

MEDICA SELF-INSURED (MSI)

PLAN DOCUMENT, BENEFIT AND ADMINISTRATIVE CHANGES FOR 2023 MINNESOTA HEALTHCARE CONSORTIUM (MHC)

Medica reviews plan benefits annually to make sure they are competitive and meet market standards. Each year, we review local and national benefit trends and provide clarification of plan language.

These changes will be included in your new Plan Document(s) as applicable for your renewal. Note that the plans listed below represent all plans offered by MHC. Updates will be applied to the specific benefits covered by your organization's plans.

THESE BENEFIT/LANGUAGE CLARIFICATIONS WILL BE INCORPORATED AT RENEWAL

DESCRIPTION	CURRENT COVERAGE	CHANGE
Home Hospitalization <i>Section(s) impacted: Hospital Services</i>	Home Hospitalization is not addressed in the plan document Applies to Medica Choice Passport and Medica CompleteHealth Plans	Inpatient hospital services received in a member's home via a designated network home hospital program will be covered as an inpatient stay
Sleep Studies <i>Section(s) impacted: Sleep Studies</i>	Sleep studies not called out in plan documents Applies to ALL plans	Sleep Study section added: <ul style="list-style-type: none"> • Sleep studies conducted at home • Sleep studies conducted at a facility
Sleep Studies <i>Section(s) impacted: Sleep Studies</i>	All sleep studies are covered as an outpatient hospital service regardless of where it is rendered Applies to ALL plans where outpatient hospital is deductible & coinsurance	Sleep Study section added: <ul style="list-style-type: none"> • Sleep studies conducted at home: \$100 copay • Sleep studies conducted at a facility: Deductible & coinsurance
Sleep Studies <i>Section(s) impacted: Sleep Studies</i>	All sleep studies are covered as an outpatient hospital service regardless of where it is rendered Applies to ALL plans where outpatient hospital is a copay	Sleep Study section added: <ul style="list-style-type: none"> • Sleep studies conducted at home: \$100 copay • Sleep studies conducted at a facility: Outpatient hospital copay

DESCRIPTION	CURRENT COVERAGE	CHANGE
Deductible <i>Section(s) impacted: What's Covered and How Much Will I Pay</i>	In-network deductible is \$7,050 individual and \$14,100 family Applies to HSA Plans	In-network deductible will be \$7,500 individual and \$15,000 family

DESCRIPTION	CURRENT COVERAGE OR LANGUAGE	CHANGE
Deductible <i>Section(s) impacted: What's Covered and How Much Will I Pay</i>	In-network deductible is \$1,400 individual and \$2,800 family Applies to HSA Plans	In-network deductible will be \$1,500 individual and \$3,000 family
Deductible <i>Section(s) impacted: What's Covered and How Much Will I Pay</i>	In-network deductible is \$2,800 individual and \$5,600 family Applies to HSA Plans	In-network deductible will be \$3,000 individual and \$6,000 family
Applied Behavioral Analysis (ABA) <i>Section(s) impacted: Behavioral Health – Mental Health; What's Not Covered</i>	ABA is excluded from coverage Applies to ALL plans	ABA will be covered with no visit or age limits
Applied Behavioral Analysis (ABA) <i>Section(s) impacted: Behavioral Health – Mental Health</i>	ABA is covered. Age limits apply. Applies to ALL plans	ABA will be covered with no visit or age limits
Applied Behavioral Analysis (ABA) <i>Section(s) impacted: Behavioral Health – Mental Health</i>	ABA is covered. Visit limits apply. Applies to ALL plans	ABA will be covered with no visit or age limits
Therapy Visit Limits <i>Section(s) impacted: Physical, Speech & Occupational Therapies</i>	In-network and/or out-of-network yearly limits apply to physical, occupational or speech therapy visits Applies to ALL plans	Limits for physical, occupational or speech therapy will not apply for all behavioral health conditions. Visit limits will remain in place for medical conditions
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Infertility Treatment <i>Section(s) impacted: Infertility Treatment</i>	Current terminology: "Infertility treatment" Applies to ALL plans	New terminology: "Fertility treatment"
Weight Loss Surgery <i>Section(s) impacted: Weight Loss Surgery</i>	Plan document section is titled "Weight Loss Surgery" and addresses services to treat morbid obesity Applies to ALL plans	New plan document section is titled "Bariatric Surgery" and all references to morbid obesity have been removed

DESCRIPTION	CURRENT COVERAGE OR LANGUAGE	CHANGE
<p>Gender Affirmation Care <i>Section(s) impacted: Gender Affirmation Care</i></p>	<p>Services related to gender affirmation are not called out in plan documents</p> <p>Applies to ALL plans</p>	<p>New section, Gender Affirmation Care, outlines Medica coverage including surgical, non-surgical, mental health and prescription drugs. Prior authorization continues to be required for all surgical treatments.</p>
<p>Oral Surgery Providers <i>Section(s) impacted: Medical-Related Dental Services</i></p>	<p>Out-of-network benefits apply to oral surgery received from non-network providers</p> <p>Applies to ALL plans</p>	<p>All oral surgery will be covered as an in-network benefit</p>
<p>Telemedicine <i>Section(s) impacted: Telemedicine; Definitions</i></p>	<p>Current terminology: “Telemedicine”</p> <p>Originating site includes a health care facility</p> <p>Applies to ALL plans</p>	<p>New terminology: “Telehealth”</p> <p>Originating site is not required to be at a health care facility</p>
<p>Residential Treatment <i>Section(s) impacted: Behavioral Health – Mental Health & Substance Use Disorder; Definitions</i></p>	<p>Plan document contains language specific to a requirement of 30 hours of mental health or chemical dependency services a week.</p> <p>No definition of Residential Treatment Services in plan document</p> <p>Applies to ALL plans</p>	<p>Residential treatment language for both mental health and substance use disorder have been revised to be consistent with current terminology and standards of practice. Note: these changes do not affect benefits or coverage</p> <p>Definitions for both Mental Health Residential Treatment Services and Substance Use Disorder Residential Treatment Services have been added</p>

DESCRIPTION	CURRENT COVERAGE OR LANGUAGE	CHANGE
<p>Regulatory Language Changes <i>Section(s) impacted: Multiple</i></p>	<p>Additional language is provided that is not included in the 2022 plan documents</p> <p>Applies to ALL plans</p>	<p>Due to regulatory requirements, additional explanatory language has been added to the following sections without impact to benefits or coverage:</p> <ul style="list-style-type: none"> • Hospital – Treatment of cleft lip and palate • Physician – Treatment of cleft lip and palate • Reconstructive Surgery – Treatment of cleft lip and palate • Telehealth – Formerly referred to as Telemedicine. Revisions to section and definitions • Exclusions – Ventilator-dependent patients; Occlusal adjustments for TMJ; Diabetes self-management training <p><u>Note:</u> A separate document with full details of these changes is available upon request</p>