

Medica Plan Options

Minnesota

City of Columbia Heights

Effective: 01/01/2021

MEDICA CHOICE® PASSPORT						
Plan Options	In-Network Deductible Individual/Family	In-Network Out-of-Pocket Maximum Individual/Family	Out-of-Network Deductible Individual/Family	Out-of-Network Out-of-Pocket Maximum Individual/Family	Total Premium	
					Single	Family
MN 0%-\$15 (RX \$12/50/90; Creditable)	\$0/\$0	\$2,000/\$5,000	\$2,000/\$5,000	\$9,000/Unlimited	\$1,026.64	\$2,361.30
MN 1500-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$1,500/\$3,000^	\$1,500/\$3,000^	\$2,250/\$4,500^	\$3,000/\$6,000^	\$907.45	\$2,087.15
MN 2800-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$2,800/\$5,600	\$2,800/\$5,600	\$5,600/\$11,200	\$9,000/\$18,000	\$813.31	\$1,870.63

MEDICA ELECT®						
Plan Options	In-Network Deductible Individual/Family	In-Network Out-of-Pocket Maximum Individual/Family	Out-of-Network Deductible Individual/Family	Out-of-Network Out-of-Pocket Maximum Individual/Family	Total Premium	
					Single	Family
MN 0%-\$15 (RX \$12/50/90; Creditable)	\$0/\$0	\$2,000/\$5,000	\$2,000/\$5,000	\$9,000/Unlimited	\$954.78	\$2,196.01
MN 1500-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$1,500/\$3,000^	\$1,500/\$3,000^	\$2,250/\$4,500^	\$3,000/\$6,000^	\$843.92	\$1,941.05
MN 2800-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$2,800/\$5,600	\$2,800/\$5,600	\$5,600/\$11,200	\$9,000/\$18,000	\$756.38	\$1,739.69

VANTAGEPLUS®						
Plan Options	In-Network Deductible Individual/Family	In-Network Out-of-Pocket Maximum Individual/Family	Out-of-Network Deductible Individual/Family	Out-of-Network Out-of-Pocket Maximum Individual/Family	Total Premium	
					Single	Family
MN 0%-\$15 (RX \$12/50/90; Creditable)	\$0/\$0	\$2,000/\$5,000	\$2,000/\$5,000	\$9,000/Unlimited	\$923.98	\$2,125.17
MN 1500-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$1,500/\$3,000^	\$1,500/\$3,000^	\$2,250/\$4,500^	\$3,000/\$6,000^	\$816.70	\$1,878.43
MN 2800-0% H.S.A. (RX Deductible/Coinsurance; Creditable)	\$2,800/\$5,600	\$2,800/\$5,600	\$5,600/\$11,200	\$9,000/\$18,000	\$731.98	\$1,683.57

^Non-Embedded Deductible: If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.