA	\$25	\$25	
INN Single Out of Pocket Limit	\$3,300	\$3,500	\$2,000	
INN Family Out of Pocket Limit	\$6,600	\$7,000	\$4,000	
Pharmacy included in OOP Limit (Y or N)	Y	Y	Y	
Pharmacy Separate Out of Pocket Limit (Y or N)	N	N	N	
Pharmacy Network Name	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk	
Pharmacy Network (Broad or Narrow)	Broad	Broad	Broad	
Pharmacy List (Open or Closed)	Open	Open	Open	
Pharmacy List (Broad or Narrow)	Broad	Broad	Broad	
Pharmacy Separate Deductible (Y or N)	N	N	N	
Pharmacy Separate Copay Generic	NA	\$15	\$15	
Pharmacy Separate Copay Preferred Brand	NA	\$50	\$50	
Pharmacy Separate Copay Non-Preferred Brand	NA	\$100	\$100	
Pharmacy Separate Copay Specialty	See SBC for Details	See SBC for Details	See SBC for Details	

**\* Note:** MV calculations for HSA/HRA plans assume no annual employer contributions. If employer does contribute to employee HSA/HRA accounts the MV values will be higher.

# Wellness Programs

Your Minnesota Healthcare Consortium health plan includes resources to help you and your employees stay healthy and get support – at no extra cost to employees.

PROGRAM	RESOURCES
<b>Medica CallLink®</b>	<b>Trusted answers day or night.</b> Get 24-hour health support from advisors and nurses. Call <b>1 (800) 962-9497</b> (TTY: 711).
<b>My Health Rewards by Medica®</b>	<p><b>Get inspired to make positive changes.</b> Complete activities personalized just for you and earn rewards. Employees can earn up to \$345 in rewards per year and spouse and dependents can earn up to \$225 in rewards per year.</p> <p><i>Employees:</i></p> <ul style="list-style-type: none"> <li>• Download the free Personify Health app from the App Store or Google Play.</li> <li>• Open the app, choose <i>Create Account</i>, and search for and choose <i>Minnesota Healthcare Consortium</i> on the sponsor organization list.</li> <li>• Or go to <a href="https://Medica.com/MHC">Medica.com/MHC</a> to create your account online.</li> </ul> <p><i>Spouses and dependents ages 18+:</i></p> <ul style="list-style-type: none"> <li>• Download the free Personify Health app from the App Store or Google Play.</li> <li>• Open the app, choose <i>Create Account</i>, and search for <i>Medica</i> on the sponsor organization list. Then choose <i>Medica My Health Rewards</i>.</li> <li>• Or go to <a href="https://Medica.com/MHC">Medica.com/MHC</a> to create your account online.</li> </ul>
<b>Omada</b>	<p><b>Personalized support to reach your health goals.</b> Omada’s digital health programs give you the tools and support you need. Learn more at <a href="https://OmadaHealth.com/MHC">OmadaHealth.com/MHC</a>.</p> <ul style="list-style-type: none"> <li>• <b>Omada for Prevention</b> helps you make small changes to lose weight and reduce your risk for diabetes and heart disease.</li> <li>• <b>Omada for Diabetes</b> provides personalized coaching and digital tools to help you improve your blood glucose control.</li> <li>• <b>Omada for Joint &amp; Muscle Health</b> helps you build muscle to prevent aches and pains, and connects you with a licensed physical therapist to help treat current muscle or joint pain, all on your mobile device and schedule. <i>(Available to members enrolled in a Medica Choice® Passport plan).</i></li> </ul>
<b>Ovia Health</b>	<b>Support for your parenthood journey.</b> Ovia Health guides you through your pregnancy, parenting, and reproductive health journey. Get clinically-backed content and unlimited support from Ovia’s team of health coaches, registered nurses, and certified nurse midwives within Ovia Health’s three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting. Download the Ovia app that’s right for you for free from the App Store or Google Play. Enter your health plan information to access all the unique tools and features.
<b>Self Care by AbleTo</b>	<b>On demand help for stress and emotional well-being.</b> Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you — anytime, anywhere with Self Care by AbleTo. To get started, visit <a href="https://AbleTo.com/Begin">AbleTo.com/Begin</a> and enter "Medica" when asked for your access code. After you register, download the AbleTo app.



**Executive Director**  
**Rob Blankenfeld**

# **Northwest Service Cooperative**

114 First Street West  
Thief River Falls, MN 56701-1911  
218-681-0900  
218-681-0915 (fax)  
[www.nw-service.k12.mn.us](http://www.nw-service.k12.mn.us)

**"Your Resource and  
Learning Partner"**

## **218-681-0900**

COOP PURCHASING/TECH/  
STAFF DEV/STUDENT  
PROGRAMS  
Mercedes Coan  
**Ext. 1**

EXECUTIVE  
DIRECTOR/INSURANCE  
Rob Blankenfeld  
**Ext. 2**

MEMBER SERVICES/  
INSURANCE  
Chris Wavra  
**Ext. 3**

HEALTH & SAFETY  
Brian Byklum  
**Ext. 4**

BUSINESS MANAGER /  
ACCOUNTS PAYABLE  
Jaci Jorde  
**Ext. 5**

DIRECTOR OF SCHOOL  
ADMIN SERVICES  
Bruce Jensen  
**Ext. 6**

ADMINISTRATIVE ASSISTANT  
Dawn Kasprovicz  
**Ext. 7**

ACCTS.REC/PAYROLL/  
INSURANCE/STUDENT  
PROGRAMS  
Sadie Miller  
**Ext. 8**

ADULT EDUCATION  
Kirsten Fuglseth  
**Ext. 9**  
**763-453-0322**

EDUCATION SERVICES  
Jake Seuntjens  
**Ext. \***  
**218-689-4879**

HEALTH&SAFETY TECHNICIAN  
Laurie Bruley  
**218-289-4174**

MEDIA & TECH  
Alice Hofstad  
**763-453-1011**

CENTER OF EXCELLENCE  
DIRECTOR  
Becca Neal  
**218-686-9719**

EDUCATION SERVICES  
Gina Drellack  
**218-358-1211**



The everyday choices we make can help us become happier, healthier, and more fulfilled with our lives at work and at home. And that's why NWSC offers a Wellness Program designed to improve the overall physical, mental, and social well-being of all member participants and their families. The goals of the Wellness Program are to:

- Improve self-esteem
- Increase job performance
- Decrease sick leave days
- Lower health plan utilization
- Create a healthier and happier lifestyle

The NWSC provides a *Worksite Wellness Grant* to the Mid-Year insurance renewal groups. Groups receive a base amount of \$500.00 in addition to \$5.00 per contract. A simple one-page grant is submitted to the NWSC in order to receive your funding. Funds are to be used to promote wellness in your organization, for your staff.

Statewide MHC wellness webinars are held throughout the year to provide an environment to engage in conversation, collaborate on future wellness events, and gain understanding of resources available. Wellness grant funds are provided on a yearly basis.

We work very closely with Medica to provide year-round education on the many wellness programs that are available to our members.



## Buy-up Programs

### AVAILABLE FOR AN ADDITIONAL FEE

MHC is a partner in bringing Minnesota schools, cities and counties the best health plans at the best pricing, along with extensive partner resources to serve the needs of the population.

**Medical Spending Accounts** WEX, one of the nation's largest and highest-quality Medical Spending Account Administrators, to deliver top-tier HSA, VEBA, and FSA administration services. WEX offers a robust system tailored to the needs of MHC clients, capable of accommodating simple to complex plan designs. [Learn more](#)

**Healthiestyou by TelaDoc** Access doctors and therapists by phone, web, or app, including programs for 24/7 virtual doctor visits, back care, dermatology, counseling and nutrition. [Learn more](#)

**VSP Vision Care** Taking care of your eyes is easy with Minnesota Healthcare Consortium and VSP® Vision Care. VSP Vision Care offers both voluntary and employer paid plans. Employers can choose from a full-service plan that includes exam services benefits or a materials-only plan. [Learn more](#)

**Medicare Plans for Public Employers** Minnesota Healthcare Consortium (MHC) is excited to offer its Medicare eligible retirees and their eligible spouse an exclusive group Medicare plan that provides comprehensive medical coverage plus dental, vision and hearing benefits. There is no minimum participation requirement for the group to add this plan. [Learn more](#)

**Medica Invest** Whether you want to eat healthier, sleep more, stress less, or get fit, My Health Rewards Invest is an online tool that helps you take small steps to reach your health goals. When you meet three wellness goals for sleep, activity, and nutrition, you'll get rewarded! Each month, you can earn up to \$75, deposited quarterly into your health savings account. [Learn more](#)

**Employee Assistance Program** The Medica® Optum® Employee Assistance Program (EAP) is here for you through life's challenges. You can get answers and resources to tackle the tough issues you and your family face. Get 24/7 support from trained professionals at no extra cost. Your call and conversations with EAP specialists are kept confidential, in accordance with the law. [Learn more](#)



## MHC and Medica Additional Programs

The supplemental programs listed below are available at an additional fee for member groups in our health insurance pool. The premium provided on the renewal confirmation page does not include the fees for the programs below. If selected, the per subscriber per month (PSPM) fee will be added to your premium invoice and billed monthly.

### My Health Rewards - Invest

Check to Select

☐

The **Invest** program is a supplement to the standard My Health Rewards program offered by Medica and MHC. Additional monthly wellness challenge goals for sleep, activity, and nutrition are incorporated. The program offers rewards of up to \$75 per month totaling a potential of \$900 per year per participant. This health and wellness program is for employees enrolled in an HSA plan.

**Additional Cost**

Implementation Fee: None

\$4.00 PSPM

**Lead Time for program start: 6 months**

### My Health Rewards - Results

Check to Select

☐

The **Results** program is a supplement to the standard My Health Rewards program offered by Medica and MHC. This program focuses on healthy biometric screenings and offers additional points in the My Health Rewards program for employees when their health numbers fall within recommended ranges. Biometric screenings may be available at clinic's or doctor's office when you bring the health screening form, or they can be completed through many national networks.

**Additional Cost**

Implementation Fee \$1500.00

\$1.50 PSPM + \$55/screening

**Lead Time for program start: 4 months**

### Optum - Employee Assistant Program (EAP)

Check to Select

☐

The Medica® Optum® Employee Assistance Program (EAP) assists with challenges affecting your employees or workplace. Master's-level specialists are available 24/7 to assist your employees and their families with a variety of personal concerns. Management consultants can help you handle workplace challenges — from job performance to regulatory compliance. You also have access to 150 on-site hours for training workshops and crisis response if you need it.

**Additional Cost**

Implementation Fee: None

\$1.80 PSPM

**Lead Time for program start: None**

**Authorized Signature:**

**Group Name:**

**Date:**

**We are not electing any additional programs for this renewal cycle:**

☐





# Altru & You with Medica<sup>SM</sup>

## LET'S GET STARTED

With Altru & You, you have a partner in keeping you and your family healthy. When you need care, our friendly, compassionate and professional staff will work together with you to tailor a plan specific to your needs, choices and values. We offer a variety of ways to see a provider, so you can receive high-quality care as close to home as possible.

To get started using your plan, go to **AltruAndYou.com**. From there you can see what your plan covers, track your claims, see which drugs are covered and how much they cost. You can also schedule or cancel appointments, request a virtual visit with your provider, view your medical records, check test results, pay bills, request a prescription refill and more!

### Plan Features

- **Direct access to specialists.** See any primary or specialty care provider in the Altru & You network without a referral.
- **Online care right from your home or hometown.** Use your computer or mobile device to connect with an Altru provider for a virtual visit to treat a non-urgent problem. Or, go to your hometown health facility for a video visit with an Altru specialist at another location, saving you travel time. Patients with chronic conditions like diabetes and high blood pressure can send information from a glucometer, blood pressure cuff or scale to their medical chart for their provider to review and monitor. To learn more, talk with your doctor.
- **Comprehensive, personalized care for your bones, joints and more at Altru Advanced Orthopedics.** A team of providers works together to coordinate your care from your first visit through recovery. At the Joint Replacement Center, you receive the tools, education and care you need — including minimally invasive surgery — to ensure a faster recovery. Other specialized programs include knee and hip replacement with the Mako Robotic-Arm, specialized hand and shoulder surgery and concussion management. To learn more, visit **Altru.org/Ortho**.
- **Convenient and quick access to care.** Through several Altru Express access points, you can receive quick access to walk-in clinics and online care options without having to schedule an appointment. Learn more at **Altru.org/Express**.



- **A secure online patient portal.** Access portions of your medical records, communicate with providers, schedule or cancel appointments, pay bills, complete advanced appointment registration, view most test results, request prescription refills and more with Altru's MyChart portal. To learn more, see the enclosed MyChart brochure. Then, sign up for a MyChart account at **AltruAndYou.com**.

## ABOUT THE ALTRU & YOU NETWORK

Altru & You provides care in more than 30 communities plus access to several specialties via telemedicine. In Grand Forks and East Grand Forks, we provide care at 13 locations including an acute care hospital, a specialty hospital, inpatient rehabilitation hospital, various clinics, Altru Cancer Center, Altru Advanced Orthopedics, Sanny & Jerry Ryan Center for Prevention & Genetics, and Yorhom Medical Essentials. In addition, we partner with local health care providers throughout the region to ensure you have the care you need close to home.

If you're away from home and get sick or hurt, we've got you covered! When you travel outside the Medica service area (Minnesota, North Dakota, South Dakota and western Wisconsin) you can get network coverage by visiting a provider in the Travel Program Network. This nationwide network is one of the largest in the country. If you have children attending college outside the service area, they can use this network, too.

To receive your highest level of benefits, remember to see providers in the Altru & You network. If you receive care outside the network, your costs will be much higher and you may have to pay the full cost of the services you receive. To look up network providers, go to **AltruAndYou.com**.

## GETTING THE CARE YOU NEED

Having a doctor who knows you and your medical history can help you get the care you need when you need it. If you need help finding a primary care provider in the Altru & You network, use the online search tool at **AltruAndYou.com**. Or call us at **1 (855) 400-9652**. And don't forget to schedule your annual preventive care exam. During your visit, your doctor will make sure you get the preventive care you need, which can help keep you from having health problems or catch a possible problem early. To learn more about preventive care, see the tip sheet at **AltruAndYou.com**.



### We're Here When You Need Help

Whether you have questions about your benefits (like finding out what your plan covers or understanding how a claim was processed) or need help getting care (like scheduling an appointment or learning how to access your medical records online), call us at **1 (855) 400-9652**. We're available Monday through Friday, 7 a.m. to 8 p.m. and Saturday 9 a.m. to 3 p.m. To get information about your benefits or care online, go to **AltruAndYou.com**.



### EARN REWARDS FOR IMPROVING YOUR HEALTH

Whether you want to lose weight, exercise more, stress less or make other positive changes, we can help. Your plan offers free and discounted programs and services for improving your health, including:

- 50% off Altru health coaching sessions
- 50% off Altru's Weight Management Program plus 10% off the cost of food
- Free body composition analysis
- Free biometric screening
- And more!

Plus, when you participate in these programs, you'll earn points that you can redeem for e-gift cards or other rewards. Learn how in the enclosed My Health Rewards by Medica® flier. To learn more about the programs, see the enclosed *Prevention and Wellness Offerings* brochure.

# MEDICA®

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COM14577-1-00920



# Essentia Choice Care with Medica<sup>SM</sup>

## LET'S GET STARTED

Welcome to an innovative way of getting health care! As a member of Essentia Choice Care with Medica, you get the combined strengths of Medica and Essentia Health working together to deliver a unique, high-quality health care experience at a lower cost. We're here for you in a respectful and meaningful way, helping to make a healthy difference in your life and your family's life.

### Plan Features

- **Same-day access to a care team member.** Get answers to questions and help with your health care needs within the same day, including e-visits.
- **Direct access to specialists.** See any primary or specialty care provider in the Essentia Choice Care network without a referral.
- **Single phone number.** This one-stop approach makes it easy to ask questions about your health plan benefits, billing, care and coverage, and more. Call **1 (866) 428-7427**.
- **Secure online patient portal.** View portions of your medical records, communicate with providers, schedule or cancel appointments, pay bills, see test results, request prescription refills and more with Essentia's MyHealth/MyChart portal. To visit this site, go to **Medica.com/Members** and select *Essentia Choice Care with Medica*.
- **Nurse care line.** Staffed by Essentia Health nurses 24/7 to help with questions about your health.
- **20% discount on skin products and services.** Show your Medica ID card to receive a 20% discount on a full selection of treatment options performed by experienced skin renewal specialists at Essentia Health Skin Renewal Centers located in Duluth and Fargo.
- **Online care options.** Connect with an Essentia Health provider online through a computer or mobile device for medication refills, e-visits for common conditions and virtual care appointments for primary care and urgent care visits.
- **Patient assistant.** Welcomes members and provides extra help when needed.
- **Convenient pharmacy care.** Essentia Health Pharmacies offer safe, easy and personalized care, including online refills, delivery options and specialty pharmacy services. Call **1 (844) 380-5642** to learn more.



**Essentia Health**

**MEDICA<sup>®</sup>**

## ABOUT THE ESSENTIA CHOICE CARE NETWORK

Essentia Choice Care with Medica provides access to 26 hospitals and more than 70 clinics in Minnesota, North Dakota and Wisconsin. In addition, you have access to more than 2,300 physicians and advanced practitioners providing innovative and coordinated care.

If you're away from home and get sick or hurt, we've got you covered! When you travel outside the Medica service area (Minnesota, North Dakota, South Dakota and western Wisconsin) you can get network coverage by visiting a provider in the Travel Program Network. This nationwide network is one of the largest in the country. If you have children attending college outside the service area, they can use this network, too.

To receive your highest level of benefits, remember to see providers in the Essentia Choice Care network. If you receive care outside the network, your costs will be much higher and you may have to pay the full cost of services you receive. To look up network providers, go to **Medica.com/FindADoctor** and select *Essentia Choice Care with Medica*.

## WE'RE HERE WHEN YOU NEED HELP

Whether you have questions about your benefits (like finding out what your plan covers or understanding how a claim was processed) or need help getting care (like scheduling an appointment or learning how to access your medical records online), call us at **1 (866) 428-7427**. We're available Monday through Friday, 7 a.m. to 8 p.m. and Saturday 9 a.m. to 3 p.m. To get information about your benefits or care online, go to **Medica.com/Members** and select *Essentia Choice Care with Medica*.

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# MEDICA®

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COM15573-1-00920

## 2025 Insurance Renewal | Evaluation Questions

1. **Does your proposal include a plan that exactly matches the medical and pharmacy benefits currently in place, as described in the submitted Summary Plan Document (SPD)? If no, please provide a detailed list of deviations.**

Medical and pharmacy plan designs quoted match current benefits. Note, alternate benefits may also be provided for your analysis and consideration. Review the Medica Change Grid provided for annual regulatory change requirements.

The **Mayo Clinic Complex Care Program** is an enhanced health care benefit available to Medica Choice Passport members for: cancer, complex medical conditions, complex pediatrics, Hemophilia, multiple sclerosis, spine health, transplant.

2. **Please describe benefit differences between In-Network and Out-of-Network in your proposal, including if accumulations toward out-of-pocket limits are combined or separate by network.**

Proposed in and out of network benefits are itemized in the SPD provided. Out of network benefits may accumulate separately for deductible and out of pocket limits.

3. **Please describe coverage outside of the State of Minnesota, for emergency and non-emergency care.**

### **Medica Choice Passport**

Employees will have access to Medica Choice Passport, our broadest network, featuring access to over 1 million providers and over 6,000 hospitals and other care facilities across the country. No matter where you live in the U.S., you have access to network providers. And you're covered when you travel, too.

### **Accountable Care Organizations (ACOs)**

Medica's Travel Program allows ACO members to receive in-network benefits (and associated discounts for claims processing) when accessing a provider while traveling outside of the product's service area.

Medica covers all member claims for emergency services provided in an emergency room or urgent care setting without prior authorization, whether services are obtained in or out of Medica's service area, and whether services are obtained in or out of the Medica network. Medica follows the "prudent layperson" definition of emergency care, meaning a condition or symptoms of recent onset and severity, such that a prudent layperson with an average knowledge of health and medicine would think immediate treatment is needed.

4. **Are all quoted rates firm or subject to contingencies? If no, please describe any contingencies along with the potential rating impact.**

Quoted plans and rates are firm, provided enrollment does not fluctuate more than 10% from current enrollment. No additional information will be required.

5. **Does your quote include a Primary Care model? Do you require primary care referrals for any specialists? If yes, provide details regarding which referrals are required and the process for the referral.**

We don't use a gatekeeper or primary care model. Passport and ACO members don't need a referral to see a specialist.

**6. In future renewals, will we be able to craft our own benefit changes (other than IRS/ACA mandates) or will plan provisions be mandated?**

Quoted plans include freedom of choice. Future plan changes, other than mandates or medical policy changes are at the discretion of the group. Rates may be impacted based on the change requested.

**7. Describe health & wellness resources available and any requirements to obtaining these resources.**

**Regional Programming:**

The NWSC offers worksite wellness grant opportunities to members. Our mid-year groups receive a base amount of \$500.00 plus \$5.00 per member contract. A simple one-page grant is submitted to receive the funding to be used by the organization.

**Wellness Programming:**

MHC offers multiple programs to improve the overall health of individuals:

**My Health Rewards by Medica:** Through this app-based program, staff members can earn up to \$345, spouses/dependents age 18 and older on the health plan can earn up to \$225 in rewards annually as they complete activities personalized just for them.

**Chronic Condition, Diabetes & Joint & Muscle Health:**

- Help reduce your risk for chronic disease through Omada for Prevention, a digital lifestyle change program that can help you lose weight and reduce your risks for type 2 diabetes and heart disease.
- Help improve your blood glucose control through Omada for Diabetes. When you enroll in the program, you'll receive personalized support and coaching plus a glucose meter and supplies.
- Omada for Joint & Muscle Health is a virtual program that helps you build muscle to prevent aches and pains. Available to members enrolled in a Medica Choice Passport plan.

**Behavioral Health Support:** Members can take advantage in a variety of ways:

- Explore the Live and Work Well website, LiveAndWorkWell.com (browse code: Medica).
- Access Medica's Behavioral Health network of more than 305,000 clinicians nationwide.
- Use the Express Access program for appointments within five business days.
- Meet with a provider via virtual visits.
- Behavioral Health Support with Self Care by AbleTo: Self-care techniques, coping tools, meditations, sleep tracking, and more at no cost — anytime, anywhere.

**Personalized Family and Women's Health Program:** Ovia Health guides you through your pregnancy, parenting, and reproductive health journey — including trying to conceive and managing menopause.

**24-hour health support:** Wondering what to do about that cough that won't go away? Nurseline advisors are available all day, every day to help you make smart decisions about your health.

**8. Is coverage provided with a single ID card and member portal?**

Yes, we provide a single ID card and a member portal.

**9. Please complete a plan description chart for each plan quoted. An excel spreadsheet has been included for your use.**

Please see completed excel document.

# Support resources

## Minnesota Healthcare Consortium

### Resources for Group Leaders and Employees

#### Resources for Group Leaders

##### Medica Employer Service Center

The Medica Employer Service Center is the place to call when you have questions about benefits, claims and more as a Group Leader. Our team of senior-level professionals has the training, knowledge and resources to quickly:

- Clarify benefit information.
- Check claims and provider status.
- Order new ID cards and other materials.
- Get questions answered about the Medica member website.

Call the Employer Service Center at **1 (800) 936-6880**. We're available 8 a.m. - 5 p.m. CST Monday, Tuesday, Wednesday and Friday. And 9 a.m. - 5 p.m. on Thursdays. Or email [MedicaServiceCenter@Medica.com](mailto:MedicaServiceCenter@Medica.com).

##### Businessolver (formerly Capstone)

Businessolver can help with membership eligibility and enrollment questions, billing issues, demographic corrections and reset administrator passwords for Benefitsolver. Call **1 (800) 558-6206** or email [MHC@CapstoneBenefits.com](mailto:MHC@CapstoneBenefits.com).

##### Benefitsolver Portal

Access your employer monthly invoice on your Benefitsolver portal. View reports including: employee census, new hires, cobra qualifying events, address changes, employee termination, and many more. Visit [Benefitsolver.com](https://Benefitsolver.com).

#### Resources for Employees

##### Medica Customer Service

When your employees have questions about their health plan benefits, we're here to help. Employees can call Customer Service to get answers to their questions:

- Is my doctor in the network?
- Do I have a copay? A deductible? Coinsurance?
- Has my claim been paid?
- How much will my prescription cost?
- What health and wellness programs are available?

Call Customer Service at **1-877-347-0282** (TTY: **711**). We're available 7 a.m.- 8 p.m. Monday - Friday and 9 a.m.-3 p.m. on Saturdays.





# Support resources

## Minnesota Healthcare Consortium

### Medica CallLink for 24/7 nurse support

Medica CallLink connects employees with trusted advisors and nurses to get the health answers they need—at no extra cost.

- Learn more about a diagnosis.
- Decide what care will meet your needs.
- Understand symptoms and treatment options.
- Find a doctor or hospital and make an appointment.

Talk with an advisor or nurse, 24/7 at **1 (800) 962-9497** (TTY: **711**).

### Medica member website

The Medica member website is your employees' one-stop resource for all kinds of information to help them manage their health plan benefits and improve their health:

- Order ID cards.
- Find out what their plan covers.
- Track claims.
- Find a health care provider.
- See what drugs are covered.
- Learn about health and wellness programs.

It only takes a few minutes to register. Employees can go to [Medica.com/SignIn](https://www.Medica.com/SignIn) and follow the instructions to create their account and access their plan information.

### My Health Rewards by Medica® support

Have questions about the My Health Rewards by Medica program? Get help with registration, sync your fitness tracker & apps, and more. Call Virgin Pulse Member Services at **1 (833) 450-4074**. We're available 7 a.m.-8 p.m. CST Monday-Friday. Or email [Medica.Support@VirginPulse.com](mailto:Medica.Support@VirginPulse.com).



# MEDICA SELF-INSURED (MSI)

## PLAN DOCUMENT, BENEFIT

## AND ADMINISTRATIVE CHANGES FOR 2025

## MINNESOTA HEALTHCARE CONSORTIUM (MHC)

Medica reviews plan benefits annually to make sure they are competitive with local and national trends, meet market standards and comply with regulatory requirements. Updates to benefits and clarification of plan language is made in accordance with this review.

These changes will be included in your new Plan Document(s) as applicable for your renewal. Note that the plans listed below represent all plans offered by MHC. **Updates will be applied to the specific benefits covered by your organization's plans if applicable.**

Please Note: Information provided in this change grid is accurate as of publication date. Changes reflecting regulatory requirements due to new legislation, Medica policy updates, or other revisions may occur at any time with an updated version provided.

## THESE BENEFIT/LANGUAGE CLARIFICATIONS WILL BE INCORPORATED AT RENEWAL

DESCRIPTION	CURRENT COVERAGE	COVERAGE CHANGE
<p><b><u>2025 HDHP HSA Updates</u></b></p> <p><i>Section(s) impacted: What's Covered and How Much Will I Pay</i></p> <p><b>APPLIES TO HSA PLANS</b></p> <p><b>Note: Limitation amounts will be adjusted for plans that also have 4th quarter carryover. Refer to your renewal confirmation for final deductible and out-of-pocket totals</b></p>	<p>Following Internal Revenue Service (IRS) high deductible health plan (HDHP) limitations for 2024.</p>	<p>The Internal Revenue Service (IRS) made the following updates to high deductible health plan (HDHP) limitations for 2025:</p> <p>Deductible – Embedded Single: \$3,300 - \$8,300 Family: \$3,300 - \$16,600</p> <p>Deductible – Non-embedded Single: \$1,650 - \$8,300 Family: \$3,300 - 9,200</p> <p>Out-of-pocket maximum – Embedded Single: \$3,300 - \$8,300 Family: \$3,300 - \$16,600</p> <p>Out-of-pocket maximum – Non-embedded Single: \$1,650 - \$8,300 Family: \$3,300 - \$9,200</p>

DESCRIPTION	CURRENT COVERAGE	COVERAGE CHANGE
<b>Continuous Glucose Monitors (CGMs)</b>  <i>Section(s) impacted:</i> Durable Medical Equipment, Prosthetics and Medical Supplies	CGMs can be purchased from a pharmacy or a durable medical provider.	CGMs will be available for purchase at a pharmacy, either retail or mail order.
<b>Cost-share Limits for Chronic Disease Rx Treatments</b>  <i>Section(s) impacted:</i> Durable Medical Equipment, Prosthetics and Medical Supplies, Prescription Drugs, Prescription Specialty Drugs  <b>Note: Chronic disease is defined as diabetes, asthma, and allergies requiring the use of epinephrine auto-injectors.</b>	Currently not referenced in the plan documents	New Minnesota regulations require that health plans limit enrollee cost-sharing (copayments and coinsurance) for prescription drugs prescribed to treat a chronic disease to <b>no more than</b> : <ul style="list-style-type: none"> <li>\$25 per one-month supply for each prescription drug, regardless of the amount or type of medication required to fill the prescription; and</li> <li>\$50 per month in total for all related medical supplies</li> </ul> Note: <ul style="list-style-type: none"> <li>Plan document language including impacted drugs is standard 2 copay for 3-month supply mail order.</li> <li>This coverage is prohibited from being subject to a deductible except for HSA plans, the cap only applies after the deductible is met.</li> <li>The cost-sharing limit for related medical supplies does not increase with the number of chronic diseases for which an enrollee is treated.</li> <li>If one of the drugs prescribed is on the preventive drug list, the better benefit will apply.</li> <li>This also pertains to outpatient prescriptions.</li> </ul>
<b>Intensive Outpatient Program</b>  <i>Section(s) impacted:</i> Behavioral Health Section – Mental Health and Substance Use	Intensive outpatient programs a. For mental health services, the program may be freestanding or hospital-based and provides services for at least three hours per day, two or more days per week.	Intensive outpatient programs a. For mental health services, the program may be freestanding or hospital-based and includes a prearranged weekly schedule of core services (e.g., individual counseling, group therapy, family psychoeducation, medication management and case management) that are provided over several sessions during the course of a week.

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<b>Partial Hospitalization</b>  <i>Section(s) impacted: Behavioral Health Section – Mental Health and Substance Use</i>	Partial hospitalization/day treatment/high intensity outpatient program. This may be in a freestanding facility or hospital based. Active treatment is provided through specialized programming with medical/psychological intervention and supervision during program hours. Partial program means a treatment program of 20 hours per week of care.	Partial hospitalization/day treatment/high intensity outpatient program.  This may be in a freestanding facility or hospital based. Active treatment includes a prearranged weekly schedule of core services provided through specialized programming with medical/psychological intervention and supervision during program hours (e.g., individual counseling, group therapy, family psychoeducation, medication management and case management). The level of care is typically short-term intensive treatment that aims to reduce symptom disruption to the extent that intensive treatment is no longer required.
<b>What's Covered</b>  <i>Section(s) impacted: Behavioral Health Section – Mental Health and Substance Use</i>	Inpatient services included:  3. Hospital or facility-based professional services.	Inpatient services included:  3. Hospital or facility-based professional services, including psychiatric residential treatment facility services.
<b>Routine Preventive Services</b>  <i>Section(s) impacted – Preventive Health Care</i>	Routine preventive services are as defined by state and federal law.  If you receive preventive and non-preventive health services during the same visit, the non-preventive health services may be subject to a copayment, coinsurance, or deductible, as described elsewhere in this section. The most specific and appropriate benefit will apply to each service you receive during a visit.	Routine preventive services are as defined by state and federal law.  If you receive preventive and non-preventive health services during the same visit, the non-preventive health services may be subject to a copayment, coinsurance, or deductible, as described elsewhere in this section. The most specific and appropriate benefit will apply to each service you receive during a visit.  For example, laboratory and diagnostic imaging may be subject to other plan benefits if determined not to be part of a preventive visit. See X-Rays and Other Imaging and Lab and Pathology for more information. When you have symptoms or a history of an illness or injury, laboratory and diagnostic services relating to that illness or injury are no longer considered preventive health services.  You may be responsible for paying out-of-pocket costs for any services not determined to be preventive health services.

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<b>Chiropractic Services</b>  <i>Section(s) impacted: Physician and Professional Services</i>	For example, certain services may be considered surgical or imaging services; see below and in <b>X-Rays and Other Imaging</b> for coverage of these services. In such instances, both a chiropractic services copayment or coinsurance and an outpatient surgical or imaging copayment or coinsurance apply.	Language changed:  For example, certain services may be considered surgical or imaging services; see below and in <b>X-Rays and Other Imaging</b> for coverage of these services. In such instances, both a chiropractic services copayment or coinsurance and an outpatient or imaging copayment or coinsurance apply.
<b>Early Disease Detection</b>  <i>Section(s) impacted: Preventive Health Care</i>	Preventive physical exam does not have limit referenced	Coverage is limited to one preventive physical exam per calendar per service per calendar year unless additional visits are necessary to obtain all covered preventive health care.
<b>Nicotine Addiction</b>  <i>Section(s) impacted: Transplant Services</i>	Services required to meet the patient selection criteria for the authorized transplant procedure. This includes treatment of nicotine or caffeine addiction, services and related expenses for weight loss programs, nutritional supplements, appetite suppressants and supplies of a similar nature not otherwise covered under this certificate.	Removed exclusion
<b>Routine Foot Care</b>  <i>Section(s) impacted: What's Not Covered</i>	Routine foot care, except for members with diabetes, blindness, peripheral vascular disease, peripheral neuropathies, and significant neurological conditions such as Parkinson's disease, Alzheimer's disease, multiple sclerosis, and amyotrophic lateral sclerosis (ALS).	Routine foot care, except as medically necessary for members who are at risk for developing foot disorders secondary to systemic disease or another medical condition. Such care must be performed by a licensed provider acting within the scope of their license to be eligible for coverage.
<b>Sensory Integration</b>  <i>Section(s) impacted: What's Not Covered</i>	Sensory integration, including auditory integration training.	Removed exclusion
<b>Preventive Health Services definition</b>  <i>Section(s) impacted: Definition</i>	<ol style="list-style-type: none"> <li>1. Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force;</li> <li>2. Immunizations for routine use that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF);</li> <li>2. Immunizations for routine use that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease</li> </ol>

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	<p>Disease Control and Prevention with respect to the member;</p> <ol style="list-style-type: none"> <li>With respect to members who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;</li> <li>With respect to members who are women, such additional preventive care and screenings not described in 1. as provided for in comprehensive guidelines supported by the (including Food and Drug Administration approved contraceptive methods, sterilization procedures and related patient education and counseling).</li> </ol>	<p>Control and Prevention (CDC) with respect to the member involved (an ACIP recommendation is considered in effect after it has been adopted by the Director of the CDC, and a recommendation is considered to be for routine use if it is listed on the CDC's Immunization Schedules);</p> <ol style="list-style-type: none"> <li>With respect to members who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);</li> <li>With respect to members who are women, such additional preventive care and screenings not described in 1. as provided for in comprehensive guidelines supported by the HRSA [(including Food and Drug Administration approved contraceptive methods, sterilization procedures and related patient education and counseling)].</li> <li>The USPSTF, ACIP and HRSA issue new and updated recommendations and guidelines. New or updated recommendations and guidelines from the USPSTF, ACIP, and HRSA are covered as preventive health services starting on the first day of the calendar or contract year that begins one year after the final recommendations and guidelines are issued.</li> </ol>
<p><b>If you visit a health care provider's office or clinic</b></p> <p><i>Summary of Benefits (SBC)</i></p>	Includes Retail Health and Virtual language	Minnesota regulatory requirement prohibits inclusion of this language on SBCs.
<p><b>Chiropractic Care</b></p> <p><i>Section(s) impacted: Physician and Professional Services</i></p>	Out-of-Network – does not have visit limits referenced	Out-of-network - 15 visits/year

<b>Home Health Care</b>  <i>Section(s) impacted:</i> Home Health Care	In Network – does not have visit limits referenced  Out of Network – does not have visit limits referenced and/or no coverage	In Network - 120 visits/year  Out of Network - 60 visits/year
<b>Generic requirement for prescription retail drugs</b>  <i>Section(s) impacted:</i> Prescription drugs	Generic retail drug will be dispensed unless doctor or patient requests the brand drug	When an enrollee requests a brand drug, the enrollee is responsible for increased cost share difference. That amount will not be applied to deductible or out-of-pocket maximum.
<b>Generic requirement for prescription specialty drugs</b>  <i>Section(s) impacted:</i> Prescription drugs	A preferred specialty drug will be dispensed unless a doctor or patient requests the non-preferred specialty drug	When an enrollee requests a non-preferred drug, the enrollee is responsible for increased cost share difference. That amount will not be applied to deductible or out-of-pocket maximum.
<b>Physical Therapy, Occupational Therapy, Speech Therapy</b>  <i>Section(s) impacted:</i> Physical, Speech and Occupational Therapies	Out-of-Network – does not have visit limits referenced	Out-of-Network Physical and Occupational therapy - combined limit of 20 visits/year  Out-of-Network Speech therapy - 20 visits/year

<p><b>Diabetic Supplies</b></p> <p><i>Section(s) impacted:</i></p> <p><i>Prescription Drugs, Durable Medical Equipment</i></p>	<p>Covered with a flat dollar copay</p>	<p>Due to Minnesota regulatory requirements, <b>coverage must move to coinsurance</b> to comply. MN law requires health plans limit enrollee cost-sharing to treat a chronic disease to no more than:</p> <ul style="list-style-type: none"> <li>• \$50 per month in total for all related medical supplies</li> </ul> <p><b>Note:</b> Deductible will apply for HSA plans</p>
<p><b>Prescription Insulin Drugs</b></p> <p><i>Section(s) impacted:</i></p> <p><i>Prescription Drugs</i></p>	<p>\$0 member cost share retail and mail</p>	<p>Copay or coinsurance applies but will not exceed \$25 copay per prescription unit – retail</p> <p>No more than \$50 copay – mail order</p> <p><b>Note:</b> Deductible will not apply for HSA plans</p>



DESCRIPTION	CURRENT COVERAGE	CHANGE
<b>Temporomandibular Joint (TMJ) and Craniomandibular Disorder</b>  <i>Section(s) Impacted:</i> <i>Temporomandibular Joint (TMJ) and Craniomandibular Disorder</i>	Currently not referenced in the plan document	<p>Added What's Covered:</p> <p>Medica covers the surgical and non-surgical treatment of a diagnosed temporomandibular joint (TMJ) disorder. Services must be received from (or under the direction of) physicians or dentists. Coverage for treatment of TMJ disorder includes coverage for the treatment of craniomandibular disorder. TMJ disorder is covered the same as any other joint disorder as described in this certificate.</p>
<b>Port Wine Stains</b>  <i>Section(s) Impacted:</i> <i>Physician and Professional Services</i>	Elimination of port wine stain or treatment to lighten or remove the coloration of a port wine stain	<p>Language Change:</p> <p>Elimination or maximum feasible treatment of port wine stains</p>
<b>Emergency Room Care and Ambulance</b>  <i>Section(s) impacted:</i> <i>Emergency Room Care, Ambulance</i>	Coverage varies by plan	<p>Emergency room and emergency ambulance must align on cost share type and emergency ambulance must be equal to or less than emergency room copay/coinsurance in the cost share amount.</p> <p>This change is necessary to comply with the Mental Health Parity benefit classification requirement.</p>
<b>Outpatient – Facility (In-network)</b>  <b>Non-HSA plans only</b> <i>Section(s) Impacted: Hospital Services</i> <i>Section - Outpatient hospital or ambulatory surgical center services and services provided in a hospital observation room</i>	Covered with a flat dollar copay	<p>Cost share aligns to “All Other Outpatient” Physician &amp; professional services</p> <p>This change is necessary to comply with the Mental Health Parity benefit classification requirement.</p>

DESCRIPTION	CURRENT COVERAGE	CHANGE
<p><b>Biomarker testing</b></p> <p><i>Section(s) Impacted:</i>  <i>Genetic Testing and Counseling,</i>  <i>Definitions</i></p>	<p>Currently not referenced in the plan document</p>	<p>Added new language to the Genetic Testing and Counseling benefit table:</p> <p>Biomarker testing for the purpose of diagnosing, treating, managing, or monitoring illness or disease if the test provides clinical utility</p> <p>Added new Definitions:</p> <p>Biomarker. A characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention, including but not limited to known gene-drug interactions for medications being considered for use or already being administered. Biomarkers include but are not limited to gene mutations, characteristics of genes, or protein expression.</p> <p>Biomarker testing. The analysis of an individual's tissue, blood, or other biospecimen for the presence of a biomarker. Biomarker testing includes but is not limited to single-analyst tests; multiplex panel tests; protein expression; and whole exome, whole genome, and whole transcriptome sequencing.</p> <p>Clinical utility. Information that is used to formulate a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. The most appropriate test may include information that is actionable and some information that cannot be immediately used to formulate a clinical decision. For biomarker testing, clinical utility may be demonstrated by medical and scientific evidence, as outlined in Minnesota statute.</p>

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<b>Rapid Whole Genome Sequencing</b>  <i>Section(s) Impacted:</i> <i>Genetic Testing and Counseling,</i> <i>Definitions</i>	Currently not referenced in the plan document	<p>Added new language to Genetic Testing and Counseling benefit table:</p> <p>Rapid whole genome sequencing for members who: are age 21 or younger; have a complex or acute illness of unknown etiology; and are receiving inpatient hospital services in an intensive care unit or neonatal or high acuity pediatric care unit.</p> <p>Added new Definition:</p> <p>Rapid whole genome sequencing. An investigation of the entire human genome, including coding and noncoding regions and mitochondrial deoxyribonucleic acid, to identify disease causing genetic changes that returns the final results in 14 days. It includes patient-only whole genome sequencing and duo and trio whole genome sequencing of the patient and the patient's biological parent or parents.</p>
<b>Abortion Services</b>  <i>Section(s) Impacted: Pregnancy – Maternity Care, Definitions</i>	Currently not referenced in the plan document	<p>Added new language to the Pregnancy - Maternity Care benefit table:</p> <p>Abortion and abortion-related services</p> <p>Removed language from What's Not Covered:</p> <p>Elective, induced abortions, except as medically necessary to protect the life of the mother</p> <p>Added new Definition:</p> <p>Abortion. Any medical treatment intended to induce the termination of a pregnancy with a purpose other than producing a live birth.</p>
<b>Updated section title</b>  <i>Section(s) Impacted: Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies</i>	Durable Medical Equipment, Prosthetics and Medical Supplies	Durable Medical Equipment, Orthotics, Prosthetics, and Medical Supplies

DESCRIPTION	CURRENT COVERAGE	CHANGE
<b>Amino Acid-Based Formulas</b>  <i>Section(s) Impacted: Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies</i>	Currently covered	Added new language:  Amino acid-based elemental formulas when medically necessary. Conditions for which these diagnoses it is medically necessary include, but are not limited to: <ul style="list-style-type: none"> <li>i. Cystic fibrosis;</li> <li>ii. Amino acid, organic acid and fatty acid metabolic and malabsorption disorders;</li> <li>iii. IgE mediated allergies to food proteins;</li> <li>iv. Food protein induced enterocolitis syndrome;</li> <li>v. Eosinophilic esophagitis;</li> <li>vi. Eosinophilic gastroenteritis; and</li> <li>vii. Eosinophilic colitis</li> <li>viii. Mast cell activation syndrome</li> </ul>

DESCRIPTION	CURRENT COVERAGE	CHANGE
<p><b>Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies</b></p> <p><i>Section(s) Impacted: Durable Medical Equipment, Orthotics, Prosthetics, and Medical Supplies</i></p>	<p>Currently covered</p>	<p>Added new language:</p> <p>Orthotic and prosthetic devices, supplies, and services, including their repair and replacement</p> <p>What's Covered</p> <p>Medica covers only a limited selection of durable medical equipment, orthotics, prosthetics, and medical supplies. Medica covers orthotic and prosthetic devices or device systems, supplies, accessories, and services that are customized to the member's needs. Needs of the member include performing physical activities such as, but not limited to running, biking, and swimming, as well as devices for showering and bathing.</p> <p>The repair, replacement or revision of durable medical equipment, orthotics and prosthetics is covered if it is made necessary by normal wear and use. Replacement of a prosthetic or custom orthotic device or the replacement of any part of the device is covered if an ordering health care provider determines it is necessary because: (1) of a change in the physiological condition of the member; (2) of an irreparable change in the condition of the device or in a part of a device, or (3) the condition of the device, or the part of the device, requires repairs and the cost of the repairs would be more than 60 percent of the cost of a replacement device or of the part being replaced.</p>

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<b>Intermittent catheters</b>  <i>Section(s) Impacted:</i> <i>Durable Medical Equipment, Orthotics, Prosthetics, and Medical Supplies</i>	Currently not referenced in the plan document	<p>Added new language to the Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies benefit table:</p> <p>Eligible intermittent urinary catheters and insertion supplies.</p> <p>What's Covered</p> <p>Medica covers intermittent catheters with insertion supplies if intermittent catheterization is recommended by a member's health care provider. Medica covers 180 intermittent catheters with insertion supplies per month unless a lesser amount is prescribed by the member's health care provider.</p>
<b>Maternity/Newborn Ambulance Transportation</b>  <i>Section(s) Impacted:</i> <i>Pregnancy – Maternity Care</i>	Currently covered	<p>Added new language to the Pregnancy – Maternity Care benefit table:</p> <p>Licensed ambulance transportation arranged through an attending health care provider when the mother or newborn requires transfer to a different medical facility Please note: This coverage applies to the mother, dependent newborn and dependent newborn siblings who are covered under the plan.</p>

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<b>Scalp Hair Prosthesis</b>  <i>Section(s) Impacted: Durable Medical Equipment, Orthotics, Prosthetics, and Medical Supplies</i>	Currently covered for alopecia only	<p>Per MN regulatory updates, added new language to the Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies:</p> <p>Scalp hair prosthesis for hair loss due to a health condition including alopecia areata or treatment for cancer, including all equipment and accessories necessary for regular use, when prescribed by a provider, unless there is a clinical basis for limitation.</p> <p>Medical Supplies benefit table</p> <p>Coverage is limited to \$1,000 per calendar or plan year. If the cost for scalp hair prosthesis is less than \$1,000, coverage will also be provided for any equipment or accessories necessary for regular use, when prescribed by a provider, up to a total combined dollar limit of \$1,000 per calendar or plan year.</p>
<b>Diagnostic services or testing after a mammogram</b>  <b>HSA plans only</b>  <i>Section(s) Impacted: Diagnostic tests and imaging; Certain Cancer-Related Testing</i>	Deductible applies to HSA plans	Deductible will not apply to HSA plans due to updated guidelines from the Internal Revenue Service (IRS) effective 01/01/2025



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<b>Pharmacist Services</b>  <i>Section(s) Impacted:</i> <i>Physician and Professional Services,</i> <i>Definitions</i>	Currently covered	<p>Added new language:</p> <p>Medical treatment or services provided by a licensed pharmacist with the scope of their license, including the following services:</p> <ul style="list-style-type: none"> <li>a. Collect specimens, interpret results, notify the patient of results, and refer the patient to other health care providers for follow-up care;</li> <li>b. Initiate, modify, or discontinue drug therapy only pursuant to a protocol or collaborative practice agreement;</li> <li>c. Protocol and collaborative practice agreement shall have the same meaning as set forth under the state pharmacy act;</li> <li>d. Initiate, order, and administer FDA-approved or authorized influenza and COVID-19 or SARS-CoV-2 vaccines to eligible individuals three years of age and older and all other FDA-approved vaccines to eligible individuals six years of age and older.</li> <li>e. Prescribing and administering drugs to prevent the acquisition of HIV provided the pharmacist has met all the conditions under state law to undertake such actions.</li> </ul> <p>Added new Definition</p> <p>Pharmacist. Any individual who has a pharmacy degree and is licensed as a pharmacist under state law and is acting within the scope of the pharmacy practice laws.</p>
<b>Intensive Outpatient Therapy, Partial Hospitalization Program, Applied Behavior Analysis</b>  <b>Non-HSA plans only</b> <i>Section(s) Impacted:</i> Behavioral Health Section – Mental Health and Substance Use	Cost share aligns to an office visit	<p>Cost share aligns to “All Other Outpatient”</p> <p>This change is necessary to comply with the Mental Health Parity benefit classification requirement.</p>

DESCRIPTION	CURRENT COVERAGE	CHANGE
<p><b>Outpatient – Facility (In-network)</b></p> <p><b>Non-HSA plans only</b></p> <p>Section(s) Impacted: Hospital Services Section - Outpatient hospital or ambulatory surgical center services and services provided in a hospital observation room</p>	<p>Covered with a flat dollar copay</p>	<p>Cost share aligns to “All Other Outpatient”. Physician &amp; professional services</p> <p>This change is necessary to comply with the Mental Health Parity benefit classification requirement.</p>