

# 2020 Preferred Portfolio

## Small Group

TRADITIONAL PLANS									
Plan Option	Creditable Coverage	IN-NETWORK					OUT-OF-NETWORK		
		Deductible <i>Individual/Family</i>	Office Visit <i>Primary Specialty</i> <i>*After Deductible</i>	Member Coinsurance <i>*After Deductible</i>	Pharmacy <i>Tier 1, 2, 3</i> <i>*After Deductible</i>	Out-of-Pocket Maximum <i>Individual/Family</i>	Deductible <i>Individual/Family</i>	Member Coinsurance <i>After Deductible</i>	Out-of-Pocket Maximum <i>Individual/Family</i>
MN 10% - 25 Platinum	Yes	\$0 / \$0	\$25	10%	\$12 / \$50 / \$100	\$2,500 / \$5,000	\$10,000 / \$20,000	50%	No limit
MN 500 - 25 - 20% Platinum	Yes	\$500 / \$1,500	\$25	*20%	\$12 / \$50 / \$100	\$2,000 / \$4,000	\$10,000 / \$20,000	50%	No limit
MN 1,000 - 25 - 20% Platinum	Yes	\$1,000 / \$3,000	\$25	*20%	\$12 / \$50 / \$100	\$3,000 / \$6,000	\$10,000 / \$20,000	50%	No limit
MN 500 - 45 - 30% Gold	Yes	\$500 / \$1,500	\$45	*30%	\$12 / \$50 / \$100	\$5,500 / \$11,000	\$10,000 / \$20,000	50%	No limit
MN 1,000 - 45 - 30% Gold	Yes	\$1,000 / \$3,000	\$45	*30%	\$12 / \$50 / \$100	\$6,500 / \$13,000	\$10,000 / \$20,000	50%	No limit
MN 2,250 - 45 - 30% Gold	Yes	\$2,250 / \$6,750	\$45	*30%	\$12 / \$50 / \$100	\$7,000 / \$14,000	\$10,000 / \$20,000	50%	No limit
MN 1,750 - 70/140 - 50% Silver	Yes	\$1,750 / \$5,250	\$70 / \$140	*50%	\$15 / \$60 / \$150	\$8,150 / \$16,300	\$10,000 / \$20,000	60%	No limit
MN 2,500 - 70/140 - 50% Silver	Yes	\$2,500 / \$7,500	\$70 / \$140	*50%	\$15 / \$60 / \$150	\$8,150 / \$16,300	\$10,000 / \$20,000	60%	No limit
MN 3,250 - 70/140 - 40% Silver	Yes	\$3,250 / \$9,750	\$70 / \$140	*40%	\$15 / \$60 / \$150	\$8,150 / \$16,300	\$10,000 / \$20,000	50%	No limit
MN 4,250 - 30% Silver	Yes	\$4,250 / \$12,750	*30%	*30%	\$15 / \$60 / \$150	\$8,150 / \$16,300	\$10,000 / \$20,000	50%	No limit
MN 6,000 - 70/140 - 20% Bronze	No	\$6,000 / \$12,000	\$70 / \$140	*20%	*20% / 20% / 35%	\$8,150 / \$16,300	\$10,000 / \$20,000	50%	No limit
MN 8,150 - 0% Bronze	No	\$8,150 / \$16,300	*0%	*0%	*0% / 0% / 0%	\$8,150 / \$16,300	\$10,000 / \$20,000	50%	No limit

HSA PLANS

Plan Option	Creditable Coverage	IN-NETWORK					OUT-OF-NETWORK		
		Deductible <i>Individual/Family</i>	Member Coinsurance <i>After Deductible</i>	Pharmacy <i>Tier 1, 2, 3 After Deductible</i>	Preventive Prescription Drugs <i>Tier 1, 2, 3 Deductible Does Not Apply</i>	Out-of-Pocket Maximum <i>Individual/Family</i>	Deductible <i>Individual/Family</i>	Member Coinsurance <i>After Deductible</i>	Out-of-Pocket Maximum <i>Individual/ Family</i>
MN 2,000 - 0% HSA Gold^ + Rx Copays	Yes	\$2,000 / \$3,600	0%	0% / \$50 / \$100	0% / 0% / No Coverage	\$2,500 / \$4,500	\$10,000 / \$20,000	50%	No limit
MN 2,500 - 10% HSA Gold^	Yes	\$2,500 / \$5,000	10%	10% / 10% / 25%	0% / 0% / No Coverage	\$4,000 / \$8,000	\$10,000 / \$20,000	50%	No limit
MN 2,800 - 0% HSA Gold	Yes	\$2,800 / \$5,600	0%	0% / 0% / 0%	0% / 0% / No Coverage	\$2,800 / \$5,600	\$10,000 / \$20,000	50%	No limit
MN 2,800 - 20% HSA Silver	Yes	\$2,800 / \$5,600	20%	20% / 20% / 35%	0% / 0% / No Coverage	\$6,350 / \$12,700	\$10,000 / \$20,000	50%	No limit
MN 3,000 - 30% HSA Silver	Yes	\$3,000 / \$6,000	30%	30% / 30% / 45%	0% / 0% / No Coverage	\$6,000 / \$12,000	\$10,000 / \$20,000	50%	No limit
MN 3,850 - 0% HSA Silver + Rx Copays	Yes	\$3,850 / \$7,700	0%	0% / \$60 / \$150	0% / 0% / No Coverage	\$4,500 / \$9,000	\$10,000 / \$20,000	50%	No limit
MN 4,500 - 0% HSA Silver + Rx Copays	Yes	\$4,500 / \$9,000	0%	0% / \$60 / \$150	0% / 0% / No Coverage	\$5,200 / \$10,400	\$10,000 / \$20,000	50%	No limit
MN 5,000 - 5% HSA Silver	Yes	\$5,000 / \$10,000	5%	5% / 5% / 20%	0% / 0% / No Coverage	\$5,500 / \$11,000	\$10,000 / \$20,000	50%	No limit
MN 5,500 - 30% HSA Bronze	Yes	\$5,500 / \$11,000	30%	30% / 30% / 45%	0% / 0% / No Coverage	\$6,900 / \$13,800	\$10,000 / \$20,000	50%	No limit
MN 6,000 - 10% HSA Bronze	Yes	\$6,000 / \$12,000	10%	10% / 10% / 25%	0% / 0% / No Coverage	\$6,900 / \$13,800	\$10,000 / \$20,000	50%	No limit
MN 6,900 - 0% HSA Bronze	Yes	\$6,900 / \$13,800	0%	0% / 0% / 0%	0% / 0% / No Coverage	\$6,900 / \$13,800	\$10,000 / \$20,000	50%	No limit

^No embedded deductible, no embedded out-of-pocket



Network options, benefit designs and combinations vary by product and area. Please consult with your Medica Sales Executive for details or go to [medica.com/brokers/group/quoting-and-renewing](https://medica.com/brokers/group/quoting-and-renewing) for additional information.

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