



Since 1976

## Minnesota Comprehensive Health Association

### Summary of benefits for the individual deductible plan options and a federally qualified high deductible health plan

Administered by:

**MEDICA®**

Mail Route CP280  
401 Carlson Parkway  
Minnetonka, MN 55305-5387

If you have questions about the information in this brochure contact:

**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

<http://www.mchamn.com>

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 differences 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 care coverage to eligible Minnesota residents. To determine if one is eligible for MCHA coverage, please see “**WHO IS ELIGIBLE**” (in the next column of this same page 2). This brochure summarizes the eligibility and policy coverages 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, we have dedicated staff to service the needs of the MCHA membership.

## CONSIDER THE FOLLOWING IMPORTANT INFORMATION

1. The policy terms, conditions and provisions will control in all instances.
2. Minnesota Statute 62E.08 sets forth the process used to set MCHA premium rates. Any rate change becomes effective July 1 of each year, after approval by the Commissioner of the Minnesota Department of Commerce.
3. Premium rates are generally higher for MCHA than for other coverage in the private market. Premium rates are established at 101% to 125% above 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. For information on health care options for low-income individuals, you may wish to contact your County Social Service department.
4. Generally, no benefits are payable during the first six (6) months of coverage for expenses for any preexisting condition, injury, illness, or other physical or mental condition that was diagnosed, treated, or evaluated during the 90 days preceding the effective date of coverage. However, Minnesota State law does provide some exceptions to the preexisting condition limitation. If you wish to seek a waiver of the preexisting condition limitation, you must request a waiver by completing the applicable section of the MCHA “Application” (Section F. Preexisting Condition Rule and Waiver Exceptions). If you apply for MCHA as an “eligible individual” under the Health Coverage Tax Credit (HCTC) program, or under the Federal Trade Act, you are automatically eligible for a waiver of the preexisting condition limitation.
5. MCHA coverage is for Minnesota residents only. Coverage can be continued for each covered person only while he or she remains a Minnesota resident. 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.
6. 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.

7. 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, you are responsible to contact MCHA Customer Service.

## WHO IS ELIGIBLE?

You are eligible for MCHA if you:

- ✓ are a Minnesota resident for the six months immediately preceding the completion of your application for MCHA coverage. (If eligible under the Health Insurance Portability and Accountability Act (HIPAA), or the Health Coverage Tax Credit (HCTC) program and a resident of Minnesota as of the date of the application, then the 6-month residency requirement is waived); **and**
- ✓ have been rejected for individual health coverage within six months of application for coverage; **or**
- ✓ have reached age 65 or over and are not eligible for the health insurance benefits of the Federal Medicare program; **or**
- ✓ are an “eligible individual” under the Health Insurance Portability and Accountability Act (HIPAA). An eligible individual under HIPAA is a person who was covered for an aggregate of 18 months (without more than a 63-day break in coverage) under either a group health plan, governmental plan, church plan, or other federally specified health plan; who is not eligible for Medicaid or Medicare; who does not have other health insurance coverage; who if offered the option of COBRA coverage or other continuation coverage under a similar state law, who has exhausted COBRA coverage or other continuation coverage under a similar state law, whose most recent coverage was not terminated based on nonpayment of premiums or fraud; **or**
- ✓ are eligible under the Health Coverage Tax Credit (HCTC) program, for one of the following: Trade Adjustment Assistance (TAA), Alternative Trade Adjustment Assistance (ATAA); or I am a retiree aged 55 to 64 receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC); **or**
- ✓ have been treated within the last three years for one of the special “presumptive conditions” listed on the MCHA application form.

These eligibility requirements are meant to serve as general information only. Other conditions or circumstances may also qualify you for MCHA coverage. Please contact your health insurance agent or MCHA Customer Service for complete eligibility criteria.

MCHA allows for dependent coverage and includes:

- ✓ your spouse up to age 65;
- ✓ your unmarried children up to age 19, or up to age 25 while attending an educational institution as a full-time student. This includes students who, by reason of illness, injury, or physical or mental disability documented by a physician, are unable to carry more than 60% of full-time coursework as defined by the educational institution;
- ✓ dependents who are incapable of self-sustaining employment by reason of mental retardation, mental illness, mental disorder, or physical handicap;
- ✓ 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

For an MCHA application form and premium rate information, you may contact your health insurance agent, call MCHA Customer Service, or obtain a form off the web site: [www.mchamn.com](http://www.mchamn.com). Once you have submitted your completed application and your 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 all applications and before coverage can begin. Checks should be made payable to "MCHA." MCHA also offers an electronic monthly payment option (ACH), which automatically transfers the premium from your checking or savings account.

## MCHA PLAN OPTIONS

### 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, the insured is responsible for the remaining 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:

Deductible and out-of-pocket maximum amounts are subject to change on January 1 based on federal maximum contribution limits for a Health Savings Account (HSA). For current deductible and out-of-pocket maximum amounts, please reference the MCHA web site at [www.mchamn.com](http://www.mchamn.com) or call 1-866-894-8053.

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 an 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 the 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 per calendar year basis.

The lifetime maximum under all MCHA plans (cumulative) is \$2,800,000.

You have the option to utilize out-of-network providers; however, the benefit and payment percentage will generally be less 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 change your plan option only one time per year:

- For **individual deductible plans**: You are allowed to move to a lower individual deductible plan on January 1st. You are allowed to move to a higher individual deductible plan any time during the year.
- For the **high deductible health plan**: You are allowed to enroll in this plan initially when applying for MCHA coverage or on January 1st if you are an existing MCHA enrollee.

Generally, **no benefits are payable during the first six (6) months of coverage** for expenses for any preexisting condition, injury, illness, or other physical or mental condition that was diagnosed, treated, or evaluated during the 90 days preceding the effective date of coverage. However, Minnesota State law does provide some exceptions to the preexisting condition limitation. If you wish to seek a waiver of the preexisting condition limitation you must request a waiver by completing the applicable section in the MCHA "Application" (Section F. Preexisting Condition Rule and Waiver Exceptions). If you apply for MCHA as an "eligible individual" under the Health Insurance Portability and Accountability Act (HIPAA), or under the Health Coverage Tax Credit (HCTC) program, you are automatically eligible for a waiver of the preexisting condition limitation.

## SUMMARY OF COVERED EXPENSES

Covered expenses generally include charges for eligible services when ordered by a physician for the following services:

- Physician Services
- Routine Cancer Screening Procedures
- Emergency and Urgent Care
- Maternity Care
- Well-Child Care
- Chiropractic Care
- Prescription Drugs and Insulin
- Hospital Outpatient Care

- Hospital Inpatient Care
- Ambulance
- Home Health Care
- Home Infusion Therapy
- Physical Therapy, Occupational Therapy, Speech Therapy
- Mental Health Care
- Substance Abuse Care
- Medical Equipment, Prosthetics and Supplies
- Organ and Bone Marrow Transplant Care
- Infertility Treatment
- Reconstructive Surgery
- Skilled Nursing Facility Care
- Hospice Care
- The federally qualified high deductible health plan provides some coverage for preventive care services following payment of any applicable deductible amounts.

Eligible services are fully described in the MCHA policy. Refer to the MCHA policy for specific benefit information.

## WHAT IS NOT COVERED?

Below is a summary of services that are *not* generally eligible for coverage under the MCHA policy. Refer to the MCHA policy for a complete list of policy exclusions. MCHA policies do not pay for:

- Treatment, services, or supplies which are not medically necessary.
- Charges for care that is investigative.
- Charges for care that is custodial or not normally provided as treatment of an illness.
- Services for an injury, illness or condition that is determined to be a preexisting condition (unless eligible for the preexisting condition waiver).
- Services performed before the effective date of coverage and services received 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 or obtaining employment or insurance.
- Services for recreational or educational therapy, or forms of non-medical self-care or self-help training.
- Services for routine hearing exams.
- Services for routine vision exams, lenses, frames, and contact lenses.
- For the individual deductible health plans: preventive care, health tests, routine screening tests, physical exams, and immunizations; except that the policy does cover routine cancer screenings, and well child-care and associated immunizations, and influenza and pneumococcal immunizations.

## MCHA'S SPECIAL FEATURES

### Medica CallLink®

#### A 24-hour Nurse Line Service to Answer Your Health Questions

One of Medica's most popular features is our nurse line, Medica CallLink. This 24-hours-a-day, 365-days-a-year service is staffed by registered nurses who are ready to answer your questions on a variety of medical topics and situations.

Medica CallLink nurses answer thousands of calls each year from MCHA members. They give advice on a wide range of concerns, from how to find a health-related support group to how to treat a minor burn or remedy a child's stuffy nose. You'll find that quick, sound medical guidance is only a phone call away with Medica CallLink.

### Health Handbook

This award-winning self-care health manual helps you take a more active role in your health. It covers common health topics, such as allergies, back pain, ear infections and rashes, and many other health conditions and symptoms. Under each topic, you'll find detailed information on home treatments and prevention, as well as information about when to call a health care professional. Upon enrollment a Health Handbook is provided at no charge.

### Member Assistance Program

Have you ever needed help for a personal concern, but didn't know where to find it? Have you ever wanted to reach out to a loved one in need, but didn't know how? Whether your concern is big or small, Medica® Optum® is just a phone call away. Our master's-level counselors can work with you, your family or the other significant people in your life to identify troubling issues, suggest coping skills and discuss possible plans of action.

You can reach Medica Optum Member Assistance Program counselors by calling toll-free 24 hours a day, 365 days a year. There's no need to make an appointment, no need to leave home or work. To address the special needs of our callers, we offer translation services for 140 languages through a telephonic language line. We also offer TTY access for callers with hearing impairments.

### Case Management

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

Disease management coordinates and improves services provided to a member for a given disease or condition, such as diabetes or asthma, throughout the course of treatment. This includes providing members with educational resources to help them understand and manage their condition. Disease management encourages preventive care and promotes improved member satisfaction with the health care delivery system.