



2019 In-Network Health Insurance Benefits

 CITY OF BLOOMINGTON MINNESOTA	MEDICA HIGH-DEDUCTIBLE - HSA		MEDICA HIGH-DEDUCTIBLE - HRA		MEDICA \$30 COPAY	
	Choice Passport Network <i>Plan 1</i>	Elect or Essential Network <i>Plan 2</i>	Choice Passport Network <i>Plan 3</i>	Elect or Essential Network <i>Plan 4</i>	Choice Passport Network <i>Plan 5</i>	Elect or Essential Network <i>Plan 6</i>
Plan Year Deductible	\$ 2,700 per person \$ 5,400 per family		\$ 2,700 per person \$ 5,400 per family		\$ 350 per person \$ 700 per family	
Medical Out of Pocket Maximum	\$ 2,700 per person \$ 5,400 per family		\$ 2,700 per person \$ 5,400 per family		\$ 1,500 per person \$ 3,000 per family	
ROUTINE PHYSICAL & EYE EXAMS, WELL CHILD CARE	100% Paid		100% Paid		100% Paid	
ILLNESS OR INJURY	100% Coverage after Deductible		100% Coverage after Deductible		\$30 Copay/visit, relating to illness or injury	
PRESCRIPTIONS (Based on Formulary Tiers)	100% Coverage after Deductible (no charge for preventive Rx)		Tier 1 and Tier 2: \$15 Copayment Tier 3: \$25 Copayment		Tier 1 and Tier 2: 20% Copayment with a minimum payment of \$10 and a maximum payment of \$25 per prescription. Tier 3: 30% copayment with a minimum of \$40 and a maximum payment of \$55	
HOSPITALIZATION – INPATIENT	100% Coverage after Deductible		100% Coverage after Deductible		80% Coverage after deductible	
HOSPITALIZATION – OUTPATIENT	100% Coverage after Deductible		100% Coverage after Deductible		80% Coverage after deductible	
EMERGENCY ROOM	100% Coverage after Deductible		100% Coverage after Deductible		\$75 Copay	
URGENT CARE CENTERS	100% Coverage after Deductible		100% Coverage after Deductible		\$30 Copay/visit	
AMBULANCE	100% Coverage after Deductible		100% Coverage after Deductible		100% Coverage	
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES	100% Coverage after Deductible		100% Coverage after Deductible		80% Coverage after Deductible	
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	100% Coverage after Deductible		100% Coverage after Deductible		\$30 Copay/visit	

This is a summary. Please refer to the insurance contracts or the provider's customer service department if questions arise. If inconsistencies exist between this summary and the group contract, the group contract prevails.

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2019 Out-of-Network Health Insurance Benefits

 CITY OF BLOOMINGTON MINNESOTA	MEDICA HIGH-DEDUCTIBLE - HSA		MEDICA HIGH-DEDUCTIBLE - HRA		MEDICA \$30 COPAY	
	Choice Passport Network <i>Plan 1</i>	Elect or Essential Network <i>Plan 2</i>	Choice Passport Network <i>Plan 3</i>	Elect or Essential Network <i>Plan 4</i>	Choice Passport Network <i>Plan 5</i>	Elect or Essential Network <i>Plan 6</i>
Lifetime Maximum	\$ 1,000,000		\$ 1,000,000		\$ 1,000,000	
Plan Year Deductible	\$ 6,000 per member \$ 12,000 per family		\$ 6,000 per member \$ 12,000 per family		\$ 700 per person \$ 1,500 per family	
Medical Out of Pocket Maximum	\$ 11,000 per member \$ 22,000 per family		\$ 11,000 per member \$ 22,000 per family		\$ 2,250 per person \$ 5,000 per family	
ROUTINE PHYSICAL & EYE EXAMS, WELL CHILD CARE	No charge for well child care OON, 50% coverage after deductible for routine physical and eye exams		No charge for well child care OON, 50% coverage after deductible for routine physical and eye exams		No charge for well child care OON, 60% coverage after deductible for routine physical and eye exams	
ILLNESS OR INJURY	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	
PRESCRIPTIONS	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	
HOSPITALIZATION – INPATIENT	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	
HOSPITALIZATION – OUTPATIENT	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	
EMERGENCY ROOM	Covered as an in-network benefit		Covered as an in-network benefit		Covered as an in-network benefit	
URGENT CARE CENTERS	Covered as an in-network benefit		Covered as an in-network benefit		Covered as an in-network benefit	
AMBULANCE	Covered as an in-network benefit		Covered as an in-network benefit		Covered as an in-network benefit	
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	50% Coverage after Deductible		50% Coverage after Deductible		60% Coverage after Deductible	

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