

<b>HIOS Issuer ID*</b>	<b>31616</b>	<b>Medica Ins Co.</b>			
<b>Issuer State*</b>	<b>MN</b>				
<b>Market Coverage*</b>	<b>SHOP (Small Group)</b>				
<b>Dental Only Plan*</b>	<b>No</b>				
<b>TIN*</b>	<b>41-1490988</b>				
<b>Plan Identifiers</b>					
<b>HIOS Plan ID*</b>					
<b>(Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>HIOS Product ID*</b>	<b>HPID</b>	<b>Network ID*</b>	<b>Service Area ID*</b>
31616MN0240001	Medica Elect MN 1300-20% HSA Gold	31616MN024		MNN001	MNS001
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	31616MN024		MNN001	MNS001
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	31616MN024		MNN001	MNS001
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	31616MN025		MNN002	MNS002
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	31616MN025		MNN002	MNS002
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	31616MN025		MNN002	MNS002

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**HIOS Plan ID\***

**(Standard Component)**

	<b>Plan Marketing Name*</b>
31616MN0240001	Medica Elect MN 1300-20% HSA Gold
31616MN0240002	Medica Elect MN 1750-25% HSA Silver
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze
31616MN0250001	Medica Essential MN 1300-20% HSA Gold
31616MN0250002	Medica Essential MN 1750-25% HSA Silver
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze

**Plan Attributes**

<b>Formulary ID*</b>	<b>New/Existing Plan?*</b>	<b>Plan Type*</b>
MNF001	New	POS
MNF002	New	POS
MNF003	New	POS
MNF001	New	POS
MNF002	New	POS
MNF003	New	POS

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**HIOS Plan ID\***

**(Standard Component)**

**Plan Marketing Name\***

**Level of Coverage\***

**Unique Plan Design?\***

**QHP/Non-QHP\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Gold	No	Both
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Silver	No	Both
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Bronze	No	Both
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Gold	No	Both
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Silver	No	Both
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Bronze	No	Both

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**(Standard Component)**

**Plan Marketing Name\***

**Notice Required for Pregnancy\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	No
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	No
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	No
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	No
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	No
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	No

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**Plan Marketing Name\***

**Is a Referral Required for Specialist?\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Yes
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Yes
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Yes
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Yes
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Yes
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Yes

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**Specialist(s) Requiring a Referral**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Any provider outside the members care system network.
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Any provider outside the members care system network.
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Any provider outside the members care system network.
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Any provider outside the members care system network.
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Any provider outside the members care system network.
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Any provider outside the members care system network.

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**Plan Level Exclusions**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Limited Cost Sharing Plan Variation - Est Advanced Payment**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**HSA Eligible\***

**HSA/HRA E HSA/HRA E Child-Only Offering\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Yes	No	Allows Adult and Child-Only
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Yes	No	Allows Adult and Child-Only
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Yes	No	Allows Adult and Child-Only
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Yes	No	Allows Adult and Child-Only
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Yes	No	Allows Adult and Child-Only
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Yes	No	Allows Adult and Child-Only

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**(Standard Component)**

**Plan Marketing Name\***

**Child Only Plan ID**

**Wellness Program Offered\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold		No
31616MN0240002	Medica Elect MN 1750-25% HSA Silver		No
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze		No
31616MN0250001	Medica Essential MN 1300-20% HSA Gold		No
31616MN0250002	Medica Essential MN 1750-25% HSA Silver		No
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze		No

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**Plan Marketing Name\***

**Disease Management Programs Offered**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Plan Identifiers**

**Stand Alone Dental Only**

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**(Standard Component)**

**Plan Marketing Name\***

**EHB Apportionment for Pediatric Dental**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Plan Marketing Name\***

**Guaranteed vs. Estimated Rate**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Plan Identifiers**

**AV Calculator Additional Benefit Design**

**HIOS Plan ID\***

**(Standard Component)**

**Plan Marketing Name\***

**Maximum Coinsurance for Specialty Drugs**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	\$200
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	\$200
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	\$200
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	\$200
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	\$200
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	\$200

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**(Standard Component)**

**Plan Marketing Name\***

**Maximum Number of Days for Charging an Inpatient Copay?**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Plan Identifiers**

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**(Standard Component)**

**Plan Marketing Name\***

**Begin Primary Care Cost-Sharing After a Set Number of Visits?**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	

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**Plan Identifiers**

**Plan Dates**

**HIOS Plan ID\***

**(Standard Component)**

**Plan Marketing Name\***

**Plan Effective Date\***

**Plan Expiration Date**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	1/1/2014
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	1/1/2014
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	1/1/2014
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	1/1/2014
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	1/1/2014
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	1/1/2014

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	<b>Plan Marketing Name*</b>
31616MN0240001	Medica Elect MN 1300-20% HSA Gold
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31616MN0240003	Medica Elect MN 4950-50% HSA Bronze
31616MN0250001	Medica Essential MN 1300-20% HSA Gold
31616MN0250002	Medica Essential MN 1750-25% HSA Silver
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze

**Geographic Coverage**

**Out of Country Coverage\***

Yes  
 Yes  
 Yes  
 Yes  
 Yes  
 Yes

**Out of Country Coverage Description**

Emergency services only  
 Emergency services only

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**Plan Marketing Name\***

**Out of Service Area Coverage\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Yes
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Yes
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Yes
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Yes
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Yes
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Yes

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**Out of Service Area Coverage Description**

**National Network\***

31616MN0240001	Medica Elect MN 1300-20% HSA Gold	Out-of-network benefits apply.	No
31616MN0240002	Medica Elect MN 1750-25% HSA Silver	Out-of-network benefits apply.	No
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze	Out-of-network benefits apply.	No
31616MN0250001	Medica Essential MN 1300-20% HSA Gold	Out-of-network benefits apply.	No
31616MN0250002	Medica Essential MN 1750-25% HSA Silver	Out-of-network benefits apply.	No
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze	Out-of-network benefits apply.	No

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**Plan Identifiers**

**URLs**

**HIOS Plan ID\***

**(Standard Component)**

**Plan Marketing Name\***

**URL for Summary of Benefits & Coverage**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold
31616MN0240002	Medica Elect MN 1750-25% HSA Silver
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze
31616MN0250001	Medica Essential MN 1300-20% HSA Gold
31616MN0250002	Medica Essential MN 1750-25% HSA Silver
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**URL for Enrollment Payment**

**Plan Brochure**

31616MN0240001	Medica Elect MN 1300-20% HSA Gold		
31616MN0240002	Medica Elect MN 1750-25% HSA Silver		
31616MN0240003	Medica Elect MN 4950-50% HSA Bronze		
31616MN0250001	Medica Essential MN 1300-20% HSA Gold		
31616MN0250002	Medica Essential MN 1750-25% HSA Silver		
31616MN0250003	Medica Essential MN 4950-50% HSA Bronze		