



Since 1976

Minnesota Comprehensive Health Association

Summary of Benefits and Plan Options

www.mchamn.com

MCHA Customer Service

1-866-894-8053

TTY: 952-992-3190 or toll-free at 1-800-841-6753

Monday – Friday: 7 a.m. – 6 p.m. CST

MCHA Broker / Agent Service Center

952-992-2200 or toll-free at 1-800-936-6880

Monday – Friday: 8 a.m. – 5 p.m. CST

Administered by:

Minnesota Comprehensive Health Association/Medica

Mail Route CP382

401 Carlson Parkway

Minnetonka, MN 55305-5387

Note: The eligibility definitions and the application procedures described in this brochure are required by the law under which the Association operates. Please be advised that this is an informational brochure and not a policy of insurance. It is intended solely as a summary of benefits and policy provisions. In the case of difference or errors, the policy terms, conditions, and provisions will always govern.

WHAT IS MCHA?

In 1976, the Minnesota Legislature enacted a law creating the Minnesota Comprehensive Health Association (MCHA) to assure the availability of health coverage to eligible Minnesota residents. This brochure summarizes the eligibility and policy coverage's offered by MCHA. **This brochure is not a policy.** A complete description of benefit coverage is contained in the policy.

HOW MCHA WORKS

To provide you with high quality health care services and an extensive provider network from which to receive your health care needs, MCHA contracts with Medica for administrative services and for access to the provider network. In order to provide you with the service you deserve, Medica has dedicated staff to service the needs of the MCHA membership.

CONSIDER THE FOLLOWING IMPORTANT INFORMATION

1. Premium rates change July 1 of each year, after approval by the Commissioner of the Minnesota Department of Commerce. Premium rates are generally higher for MCHA than for other coverage in the private market. Premium rates are established at 101% to 125% of the market average for comparable policies sold within Minnesota. Premium rates are determined by the amount of deductible you choose and your age. Premium rates will change due to age and in accordance with the premium rate table.
2. Upon application your MCHA policy may have a pre-existing condition limitation. During the first 6 months of coverage no claims will be paid for a pre-existing condition. A pre-existing condition is a physical or mental condition present before your enrollment date, for which medical advice, diagnosis, care or treatment (including treatment with prescription drugs, provision of prenatal care, and maternity related services) was recommended by or received from a physician or other provider within 90 days immediately preceding your enrollment date. However, Minnesota law does provide some waivers of the pre-existing condition limitation if you apply for MCHA within 90 days of the termination date of your previous coverage. You may request a waiver of the pre-existing condition limitation by completing the applicable section of the MCHA application (Refer to the "MCHA Instructions & Application for Individual Coverage" document.). If you are an eligible individual under the Health Insurance Portability and Accountability Act (HIPAA), the Health Coverage Tax Credit (HCTC), or age 65 and older (not Medicare eligible) a pre-existing condition limitation will not apply.
3. MCHA coverage is for Minnesota residents only. You may be required to verify your Minnesota residency at

any time. Failure to respond to this request will result in termination of your MCHA coverage.

4. Referring insurance agents are not authorized to interpret, amend, or alter the terms of MCHA insurance policy, nor are referring insurance agents authorized to bind MCHA in any way.
5. Health care providers are not familiar with the provisions of the MCHA insurance policy and should not be relied upon for the interpretation of covered services or eligible expenses. For coverage questions, it is your responsibility to contact MCHA Customer Service.
6. The policy terms, conditions and provisions will control in all instances.

WHO IS ELIGIBLE?

The following eligibility requirements are meant to serve as general information only. Please contact your health insurance agent or MCHA Customer Service for additional information. You are eligible for MCHA if you:

- ✓ are a Minnesota resident on the date of application for MCHA coverage, and have lost group coverage. You must be an "eligible individual" under the Health Insurance Portability and Accountability Act (HIPAA). An "eligible individual" is a person who elected and exhausted health benefits through COBRA or a similar State or Federal continuation plan; had 18 months of continuous coverage (uninterrupted qualifying coverage) under a health plan with the most recent coverage under an employer sponsored, church or government plan (state risk pool plans must be 501c(26) or the state's HIPAA alternative mechanism); and have had no more than a 63-day break in coverage. Your prior coverage must not have been subject to termination of COBRA coverage because of you failed to pay the premium or because you committed acts of fraud. You cannot be eligible for Medicare or Medicaid, and must not have the option of other health insurance coverage (as a dependent or otherwise); or
- ✓ are a Minnesota resident on the date of application for MCHA coverage, and are also eligible for the Health Coverage Tax Credit (HCTC) program. You must be eligible for Trade Adjustment Assistance (TAA), Alternative Trade Act Adjustment Assistance (ATAA), or be between ages 55-64 and receive pension payments from the Pension Benefit Guaranty Corporation (PBGC); or
- ✓ have been a Minnesota resident for the six months immediately prior to the date of application for MCHA coverage, and have reached age 65 or over and are not eligible for the health insurance benefits of the Federal Medicare Program; or
- ✓ have been a Minnesota resident for the six months immediately prior to the date of application for MCHA

coverage, and within the past six months, have been rejected for individual health coverage from a Minnesota-based health insurance carrier or have received a rejection of coverage from a health insurance agent, due to health related reason(s); or

- ✓ have been a Minnesota resident for the six months immediately prior to the date of application for MCHA coverage, and have been treated within the last three (3) years for one of the special medical “presumptive conditions” listed in the “MCHA Instructions and Application for Individual Coverage” document.

MCHA allows for dependent coverage and includes:

- ✓ your spouse up to age 65;
- ✓ your unmarried children up to age 25;
- ✓ dependents who are incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability;
- ✓ newborn grandchildren who reside with you continuously from birth and who are financially dependent upon you;
- ✓ children for whom you or your spouse have been appointed legal guardian;
- ✓ children for whom you or your spouse have a Qualified Medical Support Order.

HOW TO APPLY FOR MCHA COVERAGE

Instructions and application for MCHA coverage can be obtained from your health insurance agent, by calling MCHA Customer Service or from the MCHA Web site at www.mchamn.com.

Once you have submitted your complete application, required documentation, and premium payment, you will be notified within 30 days whether you have been accepted or denied MCHA coverage. An initial monthly or quarterly premium payment is required with the application before coverage can begin.

MCHA PLAN OPTIONS

MCHA has a variety of plan options including individual deductible plans and a high deductible health plan (HDHP)

Individual deductible plans:

- \$500 individual deductible plan - Deductible split between \$400 medical and \$100 prescription drug, \$3,000 out-of-pocket maximum expense.
- \$1,000 individual deductible plan - Deductible split between \$800 medical and \$200 prescription drug, \$3,000 out-of-pocket maximum expense.
- \$2,000 individual deductible plan - Deductible split between \$1,600 medical and \$400 prescription drug, \$3,000 out-of-pocket maximum expense.
- \$5,000 individual deductible plan - Deductible split between \$4,000 medical and \$1,000 prescription drug, \$5,000 out-of-pocket maximum expense.

- \$10,000 individual deductible plan - Deductible split between \$8,000 medical and \$2,000 prescription drug, \$10,000 out-of-pocket maximum expense.

When eligible services are received from in-network providers, after the deductible is satisfied, you are responsible for the 20% coinsurance up to the out-of-pocket maximum expense. Once the out-of-pocket maximum expense has been satisfied the plan pays 100% of the allowed eligible expenses through the end of the calendar year.

Prescription drugs, some-over-the-counter drugs and supplies are available at formulary and non-formulary benefit levels. You will have a higher level of benefit when you use formulary prescription drugs and supplies.

Federally qualified high deductible health plan:

- \$3,000 individual deductible and out-of-pocket maximum / \$6,000 family deductible and out-of-pocket maximum – same deductible amounts apply to both medical and prescription drugs.

When eligible services are received from in-network providers, after the deductible is satisfied, the insured has 100% coverage for allowed expenses through the end of the calendar year. If the covered family members’ combined deductible amounts equal the family deductible amount, all covered family members have 100% coverage for allowed eligible expenses through the end of the calendar year.

Only prescription drugs, some over-the-counter drugs and supplies on MCHA’s formulary are eligible for benefits under the high deductible health plan. The MCHA drug formulary identifies eligible prescription drugs and supplies that are covered and, where appropriate, the formulary includes generic equivalents of brand-name prescription drugs and supplies.

The high deductible health plan allows you to set aside dollars in a health savings account (HSA), which is an interest-earning, tax-deductible account you can use to pay medical expenses. For information and assistance regarding HSA guidelines, requirements and initial set-up of an account, please contact your financial institution. **It is the applicant’s responsibility to establish the HSA and to coordinate HSA reimbursement filings.**

Information on plan options:

Deductible and out-of-pocket maximums are calculated on a calendar year basis.

The lifetime maximum amount payable per covered person under all MCHA plans (cumulative) is \$5,000,000.

You have the option to utilize out-of-network providers; you will generally pay more than when you seek care from an in-network provider.

When deciding which of the plan options is right for you, carefully review your options and compare the annual premium costs for the various plans to determine the best option for you. Once you have chosen a plan option, you can

make changes to your plan option only one time per year. You are allowed to move to a lower deductible plan only on January 1st. You are allowed to move to a higher deductible plan anytime during the year.

SUMMARY OF COVERED EXPENSES

The following services are generally considered eligible for coverage when ordered by a physician:

- Physician and Chiropractic Services
- Routine Cancer Screening Procedures
- Emergency and Urgent Care Services
- Prescription Drugs and Pharmacy Services
- Hospital Services
- Ambulance
- Home Health Care/Home Infusion Therapy
- Outpatient Rehabilitation Services
- Mental Health/Substance Abuse Services
- Durable Medical Equipment and Prosthetics
- Organ and Bone Marrow Transplant Services
- Infertility Services
- Reconstructive and Restorative Services
- Skilled Nursing Facility Services
- Hospice Care
- TMJ Disorder Services

Refer to the MCHA policy for specific benefit information.

WHAT IS NOT COVERED?

Below is a summary of some of the services that are *not* eligible for coverage under the MCHA policy:

- Treatment, services, or supplies which are not medically necessary.
- Charges for care that is investigative.
- Charges for services outside of the standard medical practice for illness or injury and custodial care.
- During the first 6 months of coverage services for an injury, illness or condition that is determined to be a pre-existing condition (unless eligible for the pre-existing condition waiver).
- Services performed before the effective date of coverage and services after your coverage terminates.
- Services payable under another plan of health coverage.
- Personal comfort items.
- Cosmetic health services.
- Services for reversal of sterilization.
- Services for routine physical exams for purposes of medical research, obtaining employment or insurance.
- The purchase, replacement or repair of eyeglasses, frames or contact lenses.

MCHA'S SERVICES

Medica CallLink

This toll-free service, available 24 hours a day, 365 days a year, is staffed by registered nurses ready to answer your questions on a variety of health and medical related topics and situations. They give advice on a wide range of concerns, from how to find a health – related support group to how to treat a burn or a child's stuffy nose.

Health Handbook

This self-care health handbook helps you take a more active role in your health. There is a variety of health related topics including allergies, back pain, rashes, and more. Each topic has detailed information on home treatments and prevention, as well as information about when to call a health care provider. Upon enrollment, the handbook can be requested at no charge.

Member Assistance Program

Have you ever needed help for a personal concern, but didn't know where to find it? The MCHA - Medica Optum Member Assistance Program is a toll-free service, available 24 hours a day, 365 days a year, and staffed by master's-level counselors. The counselors will work with you and your family to identify troubling issues, suggest coping skills and discuss possible plans of action. There is no need to make an appointment, no need to leave home or work to find help and assistance.

Case Management Services

Nurse case managers provide assistance, education and guidance to members and their families who are going through major acute, complex, and long-term health problems. The nurse case manager works closely with members, their doctors and community resources to coordinate the care being provided.

Disease Management Services

If you are living with a chronic health condition, disease management services can assist in helping you improve your overall health. You will have access to a registered nurse who can work with you and your providers to coordinate your health care needs. These services can help to improve the interactions and increase your satisfaction with the health care delivery system.

My Health Manager

This is a state-of-the-art online health management center, promoting health and wellness activities. It provides information, interactive tools, encouragement and incentives to help you stay on track and achieve meaningful improvements in your health. Whether young or old, healthy or managing a chronic health condition, this site can help you to adopt a more healthy lifestyle. Plus, you can earn wellness credits. When you earn at least 25 wellness credits per quarter, you receive a \$25 gift card to spend with familiar merchants.

Travel Benefit

You can take your MCHA coverage on vacation with you. MCHA's travel program allows you to receive medically necessary services at the in-network benefit coverage level when you are traveling outside of Minnesota but within the U.S. The travel benefit provides urgent, chronic and emergency care needs.