

2022 Twin Cities MNA Medical Plan Choices Summary

University of Minnesota Medical Center, West Bank campus RNs and Fairview Southdale Hospital, MNA RNs

While Fairview believes the information in this summary to be true, it is not intended to be all-inclusive nor set conditions of employment. Fairview reserves the right to modify, change, or reserve any part of this information at any time. The language in the insurance contracts and summary plan description (SPD) will prevail should there be a conflict of information. Contact Fairview’s Employee Service Center for more information at 612-672-5050 or email esc@fairview.org.

Plan Administrator: PreferredOne Administrative Services

Group Number: PKA20006

The most up to date provider directories are available on the PreferredOne website, www.preferredone.com/fairview.

IN-NETWORK general plan provisions:

MNA Plan Name	MNA Care Team Plan	MNA High Deductible Plan	MNA Open Access Plan
Description of Plan	<ul style="list-style-type: none"> Members select a primary care clinic in one of four care teams. Each family member may choose a different care team. Members may change care teams monthly by calling PreferredOne by the 20th of the month. Follow referral procedures within your care team. No coverage outside of your selected care team. 	<ul style="list-style-type: none"> Uses PreferredOne Open Access 200 network of providers. Self-refer to both primary care and specialty care providers in the network. Deductible must be met before services are covered. Cannot contribute to an HSA 	<ul style="list-style-type: none"> Uses PreferredOne Open Access 200 network of providers. Self-refer to both primary care and specialty care providers in the network. 3 Tiers of coverage based on network
Networks	Care teams include: <ul style="list-style-type: none"> Fairview Physician Associates (FPA) University of Minnesota Physicians (UMP) North Clinic North Memorial Health Care 	PreferredOne Open Access 200 Network	Tier I Providers: <ul style="list-style-type: none"> M Health Fairview Hospitals & Clinics Fairview Physician Associates UMPhysicians Tier II Providers: PreferredOne Open Access 200 Network Tier III Providers: Out-of-network
Annual Deductible	None	\$500 single/\$1,500 family	Tier I & II: None Tier III: \$500 single/\$1,000 family

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MNA Plan Name	MNA Care Team Plan	MNA High Deductible Plan	MNA Open Access Plan
Maximum Annual Out-of-Pocket	\$3,000 single/5,000 family	\$2,250 single/\$6,750 family	Tier I & II: \$1,500 single/\$3,000 family Tier III: \$2,550 single/\$5,250 family
Ambulance	80%	80% after deductible	Tier I & II: 80% Tier III: 80% after deductible
Emergency Room	Care team hospital: \$40 copay, waived if admitted Non-care team hospital: 80% of first \$2,500, then 100%	80% after deductible	Tier I: \$25 copay, waived if admitted, then 100% Tier II: \$50 copay, waived if admitted, then 80% Tier III: \$50 copay, waived if admitted, then 70% after deductible
Urgent Care Visit	\$10 copay within care team guidelines	80% after deductible	Tier I & II: 80% Tier III: 70% after deductible
Hospital Services - Inpatient	Fairview: 100% Other care team hospital: 80%	80% after deductible	Tier I: 100% Tier II: \$200 copay, then 80% Tier III: \$200 copay, then 70% after deductible
Hospital Services - Outpatient	Fairview: 100% Other care team hospital: 80%	80% after deductible	Tier I: 100% Tier II: 80% Tier III: 70%
Preventive Office Visit*	100% within care team guidelines	100%, no deductible	Tier I: 100% Tier II: 80%; Mammograms/pap smears/maternity care/well-baby covered 100% Tier III: 70% after deductible
<p>Preventive Office Visit includes: Well-woman visits (including pre-natal care), gestational diabetes screening, HIV/HPV testing, HIV/STI counseling, colorectal screening, breastfeeding support & counseling, domestic violence screening and counseling, immunizations, lab tests, pathology, radiology, certain cancer screenings, breast pump rental, physical exams, child health supervision services (well-baby), vision exams for children (up to age 5). Learn more at: https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html</p>			
<p>*MNA plans are not subject to preventive coverage rules under PPACA (2010 health care reform legislation) because they are grandfathered plans.</p>			
Primary Care Office Visit	100% within care team guidelines	80% after deductible	Tier I: 100% Tier II: 80%

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MNA Plan Name	MNA Care Team Plan	MNA High Deductible Plan	MNA Open Access Plan
			Tier III: 70% after deductible
Specialist Office Visit	100% within care team guidelines	80% after deductible	Tier I: 100% Tier II: 80% Tier III: 70% after deductible
Convenience Care or OnCare Virtual visit	No coverage	No coverage	No coverage
Annual Eye Exam	100% within care team guidelines	100%, no deductible	Tier I: 100% Tier II: 80% Tier III: 70% after deductible
Allergy Injections	100% within care team guidelines	80% after deductible	Tier I: 100% Tier II: 80% Tier III: 70% after deductible
Chiropractic	\$10 copay within care team guidelines	80% after deductible, no visit limit in network	Tier I & II: 80%, 15 visit limit Tier III: No coverage
Durable Medical Equipment	80%	80% after deductible	Tier I & II: 80% Tier III: 70% after deductible
Infertility With limitations and exclusions	80%	80% after deductible	Tier I: 100% Tier II: 80% Tier III: No coverage Max lifetime plan payment of \$5000
Prescription Drugs	Fairview pharmacies: \$11 copay Network pharmacies: \$16 copay Out-of-pocket maximum does not apply	80%, no deductible Out-of-pocket maximum does not apply	Fairview pharmacies: \$11 copay Network pharmacies: \$16 copay Out-of-pocket maximum does not apply
Out-of-network	No out-of-care team coverage	If you see an out-of-network provider, you may incur additional expenses.	70% after deductible for most services

Fairview Medical Plans

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Plan Administrator: PreferredOne Administrative Services

Group Number: PKA20006

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IN-NETWORK general plan provisions:

PreferredHealth Network includes M Health Fairview, UMP, North Memorial, Entira, and Fairview Physician Associates.

Plan Name	PreferredHealth High-Deductible Plan	Open Access High-Deductible Plan	PreferredHealth Copay Plan	Open Access Copay Plan	PreferredHealth Exclusive Provider Plan
Network	PreferredHealth	Open Access 200	PreferredHealth	Open Access 200	PreferredHealth No Out of Network Coverage
Health Savings Account (HSA)	HSA Qualified Plan - if you contribute to an HSA, employer will match your contribution, up to \$500 for single coverage/up to \$1,000 for family – match is spread over the plan year		Cannot contribute to an HSA		
Health Care Flexible Spending Account (HCFA)	If you enroll in an HSA and a HCFA, you will be in a LIMITED HCFA, which reimburses for dental and vision expenses only.		Standard Health Care Flexible Spending Account available (medical, dental and vision expenses)		
In-Network Annual Deductible	\$2,000 single \$4,000 family (aggregate)*	\$2,500 single \$5,000 family (aggregate)*	\$400 single \$800 family (embedded)**	\$600 single \$1,200 family (embedded)**	No Deductible
*Aggregate means if you have family coverage, you must meet the family deductible before the Plan will pay for claims. **Embedded means the deductible is per person up to the family deductible.					
In-Network Out of Pocket Max	\$4,000 single \$8,000 family	\$5,000 single \$10,000 family	\$2,500 single \$5,000 family	\$3,500 single \$7,000 family	\$2,500 single \$5,000 family
Ambulance	85% after deductible	75% after deductible	85% after deductible	75% after deductible	100%, no deductible
Emergency Room	85% after deductible	75% after deductible	\$150 co-pay	\$150 co-pay	\$150 co-pay
Urgent Care Visit	85% after deductible	75% after deductible	\$60 co-pay	\$60 co-pay	\$60 co-pay

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Plan Name	PreferredHealth High-Deductible Plan	Open Access High-Deductible Plan	PreferredHealth Copay Plan	Open Access Copay Plan	PreferredHealth Exclusive Provider Plan
Hospital Services Inpatient / Outpatient	85% after deductible	75% after deductible	85% after deductible	75% after deductible	100%, no deductible
Preventive Office Visit	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
<p>Preventive Office Visit includes: Well-woman visits (including pre-natal care), gestational diabetes screening, HIV/HPV testing, HIV/STI counseling, colorectal screening, breastfeeding support & counseling, domestic violence screening and counseling, immunizations, lab tests, pathology, radiology, certain cancer screenings, breast pump rental, physical exams, child health supervision services (well-baby), vision exams for children (up to age 5). Learn more at: https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html</p>					
Primary Care Office Visit	85% after deductible	75% after deductible	\$30 co-pay \$10 co-pay mental health	\$30 co-pay \$10 co-pay mental health	\$30 co-pay \$10 co-pay mental health
Primary Care Office Visit providers include: family practice, internal medicine, OB/GYN, pediatrics, PT/OT/ST, and mental health					
Specialist Office Visit	85% after deductible	75% after deductible	\$60 co-pay	\$60 co-pay	\$60 co-pay
Specialist Office Visit providers can include but are not limited to: anesthesiologist, cardiologist, dermatologist, neurosurgeon, oncologist, podiatrist, urologist					
Convenience Care or OnCare Virtual visit	85% after deductible	75% after deductible	\$15 co-pay	\$15 co-pay	\$15 co-pay
Annual Eye Exams	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Allergy Injections	100%, after deductible	100%, after deductible	100%, after deductible	100%, after deductible	100%, no deductible
Chiropractic and Acupuncture	85% after deductible	75% after deductible	\$30 co-pay	\$30 co-pay	\$30 co-pay
Durable Medical Equipment	85% after deductible	75% after deductible	85% after deductible	75% after deductible	100%, no deductible
Infertility	85% after deductible; \$10,000 max lifetime plan payment	75% after deductible; \$10,000 max lifetime plan payment	85% after deductible; \$10,000 max lifetime plan payment	75% after deductible; \$10,000 max lifetime plan payment	100%, no deductible; \$10,000 max lifetime plan payment
Traveler / Out of Area	If Aetna Signature Administrators providers are used, coverage is provided at in-network benefit. Aetna is a national network of providers you can access across the country in the event you are traveling or living outside of the network service area.				No out of network coverage

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Plan Name	PreferredHealth High-Deductible Plan	Open Access High-Deductible Plan	PreferredHealth Copay Plan	Open Access Copay Plan	PreferredHealth Exclusive Provider Plan
You can search providers at https://www.preferredone.com/aetna/asa/ .					
Prescription Drugs	Pharmacy costs are combined with medical costs toward the annual out-of-pocket maximums. Mandatory Generic Policy applies.				
Mail Order	Available through Fairview Mail Service Pharmacy. You can get a 3-month prescription for the cost of 2 after your deductible is met. Call 612-672-5261 or 866-377-6245 to get started. Or go to: https://www.fairview.org/services/pharmacy/mail-service .				
Preventive Drugs	ACA Standard Preventive drugs are covered at 100%, no deductible. Certain other generic and preferred brand preventive drugs may be covered without a deductible or at a reduced copay.				
Fairview/HealthEast Pharmacy					
Generic Rx	85% after deductible (\$10 min/\$30 max)	85% after deductible (\$10 min/\$30 max)	\$10 co-pay	\$10 co-pay	\$10 co-pay
Preferred Brand Rx	80% after deductible (\$30 min/\$75 max)	80% after deductible (\$30 min/\$75 max)	80%, no deductible (\$30 min/\$75 max)	80%, no deductible (\$30 min/\$75 max)	80%, no deductible (\$30 min/\$75 max)
Non-Preferred Brand	70% after deductible (\$50 min/\$100 max)	70% after deductible (\$50 min/\$100 max)	70%, no deductible (\$50 min/\$100 max)	70%, no deductible (\$50 min/\$100 max)	70%, no deductible (\$50 min/\$100 max)
Network Pharmacy (Walgreens, CVS, etc.)					
Generic Rx	75% after deductible (\$15 min/\$40 max)	75% after deductible (\$15 min/\$40 max)	\$15 co-pay	\$15 co-pay	\$15 co-pay
Preferred Brand Rx	70% after deductible (\$40 min/\$90 max)	70% after deductible (\$40 min/\$90 max)	70%, no deductible (\$40 min/\$90 max)	70%, no deductible (\$40 min/\$90 max)	70%, no deductible (\$40 min/\$90 max)
Non-Preferred Brand	60% after deductible (\$60 min/\$120 max)	60% after deductible (\$60 min/\$120 max)	60%, no deductible (\$60 min/\$120 max)	60%, no deductible (\$60 min/\$120 max)	60%, no deductible (\$60 min/\$120 max)
Fairview Specialty Pharmacy					
Specialty drugs are only covered if purchased through Fairview Specialty Pharmacy. (https://www.fairview.org/services/specialty-pharmacy)					
Generic Specialty Rx	80% after deductible	80% after deductible	\$30 co-pay	\$30 co-pay	\$30 co-pay
Preferred Brand Specialty Rx	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% no deductible
Non-Preferred Specialty Rx	70% after deductible	70% after deductible	70% after deductible	70% after deductible	70% no deductible