Plans & Benefits Template

HIOS Issuer ID*	**65847**	**Medica Health Plans of Wisconsin**
Issuer State*	**MN**	
Market Coverage*	**Individual**	
Dental Only Plan*	**No**	
TIN*	**41-1843804**	

HIOS Plan ID* (Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**	**Network ID***	**Service Area ID***
65847MN0010001	Medica Applause Gold Copay	65847MN001		MNN001	MNS004
65847MN0010002	Medica Applause Gold Copay (Child Only)	65847MN001		MNN001	MNS004
65847MN0010003	Medica Applause Silver Copay	65847MN001		MNN001	MNS001
65847MN0010004	Medica Applause Silver Copay (Child Only)	65847MN001		MNN001	MNS001
65847MN0010005	Medica Applause Bronze Copay	65847MN001		MNN001	MNS001
65847MN0010006	Medica Applause Bronze Copay (Child Only)	65847MN001		MNN001	MNS001
65847MN0010007	Medica Applause Gold H S A	65847MN001		MNN001	MNS004
65847MN0010008	Medica Applause Gold H S A (Child Only)	65847MN001		MNN001	MNS004
65847MN0010009	Medica Applause Silver H S A	65847MN001		MNN001	MNS001
65847MN0010010	Medica Applause Silver H S A (Child Only)	65847MN001		MNN001	MNS001
65847MN0010011	Medica Applause Bronze H S A	65847MN001		MNN001	MNS001
65847MN0010012	Medica Applause Bronze H S A (Child Only)	65847MN001		MNN001	MNS001
65847MN0010013	Medica Applause Catastrophic	65847MN001		MNN001	MNS001
65847MN0020001	North Memorial Acclaim Gold Copay	65847MN002		MNN002	MNS002
65847MN0020002	North Memorial Acclaim Gold Copay (Child Only)	65847MN002		MNN002	MNS002
65847MN0020003	North Memorial Acclaim Silver Copay	65847MN002		MNN002	MNS002
65847MN0020004	North Memorial Acclaim Silver Copay (Child Only)	65847MN002		MNN002	MNS002
65847MN0020005	North Memorial Acclaim Bronze Copay	65847MN002		MNN002	MNS002
65847MN0020006	North Memorial Acclaim Bronze Copay (Child Only)	65847MN002		MNN002	MNS002
65847MN0020007	North Memorial Acclaim Gold H S A	65847MN002		MNN002	MNS002
65847MN0020008	North Memorial Acclaim Gold H S A (Child Only)	65847MN002		MNN002	MNS002
65847MN0020009	North Memorial Acclaim Silver H S A	65847MN002		MNN002	MNS002
65847MN0020010	North Memorial Acclaim Silver H S A (Child Only)	65847MN002		MNN002	MNS002
65847MN0020011	North Memorial Acclaim Bronze H S A	65847MN002		MNN002	MNS002
65847MN0020012	North Memorial Acclaim Bronze H S A (Child Only)	65847MN002		MNN002	MNS002

65847MN0020013	North Memorial Acclaim Catastrophic	65847MN002	MNN002	MNS002
65847MN0030001	Inspiration HealthEast Gold Copay	65847MN003	MNN003	MNS003
65847MN0030002	Inspiration HealthEast Gold Copay (Child Only)	65847MN003	MNN003	MNS003
65847MN0030003	Inspiration HealthEast Silver Copay	65847MN003	MNN003	MNS003
65847MN0030004	Inspiration HealthEast Silver Copay (Child Only)	65847MN003	MNN003	MNS003
65847MN0030005	Inspiration HealthEast Bronze Copay	65847MN003	MNN003	MNS003
65847MN0030006	Inspiration HealthEast Bronze Copay (Child Only)	65847MN003	MNN003	MNS003
65847MN0030007	Inspiration HealthEast Gold H S A	65847MN003	MNN003	MNS003
65847MN0030008	Inspiration HealthEast Gold H S A (Child Only)	65847MN003	MNN003	MNS003
65847MN0030009	Inspiration HealthEast Silver H S A	65847MN003	MNN003	MNS003
65847MN0030010	Inspiration HealthEast Silver H S A (Child Only)	65847MN003	MNN003	MNS003
65847MN0030011	Inspiration HealthEast Bronze H S A	65847MN003	MNN003	MNS003
65847MN0030012	Inspiration HealthEast Bronze H S A (Child Only)	65847MN003	MNN003	MNS003
65847MN0030013	Inspiration HealthEast Catastrophic	65847MN003	MNN003	MNS003

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*
65847MN0010001	MNF001	New	PPO	Gold	No	Both
65847MN0010002	MNF001	New	PPO	Gold	No	Both
65847MN0010003	MNF002	New	PPO	Silver	No	Both
65847MN0010004	MNF002	New	PPO	Silver	No	Both
65847MN0010005	MNF003	New	PPO	Bronze	No	Both
65847MN0010006	MNF003	New	PPO	Bronze	No	Both
65847MN0010007	MNF004	New	PPO	Gold	No	Both
65847MN0010008	MNF004	New	PPO	Gold	No	Both
65847MN0010009	MNF005	New	PPO	Silver	No	Both
65847MN0010010	MNF005	New	PPO	Silver	No	Both
65847MN0010011	MNF006	New	PPO	Bronze	No	Both
65847MN0010012	MNF006	New	PPO	Bronze	No	Both
65847MN0010013	MNF006	New	PPO	Catastrophic	No	Both
65847MN0020001	MNF001	New	PPO	Gold	No	Both
65847MN0020002	MNF001	New	PPO	Gold	No	Both
65847MN0020003	MNF002	New	PPO	Silver	No	Both
65847MN0020004	MNF002	New	PPO	Silver	No	Both
65847MN0020005	MNF003	New	PPO	Bronze	No	Both
65847MN0020006	MNF003	New	PPO	Bronze	No	Both
65847MN0020007	MNF004	New	PPO	Gold	No	Both
65847MN0020008	MNF004	New	PPO	Gold	No	Both
65847MN0020009	MNF005	New	PPO	Silver	No	Both
65847MN0020010	MNF005	New	PPO	Silver	No	Both
65847MN0020011	MNF006	New	PPO	Bronze	No	Both
65847MN0020012	MNF006	New	PPO	Bronze	No	Both

65847MN0020013	MNF006	New	PPO	Catastrophic	No	Both
65847MN0030001	MNF001	New	PPO	Gold	No	Both
65847MN0030002	MNF001	New	PPO	Gold	No	Both
65847MN0030003	MNF002	New	PPO	Silver	No	Both
65847MN0030004	MNF002	New	PPO	Silver	No	Both
65847MN0030005	MNF003	New	PPO	Bronze	No	Both
65847MN0030006	MNF003	New	PPO	Bronze	No	Both
65847MN0030007	MNF004	New	PPO	Gold	No	Both
65847MN0030008	MNF004	New	PPO	Gold	No	Both
65847MN0030009	MNF005	New	PPO	Silver	No	Both
65847MN0030010	MNF005	New	PPO	Silver	No	Both
65847MN0030011	MNF006	New	PPO	Bronze	No	Both
65847MN0030012	MNF006	New	PPO	Bronze	No	Both
65847MN0030013	MNF006	New	PPO	Catastrophic	No	Both

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral
65847MN0010001	No	No	
65847MN0010002	No	No	
65847MN0010003	No	No	
65847MN0010004	No	No	
65847MN0010005	No	No	
65847MN0010006	No	No	
65847MN0010007	No	No	
65847MN0010008	No	No	
65847MN0010009	No	No	
65847MN0010010	No	No	
65847MN0010011	No	No	
65847MN0010012	No	No	
65847MN0010013	No	No	
65847MN0020001	No	No	
65847MN0020002	No	No	
65847MN0020003	No	No	
65847MN0020004	No	No	
65847MN0020005	No	No	
65847MN0020006	No	No	
65847MN0020007	No	No	
65847MN0020008	No	No	
65847MN0020009	No	No	
65847MN0020010	No	No	
65847MN0020011	No	No	
65847MN0020012	No	No	

65847MN0020013	No	No
65847MN0030001	No	No
65847MN0030002	No	No
65847MN0030003	No	No
65847MN0030004	No	No
65847MN0030005	No	No
65847MN0030006	No	No
65847MN0030007	No	No
65847MN0030008	No	No
65847MN0030009	No	No
65847MN0030010	No	No
65847MN0030011	No	No
65847MN0030012	No	No
65847MN0030013	No	No

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Plan Level Exclusions
65847MN0010001	
65847MN0010002	
65847MN0010003	
65847MN0010004	
65847MN0010005	
65847MN0010006	
65847MN0010007	
65847MN0010008	
65847MN0010009	
65847MN0010010	
65847MN0010011	
65847MN0010012	
65847MN0010013	Medica's catastrophic plan will be a full family plan ("adult only"), meaning an adult policyholder is required when a dependent child under age 21 is enrolled. However "adult & child only" is selected due to the template's error requiring a corresponding child-only plan with an adult-only offering.
65847MN0020001	
65847MN0020002	
65847MN0020003	
65847MN0020004	
65847MN0020005	
65847MN0020006	
65847MN0020007	
65847MN0020008	
65847MN0020009	
65847MN0020010	
65847MN0020011	
65847MN0020012	

65847MN0020013 65847MN0030001 65847MN0030002 65847MN0030003 65847MN0030004 65847MN0030005 65847MN0030006 65847MN0030007 65847MN0030008 65847MN0030009 65847MN0030010 65847MN0030011 65847MN0030012	Medica's catastrophic plan will be a full family plan ("adult only"), meaning an adult policyholder is required when a dependent child under age 21 is enrolled. However "adult and child only" is selected due to the template's error requiring a corresponding child-only plan with an adult-only offering.
65847MN0030013	Medica's catastrophic plan will be a full family plan ("adult only"), meaning an adult policyholder is required when a dependent child under age 21 is enrolled. However "adult and child only" is selected due to the template's error requiring a corresponding child-only plan with an adult-only offering.

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA E	HSA/HRA E
65847MN0010001	$0.00	No		
65847MN0010002	$0.00	No		
65847MN0010003	$0.00	No		
65847MN0010004	$0.00	No		
65847MN0010005	$0.00	No		
65847MN0010006	$0.00	No		
65847MN0010007	$0.00	Yes		
65847MN0010008	$0.00	Yes		
65847MN0010009	$0.00	Yes		
65847MN0010010	$0.00	Yes		
65847MN0010011	$0.00	Yes		
65847MN0010012	$0.00	Yes		
65847MN0010013	$0.00	No		
65847MN0020001	$0.00	No		
65847MN0020002	$0.00	No		
65847MN0020003	$0.00	No		
65847MN0020004	$0.00	No		
65847MN0020005	$0.00	No		
65847MN0020006	$0.00	No		
65847MN0020007	$0.00	Yes		
65847MN0020008	$0.00	Yes		
65847MN0020009	$0.00	Yes		
65847MN0020010	$0.00	Yes		
65847MN0020011	$0.00	Yes		
65847MN0020012	$0.00	Yes		

65847MN0020013	$0.00	No
65847MN0030001	$0.00	No
65847MN0030002	$0.00	No
65847MN0030003	$0.00	No
65847MN0030004	$0.00	No
65847MN0030005	$0.00	No
65847MN0030006	$0.00	No
65847MN0030007	$0.00	Yes
65847MN0030008	$0.00	Yes
65847MN0030009	$0.00	Yes
65847MN0030010	$0.00	Yes
65847MN0030011	$0.00	Yes
65847MN0030012	$0.00	Yes
65847MN0030013	$0.00	No

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
65847MN0010001	Allows Adult-Only	65847MN0010002	No
65847MN0010002	Allows Child-Only		No
65847MN0010003	Allows Adult-Only	65847MN0010004	No
65847MN0010004	Allows Child-Only		No
65847MN0010005	Allows Adult-Only	65847MN0010006	No
65847MN0010006	Allows Child-Only		No
65847MN0010007	Allows Adult-Only	65847MN0010008	No
65847MN0010008	Allows Child-Only		No
65847MN0010009	Allows Adult-Only	65847MN0010010	No
65847MN0010010	Allows Child-Only		No
65847MN0010011	Allows Adult-Only	65847MN0010012	No
65847MN0010012	Allows Child-Only		No
65847MN0010013	Allows Adult and Child-Only		No
65847MN0020001	Allows Adult-Only	65847MN0020002	No
65847MN0020002	Allows Child-Only		No
65847MN0020003	Allows Adult-Only	65847MN0020004	No
65847MN0020004	Allows Child-Only		No
65847MN0020005	Allows Adult-Only	65847MN0020006	No
65847MN0020006	Allows Child-Only		No
65847MN0020007	Allows Adult-Only	65847MN0020008	No
65847MN0020008	Allows Child-Only		No
65847MN0020009	Allows Adult-Only	65847MN0020010	No
65847MN0020010	Allows Child-Only		No
65847MN0020011	Allows Adult-Only	65847MN0020012	No
65847MN0020012	Allows Child-Only		No

65847MN0020013	Allows Adult and Child-Only		No
65847MN0030001	Allows Adult-Only	65847MN0030002	No
65847MN0030002	Allows Child-Only		No
65847MN0030003	Allows Adult-Only	65847MN0030004	No
65847MN0030004	Allows Child-Only		No
65847MN0030005	Allows Adult-Only	65847MN0030006	No
65847MN0030006	Allows Child-Only		No
65847MN0030007	Allows Adult-Only	65847MN0030008	No
65847MN0030008	Allows Child-Only		No
65847MN0030009	Allows Adult-Only	65847MN0030010	No
65847MN0030010	Allows Child-Only		No
65847MN0030011	Allows Adult-Only	65847MN0030012	No
65847MN0030012	Allows Child-Only		No
65847MN0030013	Allows Adult and Child-Only		No

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Disease Management Programs Offered
65847MN0010001	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010002	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010003	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010004	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010005	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010006	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010007	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010008	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010009	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010010	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010011	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010012	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0010013	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020001	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020002	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020003	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020004	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020005	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020006	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020007	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020008	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020009	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020010	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020011	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0020012	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy

65847MN0020013	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030001	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030002	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030003	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030004	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030005	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030006	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030007	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030008	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030009	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030010	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030011	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030012	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy
65847MN0030013	Asthma, Heart Disease, Depression, Diabetes, High Blood Pressure & High Cholesterol, Low Back Pain, Pain Management, Pregnancy

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum	Maximum	Begin Prim
65847MN0010001					
65847MN0010002					
65847MN0010003					
65847MN0010004					
65847MN0010005					
65847MN0010006					
65847MN0010007					
65847MN0010008					
65847MN0010009					
65847MN0010010					
65847MN0010011					
65847MN0010012					
65847MN0010013					
65847MN0020001					
65847MN0020002					
65847MN0020003					
65847MN0020004					
65847MN0020005					
65847MN0020006					
65847MN0020007					
65847MN0020008					
65847MN0020009					
65847MN0020010					
65847MN0020011					
65847MN0020012					

65847MN0020013
65847MN0030001
65847MN0030002
65847MN0030003
65847MN0030004
65847MN0030005
65847MN0030006
65847MN0030007
65847MN0030008
65847MN0030009
65847MN0030010
65847MN0030011
65847MN0030012
65847MN0030013

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Begin Prim	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*
65847MN0010001		1/1/2014	12/31/2014	Yes
65847MN0010002		1/1/2014	12/31/2014	Yes
65847MN0010003		1/1/2014	12/31/2014	Yes
65847MN0010004		1/1/2014	12/31/2014	Yes
65847MN0010005		1/1/2014	12/31/2014	Yes
65847MN0010006		1/1/2014	12/31/2014	Yes
65847MN0010007		1/1/2014	12/31/2014	Yes
65847MN0010008		1/1/2014	12/31/2014	Yes
65847MN0010009		1/1/2014	12/31/2014	Yes
65847MN0010010		1/1/2014	12/31/2014	Yes
65847MN0010011		1/1/2014	12/31/2014	Yes
65847MN0010012		1/1/2014	12/31/2014	Yes
65847MN0010013	3	1/1/2014	12/31/2014	Yes
65847MN0020001		1/1/2014	12/31/2014	Yes
65847MN0020002		1/1/2014	12/31/2014	Yes
65847MN0020003		1/1/2014	12/31/2014	Yes
65847MN0020004		1/1/2014	12/31/2014	Yes
65847MN0020005		1/1/2014	12/31/2014	Yes
65847MN0020006		1/1/2014	12/31/2014	Yes
65847MN0020007		1/1/2014	12/31/2014	Yes
65847MN0020008		1/1/2014	12/31/2014	Yes
65847MN0020009		1/1/2014	12/31/2014	Yes
65847MN0020010		1/1/2014	12/31/2014	Yes
65847MN0020011		1/1/2014	12/31/2014	Yes
65847MN0020012		1/1/2014	12/31/2014	Yes

65847MN0020013	3	1/1/2014	12/31/2014	Yes
65847MN0030001		1/1/2014	12/31/2014	Yes
65847MN0030002		1/1/2014	12/31/2014	Yes
65847MN0030003		1/1/2014	12/31/2014	Yes
65847MN0030004		1/1/2014	12/31/2014	Yes
65847MN0030005		1/1/2014	12/31/2014	Yes
65847MN0030006		1/1/2014	12/31/2014	Yes
65847MN0030007		1/1/2014	12/31/2014	Yes
65847MN0030008		1/1/2014	12/31/2014	Yes
65847MN0030009		1/1/2014	12/31/2014	Yes
65847MN0030010		1/1/2014	12/31/2014	Yes
65847MN0030011		1/1/2014	12/31/2014	Yes
65847MN0030012		1/1/2014	12/31/2014	Yes
65847MN0030013	3	1/1/2014	12/31/2014	Yes

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Out of Country Coverage Description	Out of Service Area Coverage*
65847MN0010001	Emergency Services	Yes
65847MN0010002	Emergency Services	Yes
65847MN0010003	Emergency Services	Yes
65847MN0010004	Emergency Services	Yes
65847MN0010005	Emergency Services	Yes
65847MN0010006	Emergency Services	Yes
65847MN0010007	Emergency Services	Yes
65847MN0010008	Emergency Services	Yes
65847MN0010009	Emergency Services	Yes
65847MN0010010	Emergency Services	Yes
65847MN0010011	Emergency Services	Yes
65847MN0010012	Emergency Services	Yes
65847MN0010013	Emergency Services	Yes
65847MN0020001	Emergency Services	Yes
65847MN0020002	Emergency Services	Yes
65847MN0020003	Emergency Services	Yes
65847MN0020004	Emergency Services	Yes
65847MN0020005	Emergency Services	Yes
65847MN0020006	Emergency Services	Yes
65847MN0020007	Emergency Services	Yes
65847MN0020008	Emergency Services	Yes
65847MN0020009	Emergency Services	Yes
65847MN0020010	Emergency Services	Yes
65847MN0020011	Emergency Services	Yes
65847MN0020012	Emergency Services	Yes

65847MN0020013	Emergency Services	Yes
65847MN0030001	Emergency Services	Yes
65847MN0030002	Emergency Services	Yes
65847MN0030003	Emergency Services	Yes
65847MN0030004	Emergency Services	Yes
65847MN0030005	Emergency Services	Yes
65847MN0030006	Emergency Services	Yes
65847MN0030007	Emergency Services	Yes
65847MN0030008	Emergency Services	Yes
65847MN0030009	Emergency Services	Yes
65847MN0030010	Emergency Services	Yes
65847MN0030011	Emergency Services	Yes
65847MN0030012	Emergency Services	Yes
65847MN0030013	Emergency Services	Yes

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage
65847MN0010001	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010002	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010003	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010004	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010005	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010006	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010007	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010008	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010009	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010010	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010011	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010012	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0010013	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020001	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020002	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020003	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020004	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020005	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020006	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020007	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020008	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020009	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020010	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020011	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0020012	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch

65847MN0020013	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030001	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030002	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030003	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030004	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030005	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030006	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030007	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030008	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030009	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030010	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030011	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030012	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch
65847MN0030013	Out of Network Benefits	No	https://portal.medica.com/visitor/sbcsearch

Plans & Benefits Template
HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	URL for Enrollment Payment	Plan Brochure
65847MN0010001	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010002	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010003	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010004	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010005	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010006	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCopay
65847MN0010007	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010008	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010009	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010010	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010011	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010012	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseHSA
65847MN0010013	www.medica.com/firstmonthpayment	www.medica.com/MN_ApplauseCatastrophic
65847MN0020001	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020002	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020003	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020004	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020005	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020006	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCopay
65847MN0020007	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA
65847MN0020008	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA
65847MN0020009	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA
65847MN0020010	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA
65847MN0020011	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA
65847MN0020012	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimHSA

65847MN0020013	www.medica.com/firstmonthpayment	www.medica.com/MN_AcclaimCatastrophic
65847MN0030001	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030002	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030003	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030004	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030005	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030006	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCopay
65847MN0030007	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030008	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030009	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030010	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030011	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030012	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationHSA
65847MN0030013	www.medica.com/firstmonthpayment	www.medica.com/MN_InspirationCatastrophic