

# City of Saint Paul 2024 Medical Plan for Eligible Temporary Employees

	\$2,500 Choice with UHC PPO Plan	
	In-Network	Out-of-Network
Annual deductible	\$2,500 per person \$3,500 per family	\$3,000 per person \$5,500 per family
Annual out-of-pocket limit	\$3,500 per person \$3,500 per family	\$5,000 per person \$7,000 per family
Primary care visit, chiropractic visit, specialist visit	20% coinsurance	35% coinsurance
Convenience care visit	20% coinsurance	35% coinsurance
Preventive care/screening/immunization	No charge Deductible does not apply	Well child care: 0% coinsurance Deductible does not apply Other services: 35% coinsurance
Diagnostic test (x-ray, blood work)	20% coinsurance	35% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance	35% coinsurance
Outpatient surgery	20% coinsurance	35% coinsurance
Emergency room care	20% coinsurance	20% coinsurance Covered as in-network benefit
Emergency medical transportation	20% coinsurance	20% coinsurance Covered as in-network benefit
Urgent care	20% coinsurance	20% coinsurance Covered as in-network benefit
Hospital stay	20% coinsurance	35% coinsurance
Generic drugs	Retail: \$10/ prescription Mail order: \$20/ prescription* Deductible does not apply	35% coinsurance
Preferred brand drugs	Retail: \$35/ prescription Mail order: \$70/ prescription* Deductible does not apply	35% coinsurance
Non-preferred brand drugs	Retail: \$50/ prescription Mail order: \$100/ prescription* Deductible does not apply	35% coinsurance
Specialty drugs	Preferred: 20% coinsurance; \$200 maximum/ prescription Non-preferred: 30% coinsurance Deductible does not apply	Not covered

\* For a three (3) month supply.

Unless noted deductible must be met before coinsurance applies.

This is a summary of your benefits. Not all benefits are listed. In the event of a discrepancy the official plan document(s) will govern.

Temporary and Special Employment 2019

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COM17310-1-00917 City of Saint Paul

## Medical Provider Network Information

<b>Medica Choice® Passport for \$2,500 Choice with UHC PPO Plan Copay Choice with UHC PPO Plan</b>
<i>What kind of network?</i>
<b><i>Nationwide network</i></b>
<i>What are the features?</i>
<ul style="list-style-type: none"><li>• <b><i>One of the largest networks in the nation</i></b></li><li>• <b><i>Nationwide coverage when you travel</i></b></li><li>• <b><i>No referrals needed</i></b></li></ul>
<i>Who's in the network?</i>
<b><i>The Medica Choice with UnitedHealthcare Options PPO network includes more than 98% of providers in Minnesota including Allina Health, Fairview Health Services, HealthEast Care System, HealthPartners, Mayo Clinic Health System, North Memorial Health and Park Nicollet.</i></b>

### ***2024 Rates for this Plan*** **(\$2,500 Choice with UHC PPO)**

<b><i>Single coverage:</i></b>	<b><i>\$101.94/month</i></b>
<b><i>Family coverage:</i></b>	<b><i>\$265.05/month</i></b>

For more information about your plan and network options, visit [welcomemedica.com/cityofstpaul](http://welcomemedica.com/cityofstpaul)

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