

Choice/Elect/Essential/Passport

Plan Option	In-network				Out-of-network		
	Deductible <i>Individual/Family</i>	Office Visit <i>Copay/ Coinsurance</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximums <i>Individual/Family</i>	Deductible <i>Individual/Family</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximum
MN 100%-15	\$0	\$15	100%	\$1500/\$5000	\$300/\$600	80%	\$3000
MN 100%-25	\$0	\$25	100%	\$1500/\$5000	\$300/\$600	80%	\$3000
MN 80%-15	\$0	\$15	80%	\$1500/\$5000	\$300/\$600	60%	\$3000
MN 80%-25	\$0	\$25	80%	\$2000/\$5000	\$300/\$600	60%	\$3500
MN 80%-35	\$0	\$35	80%	\$2500/\$5000	\$300/\$600	60%	\$4000
MN 80%-45	\$0	\$45	80%	\$3000/\$6000	\$300/\$600	60%	\$4500
MN 300-15	\$300/\$600	\$15	80%	\$1500/\$5000	\$750/\$1500	60%	\$3000
MN 300-25	\$300/\$600	\$25	80%	\$2000/\$5000	\$750/\$1500	60%	\$3500
MN 300-35	\$300/\$600	\$35	80%	\$2500/\$5000	\$750/\$1500	60%	\$4000
MN 300-45	\$300/\$600	\$45	80%	\$3000/\$6000	\$750/\$1500	60%	\$4500
MN 500-15	\$500/\$1000	\$15	80%	\$2000/\$5000	\$1000/\$2000	60%	\$3500
MN 500-25	\$500/\$1000	\$25	80%	\$2500/\$5000	\$1000/\$2000	60%	\$4000
MN 500-35	\$500/\$1000	\$35	80%	\$3000/\$6000	\$1000/\$2000	60%	\$4500
MN 500-45	\$500/\$1000	\$45	80%	\$3000/\$6000	\$1000/\$2000	60%	\$4500
MN 750-25	\$750/\$1500	\$25	80%	\$2500/\$5000	\$1250/\$2500	60%	\$4000
MN 750-45	\$750/\$1500	\$45	80%	\$3000/\$6000	\$1250/\$2500	60%	\$4500
MN 1000-25	\$1000/\$2000	\$25	80%	\$3000/\$6000	\$1500/\$3000	60%	\$4500
MN 1000-45	\$1000/\$2000	\$45	80%	\$4000/\$8000	\$1500/\$3000	60%	\$6000
MN 1500-25	\$1500/\$3000	\$25	80%	\$3000/\$6000	\$2250/\$4500	60%	\$4500
MN 1500-45	\$1500/\$3000	\$45	80%	\$4000/\$8000	\$2250/\$4500	60%	\$6000
MN 2000-25	\$2000/\$4000	\$25	80%	\$4000/\$8000	\$3000/\$6000	60%	\$6000
MN 2000-45	\$2000/\$4000	\$45	80%	\$4000/\$8000	\$3000/\$6000	60%	\$6000
MN 1000	\$1000/\$2000	20%	80%	\$3000/\$6000	\$1500/\$3000	60%	\$4500
MICMAN Choice MN COPAY	\$0	\$15/20%	\$300/20%	\$3000/\$6000	\$500/\$1500	70%	Combined
MICMAN Choice MN DED	\$2250/\$4500	20%	80%	\$3000/\$6000	\$2250/\$4500	70%	\$5000/\$10000

Pharmacy Benefit		
Formulary Generic	Formulary Brand	Non-Formulary
\$10	\$35	\$60

Pharmacy Benefit for MICMAN Choice	
MICMAN Choice MN COPAY	50% per script - 100% after member satisfies \$1000 prescription coinsurance per member, per calendar year
MICMAN Choice MN DED	50% per script - 100% after member satisfies \$1000 prescription coinsurance per member, per calendar year-deductible does not apply

HSA

Plan Option	In-network				Out-of-network		
	Deductible <i>Individual/Family</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximums <i>Individual/Family</i>	Pharmacy Closed Formulary <i>(After Deductible)</i>	Deductible <i>Individual/Family</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximum
MN 1250-100% HSA*	\$1250/\$2500	100%	\$1250/\$2500	100%	\$2000/\$4000	80%	\$4000
MN 1250-80% HSA*	\$1250/\$2500	80%	\$2500/\$5000	80%	\$2000/\$4000	60%	\$4000
MN 2500-100% HSA	\$2500/\$5000	100%	\$2500/\$5000	100%	\$3750/\$7500	80%	\$6000
MN 2500-80% HSA	\$2500/\$5000	80%	\$5000/\$10000	80%	\$3750/\$7500	60%	\$7500
MN 3000-100% HSA	\$3000/\$6000	100%	\$3000/\$6000	100%	\$4500/\$9000	80%	\$7000
MN 3000-80% HSA	\$3000/\$6000	80%	\$5500/\$11000	80%	\$4500/\$9000	60%	\$9000

*No embedded deductible

HRA

Plan Option	In-network			Out-of-network		
	Deductible <i>Individual/Family</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximums <i>Individual/Family</i>	Deductible <i>Individual/Family</i>	Plan Coinsurance <i>(After Deductible)</i>	Out-of-Pocket Maximum
MN 1500-80% HRA	\$1500/\$3000	80%	\$3000/\$6000	\$2250/\$4500	60%	\$4500
MN 2000-80% HRA	\$2000/\$4000	80%	\$4000/\$8000	\$3000/\$6000	60%	\$6000
MN 2500-80% HRA	\$2500/\$5000	80%	\$5000/\$10000	\$3750/\$7500	60%	\$7500

HRA Pharmacy Benefit

Formulary Generic	Formulary Brand	Non-Formulary
\$10	\$35	\$60

UNDERWRITING GUIDELINES

Minnesota – Small Group (2-50 eligible employees)

- ~ These small group plans are effective 7/1/07.
- ~ Groups with 5 or more participating employees residing in Medica's service area, and a rate table of less than 1.25, may offer up to two plans.
- ~ If a care system plan (Medica Elect®/Medica Essential®) is offered as a dual offering, it must be offered with an open access plan and have benefits equal to or leaner than the open access plan.
- ~ An employer may offer both Medica Elect and Medica Essential plans alongside an open access plan if the Medica Elect and Medica Essential benefits are identical.
- ~ At least 10% of employees must enroll in each dual option plan.
- ~ For groups with 5-9 participating employees, at least one employee must enroll in each plan.
- ~ Whenever a Patient Choice InsightsSM by Medica plan is offered, a look-alike open access plan must also be offered that replicates the Tier 1 level of benefits of the Patient Choice Insights plan.
- ~ To offer Passport from Medica,SM groups must have 5 or more participating employees.

Patient Choice Insights (Product only available in the Twin Cities metro area)

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	Deductible <small>Individual/Family</small>	Office Visit <small>Copay/Coinsurance</small>			Plan Inpatient Coinsurance <small>(After Deductible)</small>			Out-of-Pocket Maximums <small>Individual/Family</small>	Deductible <small>Individual/Family</small>	Plan Coinsurance <small>(After Deductible)</small>	Out-of- Pocket Maximum
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2 Coinsurance + \$300 per admit	Tier 3 Coinsurance + \$500 per admit			Coinsurance + \$500 per admit	
MN 100%-15	\$0	\$15	\$40	\$65	100%	90%	80%	\$1500/\$5000	\$300/\$600	70%	\$3000
MN 100%-25	\$0	\$25	\$50	\$75	100%	90%	80%	\$1500/\$5000	\$300/\$600	70%	\$3000
MN 80%-15	\$0	\$15	\$40	\$65	80%	70%	60%	\$1500/\$5000	\$300/\$600	50%	\$3000
MN 80%-25	\$0	\$25	\$50	\$75	80%	70%	60%	\$2000/\$5000	\$300/\$600	50%	\$3500
MN 80%-35	\$0	\$35	\$60	\$85	80%	70%	60%	\$2500/\$5000	\$300/\$600	50%	\$4000
MN 80%-45	\$0	\$45	\$70	\$95	80%	70%	60%	\$3000/\$6000	\$300/\$600	50%	\$4500
MN 300-15	\$300/\$600	\$15	\$40	\$65	80%	70%	60%	\$1500/\$5000	\$750/\$1500	50%	\$3000
MN 300-25	\$300/\$600	\$25	\$50	\$75	80%	70%	60%	\$2000/\$5000	\$750/\$1500	50%	\$3500
MN 300-35	\$300/\$600	\$35	\$60	\$85	80%	70%	60%	\$2500/\$5000	\$750/\$1500	50%	\$4000
MN 300-45	\$300/\$600	\$45	\$70	\$95	80%	70%	60%	\$3000/\$6000	\$750/\$1500	50%	\$4500
MN 500-15	\$500/\$1000	\$15	\$40	\$65	80%	70%	60%	\$2000/\$5000	\$1000/\$2000	50%	\$3500
MN 500-25	\$500/\$1000	\$25	\$50	\$75	80%	70%	60%	\$2500/\$5000	\$1000/\$2000	50%	\$4000
MN 500-35	\$500/\$1000	\$35	\$60	\$85	80%	70%	60%	\$3000/\$6000	\$1000/\$2000	50%	\$4500
MN 500-45	\$500/\$1000	\$45	\$70	\$95	80%	70%	60%	\$3000/\$6000	\$1000/\$2000	50%	\$4500
MN 750-25	\$750/\$1500	\$25	\$50	\$75	80%	70%	60%	\$2500/\$5000	\$1250/\$2500	50%	\$4000
MN 750-45	\$750/\$1500	\$45	\$70	\$95	80%	70%	60%	\$3000/\$6000	\$1250/\$2500	50%	\$4500
MN 1000-25	\$1000/\$2000	\$25	\$50	\$75	80%	70%	60%	\$3000/\$6000	\$1500/\$3000	50%	\$4500
MN 1000-45	\$1000/\$2000	\$45	\$70	\$95	80%	70%	60%	\$4000/\$8000	\$1500/\$3000	50%	\$6000
MN 1500-25	\$1500/\$3000	\$25	\$50	\$75	80%	70%	60%	\$3000/\$6000	\$2250/\$4500	50%	\$4500
MN 1500-45	\$1500/\$3000	\$45	\$70	\$95	80%	70%	60%	\$4000/\$8000	\$2250/\$4500	50%	\$6000
MN 2000-25	\$2000/\$4000	\$25	\$50	\$75	80%	70%	60%	\$4000/\$8000	\$3000/\$6000	50%	\$6000
MN 2000-45	\$2000/\$4000	\$45	\$70	\$95	80%	70%	60%	\$4000/\$8000	\$3000/\$6000	50%	\$6000
MN 1000	\$1000/\$2000	20%	30%	40%	80%	70%	60%	\$3000/\$6000	\$1500/\$3000	50%	\$4500

Pharmacy Benefit		
Formulary Generic	Formulary Brand	Non-Formulary
\$10	\$35	\$60