

**Medica Elect MN 2700-0% HRA  
BENEFIT SUMMARY**

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Partial listing of covered services	Your cost if you visit a:	
	Network provider	Non-Network provider
<b>Annual Deductible</b> <i>The amount paid per year before the health plan starts to pay.</i>	\$2,700 per member \$5,400 per family	\$6,000 per member \$12,000 per family
<b>Annual Out-of-Pocket Maximum</b> <i>The most you pay in a year for health care services covered by your insurance.</i>	\$2,700 per member \$5,400 per family	\$11,000 per member \$22,000 per family
<b>Office visits</b> <ul style="list-style-type: none"> <li>● Primary care</li> <li>● Specialist visits</li> <li>● Chiropractic care</li> <li>● Convenience/Virtual care</li> </ul>	0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance	50% coinsurance 50% coinsurance 50% coinsurance <i>Chiropractic care is limited to 20 visits per member per year out-of-network.</i>
<b>Preventive care</b> <ul style="list-style-type: none"> <li>● Routine Physical &amp; Eye Exams</li> <li>● Immunizations &amp; Cancer Screenings</li> <li>● Well Child Care</li> </ul>	No charge No charge No charge	50% coinsurance 50% coinsurance Well Child: 0% coinsurance
<b>Lab and Pathology</b>	0% coinsurance	Covered as an in-network benefit
<b>X-Ray and Other Imaging</b> <ul style="list-style-type: none"> <li>● X-rays</li> <li>● CT, MRI, PET scans</li> </ul>	0% coinsurance	Covered as an in-network benefit Covered as an in-network benefit
<b>Prescription Drugs</b> <i>Up to a 31-day supply per prescription.</i>	<b>Generic:</b> \$15/prescription <b>Preferred brand:</b> \$15/prescription <b>Non-preferred brand:</b> \$25/prescription	50% coinsurance 50% coinsurance 50% coinsurance
<b>Specialty Prescription Drugs</b> <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i>	<b>Preferred &amp; Non-Preferred:</b> \$15 copay/prescription	Not covered
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>● Facility</li> <li>● Physician/surgeon fees</li> </ul>	0% coinsurance 0% coinsurance	50% coinsurance 50% coinsurance
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>● Emergency room services</li> <li>● Emergency medical transportation</li> <li>● Urgent care</li> </ul>	0% coinsurance 0% coinsurance 0% coinsurance	Covered as an in-network benefit Covered as an in-network benefit Covered as an in-network benefit
<b>Inpatient Hospital Services</b> <ul style="list-style-type: none"> <li>● Facility</li> <li>● Physician</li> </ul>	0% coinsurance 0% coinsurance	50% coinsurance 50% coinsurance

<b>Behavioral Health/Mental Health &amp; Substance Abuse Care</b> <ul style="list-style-type: none"> <li>● Outpatient services</li> <li>● Inpatient hospital services</li> </ul>	0% coinsurance 0% coinsurance	50% coinsurance 50% coinsurance
<b>Maternity Benefits</b> <ul style="list-style-type: none"> <li>● Prenatal care</li> <li>● Postnatal care</li> <li>● Delivery &amp; inpatient services</li> </ul>	No charge No charge 0% coinsurance	Prenatal: 0% coinsurance 50% coinsurance 50% coinsurance
<b>Durable Medical Equipment &amp; Prosthetics</b>	0% coinsurance	50% coinsurance

This health care plan is offered by Medica Insurance Company (MIC). It may not cover all your health care expenses; read your Certificate of Coverage carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.

This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information.

COM City of Bloomington-BS-1-00119

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- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, call the number included in this document or on the back of your Medica ID card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, [civilrightscordinator@medica.com](mailto:civilrightscordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ພຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

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