

In-Network highlights:	<u>Plan 1</u> Medica Passport/Choice Plus 10%-25 Copay	<u>Plan 2 (Base Plan)</u> Medica Passport/Choice Plus \$1000-45-30% Copay	<u>Plan 3</u> Medica Passport/Choice Plus \$3500-45-25% Copay	<u>Plan 4</u> Medica Passport/Choice Plus \$3850-0% HSA + Rx Copays	<u>Plan 5</u> Medica Passport/Choice Plus \$5500-0% HSA
Minnesota Provider Network	Medica Passport				
<i>Outside MN network</i>	UnitedHealthcare Choice Plus				
Preventive care	You pay 0%	You pay 0%	You pay 0%	You pay 0%	You pay 0%
Deductible Calendar year	\$0 per person not to exceed \$0/Family	\$1,000 per person not to exceed \$3,000/Family	\$3,500 per person not to exceed \$10,500/Family	\$3,850 per person not to exceed \$7,700/Family	\$5,500 per person not to exceed \$11,000/Family
Coinsurance after deductible	10%	30%	25%	0%	0%
Out-of-Pocket Maximum	\$2,500 per person not to exceed \$5,000/Family	\$6,500 per person not to exceed \$13,000/Family	\$6,500 per person not to exceed \$13,000/Family	\$4,500 per person not to exceed \$9,000/Family	\$5,500 per person not to exceed \$11,000/Family
Office Visit	\$25	\$45	\$45	You pay 0% after the deductible	You pay 0% after the deductible
Retail Health Visit	\$10	\$30	\$30	You pay 0% after the deductible	You pay 0% after the deductible
Virtual visit	\$10	\$30	\$30	You pay 0% after the deductible	You pay 0% after the deductible
Generic Rx	\$12	\$12	\$12	\$0	You pay 0% after the deductible
Formulary Brand Rx	\$50	\$50	\$50	\$60	You pay 0% after the deductible
Non-Formulary Brand Rx	\$100	\$100	\$90	\$150	You pay 0% after the deductible
Specialty Rx	20% coinsurance, no more than \$200 copay	20% coinsurance, no more than \$200 copay	20% coinsurance, no more than \$200 copay	Preferred: 0% coinsurance after deductible Non-Preferred: 15% coinsurance after deductible	You pay 0% after the deductible
Eligible for HSA Contribution?	No	No	No	Yes	Yes