

## Things to know for open enrollment: November 3 - 21

1. Health insurance coverage will continue to be offered by Medica. **The benefit plan design, choice of three provider networks and monthly contribution of \$90 (single) or \$190 (family) to your HRA/VEBA account will be the same in 2015.** Your premium contribution rates will be slightly lower.
2. There are two employee premium contribution levels: wellness and standard. **You should have received a mailing at home in late October confirming the rate for which you are eligible to enroll,** based on your hire date and completion of the wellness program in 2014. The amounts shown apply to full-time employees:

Medica Network	2015 Monthly Employee Contribution				2015 Monthly Employer Contribution	
	Wellness Rate		Standard Rate		Single	Family
	Single	Family	Single	Family		
Medica Elect®	\$32.00	\$140.00	\$66.00	\$233.00	\$492.00	\$1,328.00
Medica Essential <sup>SM</sup>	\$32.00	\$140.00	\$66.00	\$233.00	\$492.00	\$1,328.00
Medica Choice® Passport	\$66.00	\$233.00	\$101.00	\$333.00	\$492.00	\$1,328.00

3. **If you are currently in the Medica Choice Passport network, consider moving to either the Medica Elect or Medica Essential networks in 2015 to gain significant premium savings.** Medica Choice Passport is a large network that does not require referrals within the network. Medica Elect and Medica Essential are smaller networks that require you to designate a primary care clinic in a participating care system and get a referral for any care you receive outside that care system. **If you do not complete the enrollment process, you will be re-enrolled by default into your 2014 provider network selection.**
4. **Please complete your enrollment between November 3 and 21.** Enroll online at [minneapolismn.gov/hr/hris](http://minneapolismn.gov/hr/hris). Instructions are available at the City's benefits website, [minneapolismn.gov/hr/benefits](http://minneapolismn.gov/hr/benefits).
5. **You must re-enroll in the flexible spending account (FSA) each year to set aside pre-tax dollars for eligible health care and dependent care expenses.** The limit for contributions to your FSA in the 2015 plan year will be \$2,500 for medical expenses and \$5,000 for dependent care expenses.
6. **If you wish to increase your coverage amount under the optional life insurance benefit, you must submit an application for approval.** Call Human Resources at 612-673-3333 for an application.

**Benefit plan  
summary on  
reverse**

### Looking for more information?



#### [minneapolismn.gov/hr/benefits](http://minneapolismn.gov/hr/benefits)

The City's benefits website is your one-stop shop for details on all employee benefits, including a calculator for flexible spending account savings.



#### [welcometomedica.com/cityofminneapolis](http://welcometomedica.com/cityofminneapolis)

Visit Medica's website for City of Minneapolis employees to view details about your health benefits, search provider networks, review your drug coverage and learn about available health and wellness programs.



#### City of Minneapolis Human Resources

For questions about your enrollment or premium contribution rate, or to request a copy of the Summary of Benefits and Coverage, call us at 612-673-3333 or email [benefits@minneapolismn.gov](mailto:benefits@minneapolismn.gov).



#### Medica Customer Service

For questions about health benefits and provider networks, call 952-945-8000 or 1-800-952-3455.

## City of Minneapolis 2015 Medical Plan Summary of Benefits

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>	\$2,000 per member \$4,000 per family	\$3,000 per member \$6,000 per family
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 per member \$6,000 per family	\$6,000 per member \$12,000 per family
<b>Lifetime Maximum</b>	Unlimited	\$2,000,000
	<b>When you receive covered services after the deductible has been met, YOU will pay:</b>	<b>When you receive covered services after the deductible has been met, YOU will pay:</b>
<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>	<i>The deductible does not apply to these services.</i> No charge No charge No charge	40% 40% No charge
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Chiropractic Care</li> <li>• Mental Health and Substance Abuse</li> <li>• Physical, Occupational &amp; Speech Therapy</li> </ul>	20% 20% 20% 20%	40% 40% <i>Limited to 15 visits per member per year.</i> 40% 40% <i>Physical and occupational therapy have a combined limit of 20 visits per member per year. Speech therapy is limited to 20 visits per member per year.</i>
<b>Prescription Drugs</b> Visit <a href="http://minneapolismn.gov/hr/benefits">minneapolismn.gov/hr/benefits</a> for more information about Medica's drug tiers.	<i>The deductible does not apply to these services.</i> Retail: (31-day supply) Tier 1: \$10 copayment Tier 2: \$25 copayment Tier 3: \$50 copayment  Mail: (93-day supply) Tier 1: \$20 copayment Tier 2: \$50 copayment Tier 3: \$100 copayment	The greater of 40% or a \$50 copayment per prescription unit.  Mail order: No coverage
<b>Specialty Prescription Drugs</b> Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.  Visit <a href="http://minneapolismn.gov/hr/benefits">minneapolismn.gov/hr/benefits</a> for more information about specialty drugs.	<i>The deductible does not apply to these services.</i> Retail: (31-day supply) Tier 1: \$25 copayment Tier 2: \$50 copayment  Mail: (93-day supply) Tier 1: \$50 copayment Tier 2: \$100 copayment	No coverage
<b>Inpatient Hospital Services</b> <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Mental Health and Substance Abuse</li> </ul>	20% 20% 20%	40% 40% 40%
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> </ul>	20% 20%	40% 40%
<b>Lab and Pathology</b>	20%	40%
<b>X-Ray and Other Imaging</b>	20%	40%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	20% 20% 20%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	20%	40%

A **deductible** is the amount you owe for covered services before your health plan pays anything during the contract year.

After you reach your **out-of-pocket maximum**, all covered health services will be paid at 100% for the remainder of the contract year.

A **copayment** is the fixed dollar amount you pay when you pick up a prescription.

**Coinsurance** is a percentage of the amount you pay after a covered service has been provided and the claim has been processed.