

MEDICA CHOICE® PASSPORT
SUMMARY OF BENEFITS
HRA PLAN

Partial Listing of Covered Services	Medica Choice with UnitedHealthcare In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	\$1,450 per member \$2,900 per family	\$1,450 per member \$2,900 per family
Annual Out-of-Pocket Maximum	\$2,500 per member \$5,000 per family	\$4,500 per member \$9,000 per family
HCMC Contribution	\$900 per member \$1,800 per family	
Lifetime Maximum	Unlimited	
	When you receive covered services after the deductible has been met, the plan pays:	When you receive covered services after the deductible has been met, the plan pays:
Preventive Care • Routine Physical & Eye Exams • Immunizations, Well Child Care and Cancer Screenings	<i>The deductible does not apply to these services.</i> 100% 100%	60% 60%
Office Visits • Illness or Injury • Chiropractic Care • Physical, Occupational & Speech Therapy • Mental Health and Substance Abuse	90% 90% 90% 90%	60% 60% <i>Limited to 20 visits per member, per year.</i> 60% 60%
Convenience Care/ Retail Health Clinic Visits	90%	60%
Prescription Drugs <i>Up to a 31-day supply per prescription</i>	90% for preferred prescription drugs	60%
Specialty Prescription Drugs <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.</i>	90% for preferred prescription drugs	No Coverage
Inpatient Hospital Services • Facility • Physician • Mental Health and Substance Abuse	90% 90% 90%	60% 60% 60%
Outpatient Hospital Services • Facility • Physician	90% 90%	60% 60%
Lab and Pathology	90%	Covered as an in-network benefit.
X-Ray and Other Imaging	90%	Covered as an in-network benefit.
Urgent or Emergency Care • Urgent Care Center • Hospital Emergency Room • Emergency Ambulance	90% 90% 90%	Covered as an in-network benefit. Covered as an in-network benefit. Covered as an in-network benefit.
Durable Medical Equipment and Prosthetics	90%	60%
Home Health Care	90%	60%

Out-of-Network Coverage

- Coverage is limited to the non-network provider reimbursement amount (as defined in your Plan Document) after deductible is met.
- If you decide to utilize your out-of-network benefits, you may pay more than you would for in-network benefits. The amount you pay could include a percentage coinsurance, a fixed dollar copayment and/ or deductible amount. In addition, if the amount that your non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) **you are responsible for paying the difference**, and such difference will not be applied toward the out-of-pocket maximum.

Exclusions and Limitation to Coverage

The following is a list of some of the services and supplies that are excluded from coverage. When you enroll, the Plan Document you receive will provide a more complete and detailed list of exclusions. Please refer to your Plan Document for specific information about excluded services or supplies.

- Cosmetic Surgery
- Refractive Eye Surgery
- Exams for employment, insurance, administrative proceedings, research or licensure
- Personal convenience items and some non-durable supplies
- A drug, device, or medical treatment or procedure that is investigative or not a covered health service
- Custodial supportive care and self-care or self-help training
- Educational classes, programs or seminars
- Services prohibited by law or regulation
- Services for which coverage is available under worker's compensation, employer liability or any similar law

Contact **Customer Service at 952-945-8000; 800-952-3455 Toll Free**, or **800-855-2880** for individuals with hearing impairments, for more information or answers to specific questions.

This health care plan is administered by Medica-Self-Insured (MSI). It may not cover all your health care expenses; read your Plan Document 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 Plan Document, the Plan Document will take precedence in determining your benefits.