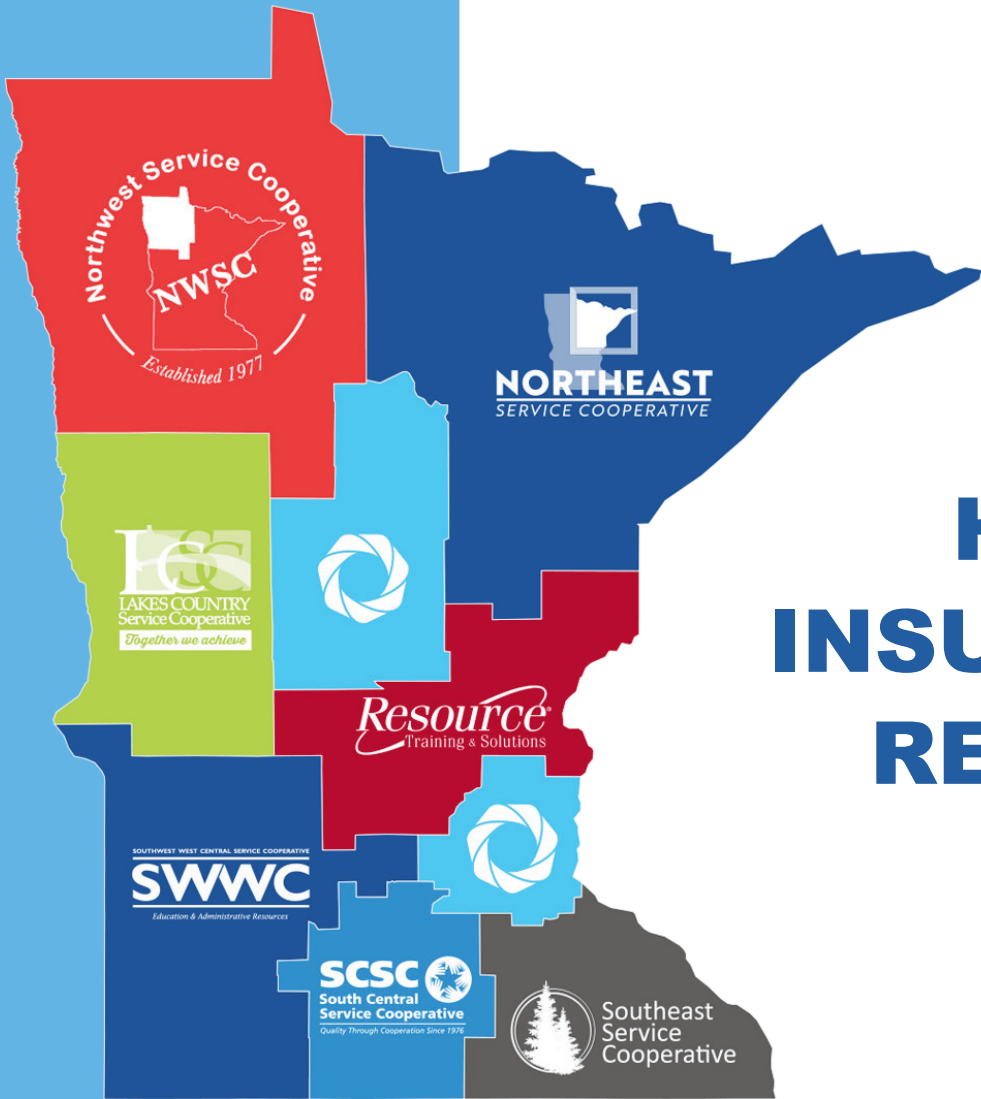




**Minnesota
Healthcare
Consortium**

Participating Minnesota Service Cooperatives



2026 HEALTH INSURANCE RENEWAL

EGF SD

www.mnhc.gov

Health insurance is a need and providing it can be a challenge for organizations of all sizes. The Minnesota Healthcare Consortium (MHC) is a partner in bringing Minnesota schools, cities and counties the best plans at the best pricing, along with extensive wellness resources to serve the needs of the population.

MHC is the second largest health insurance pool in the state behind the State of Minnesota. We negotiate statewide pricing and create a large, diverse membership that reduces costs for everyone, including taxpayers.

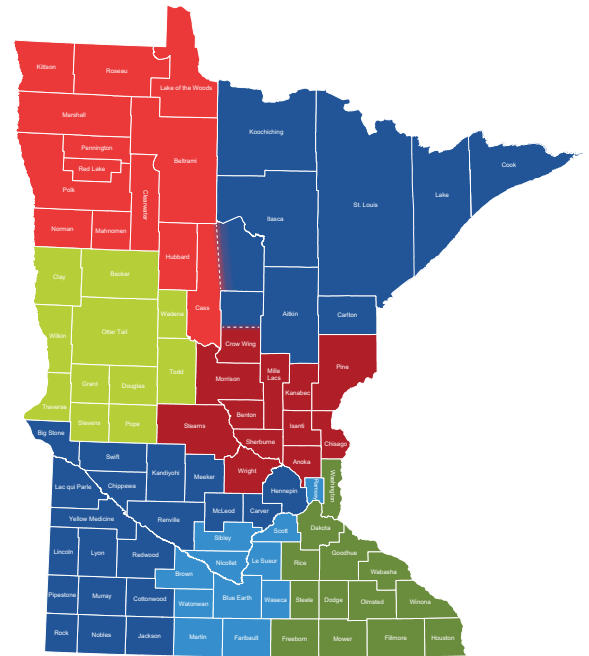
Many insurance programs seek to control costs by limiting access to only select health care providers and pharmacies. MHC believes it is important to maintain access and choice by providing flexible options for groups and employees.

With MHC, enrolled groups may:

- Choose from the broadest provider and pharmacy networks.
- Access a seamless national network for out-of-state claims.
- Access the Mayo Clinic for complex healthcare needs.
- Select from the MHC plan portfolio or establish a more tailored plan to meet the group's needs.

Visit our online video gallery and see how we've supported Minnesota public-sector organizations that are the foundation of our communities.

<https://medicadigitalcontentstudio.myportfolio.com/mhc>



..... **OUR PARTNERS**



Health Plan Administrator

Rely on MHC and Medica for great service, an extensive network of healthcare providers, and numerous wellness resources designed to empower members to achieve their optimal health.

Medical Spending Accounts

With MHC and WEX Health, you get a team of knowledgeable experts with extensive years of public sector experience. That experience helps guide members in managing their money for current and future medical expenses.

Vision Care

VSP provides a range of options, including voluntary and employer-sponsored plans. Employers have the flexibility to select either a comprehensive plan covering examination services or a materials-only plan.





Group Leader Information

Reminders

- **The Medicare Part D Credible Coverage** – notification will be mailed to all members annually. This is a task group leaders no longer need to complete as it will be managed by our medical carrier.
- **PCORI** – fees are paid by your organization. MHC will send data annually in June for the report due by July 31.
- **IRS deductible indexing** – Annually the IRS adjusts the minimum and maximum annual deductible and other out-of-pocket expenses for high deductible health plans. If you have the minimum or maximum plan MHC will automatically make the adjustment to remain in compliance with the IRS.
- **Filing 1094 and 1095s** - 26 CFR § 301.6011-2(b) and (c) was amended to provide that electronic filing of Forms 1094-1095 is required if the employer files 10 or more forms. Click here for more information: [Electronic-Filing Requirements for Specified Returns and Other Documents](#)

Medica Self Insured (MSI) Administrative Changes

- See attachment for benefit/language change grid. Your service cooperative insurance consultant will review these updates with you after renewal.

Enrollment Platform

Businessolver (formerly Capstone) continues as your platform for enrollment & billing. If contact information for your office needs to be updated, please fill out the [BenefitSolver Access Form](#) and send it to contact your service cooperative consultant and Rebekah at Businessolver.

Plan Documents

- A group leader’s signature is required on the plan documents when plan changes are made. Updated Summary Plan Documents (SPDs) will be available on the Medica Portal for each member once signed.
- Updated Summary of Benefits and Coverage (SBC) will be produced after the signed confirmation is returned. Your plans with MHC are *custom built*, so the SBCs generally take 10-15 business days to produce.

Open Enrollment

- Regional Service Cooperative staff are available to meet with you and/or present to your staff.
- We have materials for you to share with staff related to the new programs available through our partnership with Medica.
- A [pre-enrollment site](#) is available to staff to find information regarding network options, preventative Rx and formulary.

Regional Service Cooperative	Medica	BenefitSolver Enrollment & Billing portal
Chris Wavra Insurance Director/Member Services cwavra@nwservice.org Phone: (218) 684-1761	Sarah Bagley-Lindgren Strategic Account Manager Sarah.Bagley-Lindgren@medica.com Phone: (952) 992-2869	Rebekah Martin Account Manager rmartin@businessolver.com Phone: (919) 375-8222
Dan Weir Insurance Consultant danjweir@ebisinc.net Phone 1-800-864-3797	Website: https://www.medica.com/ Group Leader Service Center 1 (800)-936-6880 Email: MedicaServiceCenter@Medica.com	Website: www.benefitsolver.com Email: mhc@businessolver.com

We are dedicated to empowering and engaging our members in lifelong health and well-being | www.mnhc.gov



Terms and Conditions

1. Your Regional Service Cooperative's medical & pharmacy benefits program is administered by Medica. Medica also underwrites the specific and aggregate stop loss insurance and provides customer service and account management support. The Minnesota Healthcare Consortium, of which your Regional Service Cooperative is a member, also self-insures a layer of stop loss combined with other participating service cooperatives in a statewide pooling arrangement.
2. The rates are contingent on being the only health plan(s) that you offer.
3. The rates are based on the benefit description and expected enrollment shown for each plan. If you request different benefits, or if your actual enrollment varies from expected enrollment listed by more than 10%, we reserve the right to make changes to the rates.
4. At least 50% of the total number of all eligible employees must enroll in the program for coverage to be offered to your group.
5. The employer must contribute at least 50% of the cost of the lowest priced health plan offered to your employees.
6. Rates included are guaranteed for 12 months beginning on July 1, 2026 contingent on becoming a member of the service cooperative.
7. Rates and plans are compliant with state and Federal regulations, including ACA.
8. Cash in lieu of benefits are not recommended. Please discuss variations with the Service Cooperative.
9. Your quoted rates may include commission as indicated on your renewal confirmation page.
10. MHC utilizes Benefitsolver to manage Medica enrollment. Review your bill each month to confirm changes made are reflected. It's especially important to review after open enrollment and at the beginning of the plan year. Retroactive terminations are limited to 60 days. Qualifying life event changes need to be entered within 30 days of the event.
11. Your account will continue to be serviced locally by your Regional Service Cooperative and Medica.
12. The Regional Service Cooperative collects premiums in full from members via ACH on a monthly basis.
13. The group must sign the Joint Powers Agreement.
14. The group must become a member of the Regional Service Cooperative, and pay any associated fees, (if applicable).

For questions, please contact your Regional Service Cooperative representative.

Chris Wavra
Insurance Director
cwavra@nwservice.org
Phone 218-684-1761

Dan Weir
Insurance Consultant
danjweir@ebisinc.net
Phone 1-800-864-3797

Sadie Miller
Insurance/Payroll
smiller@nwservice.org
Phone 218-689-5325



Renewal Checklist

Here is a guide to the forms to submit and steps that need to take place:

1. **Renewal**
 - a. Rate Confirmation Page: Be sure to check yes or no next to the plans your group is choosing.
 - b. Buy-up programs: If you are adding any additional programs to your renewal this year indicate that to your MHC contact and complete the [MHC Buy-Up Form](#).
 - c. Benefitsolver: If you have any changes or additions to your benefit team request an updated [admin access form](#).
 - d. Sign all documents and email them to your MHC contact by May 1, 2026
 - e. Updated Summary of Benefits and Coverage (SBC) will be produced after the renewal is signed. These documents are *custom made* and generally take 10-15 business days to produce.
2. **Open Enrollment:** Hold an Open Enrollment meeting with your staff to educate them on their plan choices for the year – Ideally between May 4-29, 2026
3. **Employee Plan Changes:** Enter the employee plan changes into the Benefitsolver system by May 29, 2026.

Timeline:

- Late-March: Renewals available for release
- May 1: Signed documents due back to MHC
- May 4-29: Schedule open enrollment
- May 29: Enrollment changes entered into Benefitsolver.



Health Plan Rate Confirmation for:

East Grand Forks Public Schools

Effective Date: 7/1/2026

Please complete and return a signed copy of this rate confirmation to your Service Cooperative Representative no later than:

5/15/26

Plan(s)	Health Plan Description(s)	Coverage	Employees *	Current Rates	EFFECTIVE 7/1/26	Elect this plan? Yes / No
1	MSI PP MN 2000-25% HSA + Rx Copays	Single	69	\$819.88	\$953.82	yes
		Family	21	\$2,188.76	\$2,546.30	
2	MSI ALT MN 2000-25% HSA + Rx Copays	Single	49	\$737.90	\$829.82	yes
		Family	2	\$1,969.90	\$2,215.28	
3	MSI PP MN 850-40-15%	Single	17	\$1,053.98	\$1,073.48	no
		Family	2	\$2,813.82	\$2,865.78	
4	MSI PP MN 400-35-10%	Single	11	\$1,172.52	\$1,134.56	yes
		Family	2	\$3,130.40	\$3,028.84	
5	MSI ALT MN 850-40-15%	Single	11	\$948.60	\$933.94	no
		Family	1	\$2,532.44	\$2,493.24	
6	MSI ALT MN 400-35-10%	Single	10	\$1,055.28	\$987.06	
		Family	0	\$2,817.36	\$2,635.08	
TOTAL ALL PLANS			Monthly Premium	\$208,856	\$229,533	
			Annual Premium	\$2,506,275	\$2,754,400	
* Based on the group's most recent employee enrollment data. Rates are guaranteed for one year beginning 7/1/2026.			% Annual Adjustment		9.90%	
			\$ Annual Adjustment		\$248,126	

Broker commissions included? **Yes** \$15.00 per subscriber per month N/A of total plan premium

Broker name: Greg Litz Broker agency: Marsh Agency

Plans, Monthly Rates and Commissions (if applicable) are recognized and approved by:

Print name: _____
for: East Grand Forks Public Schools

Signature: _____

Date: _____

Health Plan Descriptions (see SBCs and SPDs for details) for: East Grand Forks Public Schools			Effective: 7/1/26
Plan 1:	MSI PP MN 2000-25% HSA + Rx Copays	\$2000/4000 Ded, 75/25% Coins, \$3000/6000 OOP, \$30/50/75 with Prev Rx, (OON: \$4000/8000, 50%, \$6000/12000) Non-Embedded	
Plan 2:	MSI ALT MN 2000-25% HSA + Rx Copays	\$2000/4000 Ded, 75/25% Coins, \$3000/6000 OOP, \$30/50/75 with Prev Rx, (OON: \$4000/8000, 50%, \$6000/12000) Non-Embedded	
Plan 3:	MSI PP MN 850-40-15%	\$850/1700 Ded, \$40, 85/15% Coins, \$2600/5200 OOP, \$25/45/70 No Prev Rx, (OON: \$1700/3400, 40%, \$5200/10400) Embedded	
Plan 4:	MSI PP MN 400-35-10%	\$400/800 Ded, \$35, 90/10% Coins, \$1700/3400 OOP, \$18/30/55 No Prev Rx, (OON: \$1000/2000, 40%, \$4000/8000) Embedded	
Plan 5:	MSI ALT MN 850-40-15%	\$850/1700 Ded, \$40, 85/15% Coins, \$2600/5200 OOP, \$25/45/70 No Prev Rx, (OON: \$1700/3400, 40%, \$5200/10400) Embedded	
Plan 6:	MSI ALT MN 400-35-10%	\$400/800 Ded, \$35, 90/10% Coins, \$1700/3400 OOP, \$18/30/55 No Prev Rx, (OON: \$1000/2000, 40%, \$4000/8000) Embedded	



Health Plan Rate Confirmation for:
Effective: 7/1/26

East Grand Forks Public Schools

NETWORK ALTERNATES

(Please submit requests for plans to MHC UW for approval)

		Passport	ECC	ALT	
1	MSI PP MN 2000-25% HSA + Rx Copays	Single	\$953.82	\$763.06	\$829.82
		Family	\$2,546.30	\$2,037.04	\$2,215.28
3	MSI PP MN 850-40-15%	Single	\$1,073.48	\$858.78	\$933.94
		Family	\$2,865.78	\$2,292.62	\$2,493.24
4	MSI PP MN 400-35-10%	Single	\$1,134.56	\$907.64	\$987.06
		Family	\$3,028.84	\$2,423.06	\$2,635.08



Health Plan Rate Confirmation for:
Effective: 7/1/26

East Grand Forks Public Schools

MHC PREFERRED PORTFOLIO

(Please submit requests for plans to MHC UW for approval)

			Passport	ECC	ALT
MHC 100	MSI PP MN 500-40/75-20% MV: 0.837	Single	\$1,100.66	\$880.54	\$957.58
		Family	\$2,938.34	\$2,350.68	\$2,556.36
MHC 106	MSI PP MN 1000-40/75-20% MV: 0.828	Single	\$1,089.00	\$871.20	\$947.42
		Family	\$2,907.18	\$2,325.76	\$2,529.26
MHC 112	MSI PP MN 1500-40/75-20% MV: 0.800	Single	\$1,036.46	\$829.16	\$901.72
		Family	\$2,766.94	\$2,213.56	\$2,407.24
MHC 118	MSI PP MN 2000-50/100-20% MV: 0.754	Single	\$984.50	\$787.60	\$856.52
		Family	\$2,628.24	\$2,102.60	\$2,286.58
MHC 124	MSI PP MN 2500-50/100-20% MV: 0.732	Single	\$948.62	\$758.90	\$825.30
		Family	\$2,532.44	\$2,025.94	\$2,203.22
MHC 130	MSI PP MN 3000-50/100-20% MV: 0.714	Single	\$918.28	\$734.62	\$798.90
		Family	\$2,451.46	\$1,961.16	\$2,132.78
MHC 200	MSI PP MN 1500-50/100-0% MV: 0.822	Single	\$1,134.12	\$907.30	\$986.70
		Family	\$3,027.68	\$2,422.14	\$2,634.08
MHC 206	MSI PP MN 2000-50/100-0% MV: 0.807	Single	\$1,099.98	\$879.98	\$956.98
		Family	\$2,936.54	\$2,349.22	\$2,554.78
MHC 212	MSI PP MN 2500-50/100-0% MV: 0.794	Single	\$1,070.46	\$856.38	\$931.30
		Family	\$2,857.72	\$2,286.18	\$2,486.22
MHC 218	MSI PP MN 3000-50/100-0% MV: 0.779	Single	\$1,044.38	\$835.50	\$908.62
		Family	\$2,788.10	\$2,230.48	\$2,425.66
MHC 300	MSI PP MN 3400-20% HSA MV: 0.683	Single	\$867.22	\$693.78	\$754.48
		Family	\$2,315.16	\$1,852.12	\$2,014.18
MHC 306	MSI PP MN 3400-20% HSA MV: 0.650	Single	\$818.28	\$654.62	\$711.90
		Family	\$2,184.50	\$1,747.60	\$1,900.52
MHC 312	MSI PP MN 3500-20% HSA MV: 0.645	Single	\$808.12	\$646.50	\$703.06
		Family	\$2,157.36	\$1,725.90	\$1,876.92
MHC 318	MSI PP MN 4000-20% HSA MV: 0.629	Single	\$792.00	\$633.60	\$689.04
		Family	\$2,114.34	\$1,691.48	\$1,839.48
MHC 324	MSI PP MN 5000-20% HSA MV: 0.604	Single	\$771.32	\$617.06	\$671.06
		Family	\$2,059.14	\$1,647.30	\$1,791.44
MHC 330	MSI PP MN 6000-20% HSA MV: 0.588	Single	\$761.44	\$609.16	\$662.46
		Family	\$2,032.76	\$1,626.20	\$1,768.50
MHC 400	MSI PP MN 1700-0% HSA MV: 0.828	Single	\$1,055.60	\$844.48	\$918.38
		Family	\$2,818.04	\$2,254.44	\$2,451.70
MHC 406	MSI PP MN 2000-0% HSA MV: 0.806	Single	\$1,028.60	\$822.88	\$894.88
		Family	\$2,745.98	\$2,196.78	\$2,389.00
MHC 412	MSI PP MN 2500-0% HSA MV: 0.772	Single	\$986.62	\$789.30	\$858.36
		Family	\$2,633.88	\$2,107.10	\$2,291.46
MHC 418	MSI PP MN 3000-0% HSA MV: 0.742	Single	\$950.38	\$760.30	\$826.82
		Family	\$2,537.14	\$2,029.70	\$2,207.30
MHC 424	MSI PP MN 3400-0% HSA MV: 0.721	Single	\$933.44	\$746.74	\$812.08
		Family	\$2,491.90	\$1,993.52	\$2,167.96

MHC 430	MSI PP MN 3500-0% HSA MV: 0.715	Single	\$927.72	\$742.18	\$807.12
		Family	\$2,476.68	\$1,981.34	\$2,154.70
MHC 436	MSI PP MN 4000-0% HSA MV: 0.691	Single	\$898.76	\$719.02	\$781.92
		Family	\$2,399.36	\$1,919.50	\$2,087.44
MHC 442	MSI PP MN 4500-0% HSA MV: 0.669	Single	\$872.40	\$697.92	\$759.00
		Family	\$2,328.98	\$1,863.18	\$2,026.22
MHC 448	MSI PP MN 5000-0% HSA MV: 0.648	Single	\$848.24	\$678.60	\$737.98
		Family	\$2,264.50	\$1,811.60	\$1,970.10
MHC 454	MSI PP MN 6000-0% HSA MV: 0.612	Single	\$805.14	\$644.10	\$700.46
		Family	\$2,149.38	\$1,719.52	\$1,869.96
MHC 460	MSI PP MN 6500-0% HSA MV: N/A below .60	Single	\$782.88	\$626.30	\$681.10
		Family	\$2,089.98	\$1,671.98	\$1,818.28
MHC 466	MSI PP MN 7000-0% HSA MV: N/A below .60	Single	\$764.92	\$611.94	\$665.48
		Family	\$2,042.04	\$1,633.62	\$1,776.58
MHC 470	MSI PP MN 7500-0% HSA MV: N/A below .60	Single	\$748.64	\$598.90	\$651.32
		Family	\$1,998.56	\$1,598.84	\$1,738.74
MHC 476	MSI PP MN 8500-0% HSA MV: N/A below .60	Single	\$716.38	\$573.10	\$623.24
		Family	\$1,912.44	\$1,529.96	\$1,663.82

MHC Preferred Plan Descriptions

MHC 100	\$500/1000 Ded, \$40/75, 80/20% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 106	\$1000/2000 Ded, \$40/75, 80/20% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 112	\$1500/3000 Ded, \$40/75, 80/20% Coins, \$3000/6000 OOP, \$10/40/75 No Prev Rx, (OON: \$5000/10000, 50%, \$7500/15000) Embedded
MHC 118	\$2000/4000 Ded, \$50/100, 80/20% Coins, \$4000/8000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 124	\$2500/5000 Ded, \$50/100, 80/20% Coins, \$5000/10000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 130	\$3000/6000 Ded, \$50/100, 80/20% Coins, \$6000/12000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 200	\$1500/3000 Ded, \$50/100, 100/0% Coins, \$1500/3000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 206	\$2000/4000 Ded, \$50/100, 100/0% Coins, \$2000/4000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 212	\$2500/5000 Ded, \$50/100, 100/0% Coins, \$2500/5000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 218	\$3000/6000 Ded, \$50/100, 100/0% Coins, \$3000/6000 OOP, \$10/40/75 No Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 300	\$3400/6800 Ded, 80/20% Coins, \$4600/9200 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 306	\$3400/6800 Ded, 80/20% Coins, \$6500/13000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 312	\$3500/7000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 318	\$4000/8000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 324	\$5000/10000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 330	\$6000/12000 Ded, 80/20% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 400	\$1700/3400 Ded, 100/0% Coins, \$1700/3400 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 406	\$2000/4000 Ded, 100/0% Coins, \$2000/4000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 412	\$2500/5000 Ded, 100/0% Coins, \$2500/5000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 418	\$3000/6000 Ded, 100/0% Coins, \$3000/6000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Non-Embedded
MHC 424	\$3400/6800 Ded, 100/0% Coins, \$3400/6800 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 430	\$3500/7000 Ded, 100/0% Coins, \$3500/7000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 436	\$4000/8000 Ded, 100/0% Coins, \$4000/8000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 442	\$4500/9000 Ded, 100/0% Coins, \$4500/9000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 448	\$5000/10000 Ded, 100/0% Coins, \$5000/10000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 454	\$6000/12000 Ded, 100/0% Coins, \$6000/12000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 460	\$6500/13000 Ded, 100/0% Coins, \$6500/13000 OOP, Ded/Coins with Prev Rx, (OON: \$10000/20000, 50%, \$15000/29000) Embedded
MHC 466	\$7000/14000 Ded, 100/0% Coins, \$7000/14000 OOP, Ded/Coins with Prev Rx, (OON: \$10500/21000, 50%, \$15750/29000) Embedded
MHC 470	\$7500/15000 Ded, 100/0% Coins, \$7500/15000 OOP, Ded/Coins with Prev Rx, (OON: \$11250/22500, 50%, \$17000/29000) Embedded
MHC 476	\$8500/17000 Ded, 100/0% Coins, \$8500/17000 OOP, Ded/Coins with Prev Rx, (OON: \$12750/25500, 50%, \$19250/29000) Embedded

MHC Preferred Plan Notes:

- 1.) All of the above benefit descriptions are benefit outlines only. The details of benefit coverage are provided by the Plan Document applicable to each plan. In case of differences, the Plan Document applies.
- 2.) HSA-eligible plans will be indexed each year per IRS regulations.
- 3.) For a plan to be implemented, it must have a minimum of 1 enrollee. Final rates subject to approval once plan(s) have been selected.
- 4.) The above plan benefit schedules apply to all network options. Refer to the Plan Document for network benefit provisions.
- 5.) Preventative care is provided in-network at 100%, with no deductible or coinsurance. Preventative care coverage details are provided in the Plan Document.
- 6.) Preventative Rx refers to the list of drugs permitted to be covered at 100% and not subject to the deductible under HSA-qualified High Deductible Health Plans. See the Preventative Drug List for details.
- 7.) The lower copays for virtual care listed above under the copay plans apply only to Amwell and Virtuwell.

Submit alternative Portfolio Plan requests to your MHC Representative. Once approved, an updated confirmation sheet will be provided to finalize the plan selections.

East Grand Forks Public Schools

Request For Proposals - Group Insurance Coverage



Section 1:

Effective Date: 7/1/26

	Rate Tier	Assumed # of Subscribers / Contracts	Monthly Rates (w/commission)	Monthly Rates (wo/commission)	Plan Description / Group Number(s)
Plan 1	Single	69	\$953.82	\$938.82	MSI PP MN 2000-25% HSA + Rx
	Family	21	\$2,546.30	\$2,531.30	44485, 44486
Plan 2	Single	49	\$829.82	\$814.82	MSI ALT MN 2000-25% HSA + Rx
	Family	2	\$2,215.28	\$2,200.28	44489, 44490
Plan 3	Single	17	\$1,073.48	\$1,058.48	MSI PP MN 850-40-15%
	Family	2	\$2,865.78	\$2,850.78	44487
Plan 4	Single	11	\$1,134.56	\$1,119.56	MSI PP MN 400-35-10%
	Family	2	\$3,028.84	\$3,013.84	44488
Plan 5	Single	11	\$933.94	\$918.94	MSI ALT MN 850-40-15%
	Family	1	\$2,493.24	\$2,478.24	44491
Plan 6	Single 0	10	\$987.06	\$972.06	MSI ALT MN 400-35-10%
	Family		\$2,635.08	\$2,620.08	44492

Total Subscribers:	195
Total Annual Premium:	\$2,754,400
Premium PSPM:	\$1,177.09
Total Annual Commissions:	\$35,100
Total Commissions PSPM:	\$15.00
Total Annual Premium (no commissions):	\$2,719,300
Premium PSPM (no commissions):	\$1,162.09

Section 2:

Brief Plan Description - NOTE: SBC or benefit book required for all quoted plans.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Does Plan Match Current Benefit (Y or N)	Y	Y	Y	Y	Y	Y
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
Plan Minimum Value (MV)	0.749	0.749	0.826	0.937	0.826	0.937
Network Name	Passport	ALT	Passport	Passport	ALT	ALT
Network Description (Broad or Narrow)	Broad	Narrow	Broad	Broad	Narrow	Narrow
Primary Care Model (Y or N)	N	N	N	N	N	N
Multiple Tiers Within Network	NA	NA	NA	NA	NA	NA
Note Number of Tiers and Deductible Range	NA	NA	NA	NA	NA	NA
HSA/VEBA Account	HSA	HSA	NA	NA	NA	NA
INN Single Deductible	\$2,000	\$2,000	\$850	\$400	\$850	\$400
INN Family Deductible	\$4,000	\$4,000	\$1,700	\$800	\$1,700	\$800
Embedded Deductible (Y or N)	N	N	Y	Y	Y	Y
4th Quarter Deductible Carryover Included (Y or N)	N	N	N	N	N	N
Coinsurance %	25%	25%	15%	10%	15%	10%
Office Visit Copay Amount	NA	NA	\$40	\$35	\$40	\$35
INN Single Out of Pocket Limit	\$3,000	\$3,000	\$2,600	\$1,700	\$2,600	\$1,700
INN Family Out of Pocket Limit	\$6,000	\$6,000	\$5,200	\$3,400	\$5,200	\$3,400
Pharmacy included in OOP Limit (Y or N)	Y	Y	Y	Y	Y	Y
Pharmacy Separate Out of Pocket Limit (Y or N)	N	N	N	N	N	N
Pharmacy Network Name	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk
Pharmacy Network (Broad or Narrow)	Broad	Broad	Broad	Broad	Broad	Broad
Pharmacy List (Open or Closed)	Open	Open	Open	Open	Open	Open
Pharmacy List (Broad or Narrow)	Broad	Broad	Broad	Broad	Broad	Broad
Pharmacy Separate Deductible (Y or N)	N	N	N	N	N	N
Pharmacy Separate Copay Generic	\$30	\$30	\$25	\$18	\$25	\$18
Pharmacy Separate Copay Preferred Brand	\$50	\$50	\$45	\$30	\$45	\$30
Pharmacy Separate Copay Non-Preferred Brand	\$75	\$75	\$70	\$55	\$70	\$55
Pharmacy Separate Copay Speciality	See SBC for details	See SBC for details	See SBC for details	See SBC for details	See SBC for details	See SBC for details

*Note: MV calculations for HSA/HRA plans assume no annual employer contributions. If employer does contribute to employee HSA/HRA accounts the MV values will be higher.

Wellness Programs

Your Minnesota Healthcare Consortium health plan includes resources to help you and your employees stay healthy and get support – at no extra cost to employees.

PROGRAM	RESOURCES
Medica CallLink®	Trusted answers day or night. Get 24-hour health support from advisors and nurses. Call 1 (800) 962-9497 (TTY: 711).
My Health Rewards by Medica®	<p>Get inspired to make positive changes. Complete activities personalized just for you and earn rewards. Employees can earn up to \$345 in rewards per year and spouse and dependents can earn up to \$225 in rewards per year.</p> <p><i>Employees:</i></p> <ul style="list-style-type: none"> • Download the free Personify Health app from the App Store or Google Play. • Open the app, choose <i>Create Account</i>, and search for and choose Minnesota Healthcare Consortium on the sponsor organization list. • Or go to Medica.com/MHC to create your account online. <p><i>Spouses and dependents ages 18+:</i></p> <ul style="list-style-type: none"> • Download the free Personify Health app from the App Store or Google Play. • Open the app, choose <i>Create Account</i>, and search for <i>Medica</i> on the sponsor organization list. Then choose <i>Medica My Health Rewards</i>. • Or go to Medica.com/MHC to create your account online.
Omada	<p>Personalized support to reach your health goals. Omada’s digital health programs give you the tools and support you need:</p> <ul style="list-style-type: none"> • Omada for Prevention helps you make small changes to lose weight and reduce your risk for diabetes and heart disease. • Omada for Diabetes provides personalized coaching and digital tools to help you improve your blood glucose control. • Omada for Joint & Muscle Health helps you build muscle to prevent aches and pains, and connects you with a licensed physical therapist to help treat current muscle or joint pain, all on your mobile device and schedule. <i>(Available to members enrolled in a Medica Choice® Passport plan).</i> <p>Learn more at OmadaHealth.com/MHC.</p>
Ovia Health	<p>Access live and tailored 1:1 support for every journey. Ovia Health is here to guide and support you through all of life’s moments: From cycle tracking and trying to conceive, to pregnancy, parenting, and managing perimenopause and menopause. Get clinically-backed content and unlimited support from Ovia’s Care Team of health coaches, registered nurses, nutritionists, and certified nurse midwives. Sign in to your member account to learn more about the Ovia apps and enroll at no cost: Medica.com/SignIn.</p>
Calm Health	<p>Access Calm Health, a mobile app with highly rated tools for mindfulness, sleep, and more, all at no additional cost to you. It’s psychologist-designed programs, self-guided steps, and personalized recommendations to help you build life-changing habits.</p>



Northwest Service Cooperative

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www.nw-service.k12.mn.us

Executive Director
Jason Carlson

“Your Resource and
Learning Partner”



Investing in Wellness for a Healthier Workplace

At NWSC, we believe the everyday choices we make—both at work and at home—can lead to a happier, healthier, and more fulfilling life. That’s why we offer a comprehensive Wellness Program designed to support the physical, mental, and social well-being of all participating members and their families.

Our Wellness Program aims to:

- Boost self-esteem
- Enhance job performance
- Reduce sick leave
- Lower health plan usage
- Promote a healthier, more balanced lifestyle

To support these efforts, NWSC provides a **Worksite Wellness Grant** for our Mid-Year insurance groups. Each group receives a **\$500.00 base grant + \$5.00 per subscriber contract**. To access the funds, simply complete and submit a one-page grant form. These funds must be used to support staff wellness initiatives within your organization.

Additional Wellness Opportunities:

- **Statewide MHC Wellness Webinars** are hosted throughout the year, offering information from our partners like Omada, Mobe, My Health Rewards and Medica.
- MHC works with **Medica** to provide ongoing education on a variety of wellness programs accessible to our members.

Together, we’re building a culture of wellness—one step at a time.



Buy-up Programs

AVAILABLE FOR AN ADDITIONAL FEE

MHC is a partner in bringing Minnesota schools, cities and counties the best health plans at the best pricing, along with extensive partner resources to serve the needs of the population.

Medical Spending Accounts

WEX, one of the nation's largest and highest-quality Medical Spending Account Administrators, to deliver top-tier HSA, VEBA, and FSA administration services. WEX offers a robust system tailored to the needs of MHC clients, capable of accommodating simple to complex plan designs. [Learn more](#)

Healthiestyou by TelaDoc

Access doctors and therapists by phone, web, or app, including programs for 24/7 virtual doctor visits, back care, dermatology, counseling and nutrition. [Learn more](#)

VSP Vision Care

Taking care of your eyes is easy with Minnesota Healthcare Consortium and VSP® Vision Care. VSP Vision Care offers both voluntary and employer paid plans. Employers can choose from a full-service plan that includes exam services benefits or a materials-only plan. [Learn more](#)

Medica Invest

Whether you want to eat healthier, sleep more, stress less, or get fit, My Health Rewards Invest is an online tool that helps you take small steps to reach your health goals. When you meet three wellness goals for sleep, activity, and nutrition, you'll get rewarded! Each month, you can earn up to \$75, deposited quarterly into your health savings account. [Learn more](#)

Employee Assistance Program

The Medica® Optum® Employee Assistance Program (EAP) is here for you through life's challenges. You can get answers and resources to tackle the tough issues you and your family face. Get 24/7 support from trained professionals at no extra cost. Your call and conversations with EAP specialists are kept confidential, in accordance with the law. [Learn more](#)

Medicare Plans for Public Employers

MHC collaborates with Medica to offer Medicare eligible retirees and their eligible spouse a group Medicare plan that provides comprehensive medical coverage plus dental, vision and hearing benefits. There is no minimum participation requirement for the group to add this plan.

Support resources

Minnesota Healthcare Consortium

Resources for Group Leaders and Employees

Resources for Group Leaders

Medica Employer Service Center

The Medica Employer Service Center is the place to call when you have questions about benefits, claims and more as a Group Leader. Our team of senior-level professionals has the training, knowledge and resources to quickly:

- Clarify benefit information.
- Check claims and provider status.
- Order new ID cards and other materials.
- Get questions answered about the Medica member website.

Call the Employer Service Center at **1 (800) 936-6880**. We're available 8 a.m. - 5 p.m. CST Monday, Tuesday, Wednesday and Friday. And 9 a.m. - 5 p.m. on Thursdays. Or email MedicaServiceCenter@Medica.com.

Businessolver (formerly Capstone)

Businessolver can help with membership eligibility and enrollment questions, billing issues, demographic corrections and reset administrator passwords for Benefitsolver. Call **1 (515) 453-8723** or email mhc@businessolver.com.

Benefitsolver Portal

Access your employer monthly invoice on your Benefitsolver portal. View reports including: employee census, new hires, cobra qualifying events, address changes, employee termination, and many more. Visit [Benefitsolver.com](https://www.benefitsolver.com).

Resources for Employees

Medica Customer Service

When your employees have questions about their health plan benefits, we're here to help. Employees can call Customer Service to get answers to their questions:

- Is my doctor in the network?
- Do I have a copay? A deductible? Coinsurance?
- Has my claim been paid?
- How much will my prescription cost?
- What health and wellness programs are available?

Call Customer Service at **1-877-347-0282** (TTY: **711**). We're available 7 a.m.- 8 p.m. Monday - Friday and 9 a.m.-3 p.m. on Saturdays.

Support resources

Minnesota Healthcare Consortium

Medica CallLink for 24/7 nurse support

Medica CallLink connects employees with trusted advisors and nurses to get the health answers they need—at no extra cost.

- Learn more about a diagnosis.
- Decide what care will meet your needs.
- Understand symptoms and treatment options.
- Find a doctor or hospital and make an appointment.

Talk with an advisor or nurse, 24/7 at **1 (800) 962-9497** (TTY: **711**).

Medica member website

The Medica member website is your employees' one-stop resource for all kinds of information to help them manage their health plan benefits and improve their health:

- Order ID cards.
- Find out what their plan covers.
- Track claims.
- Find a health care provider.
- See what drugs are covered.
- Learn about health and wellness programs.

It only takes a few minutes to register. Employees can go to [Medica.com/SignIn](https://www.Medica.com/SignIn) and follow the instructions to create their account and access their plan information.

My Health Rewards by Medica® support

Have questions about the My Health Rewards by Medica program? Call 1 (833) 450-4074 or email MyHealthRewards.Support@personifyhealth.com. Use the Chat button if you're using a web browser.



Plan change notice

For 2026 Medica self-insured plan documents Minnesota Healthcare Consortium (MHC)

We review our self-insured plans each year to make sure they meet market and regulatory compliance standards. The following changes will impact plan documents for your next plan year.

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 if applicable.**

Note: We don’t test self-insured plan designs for compliance with mental health parity requirements. If you have related questions, please reach out to your benefit advisors.

This grid is accurate as of 2/1/2026. If there are further updates, we’ll share those changes.

Internal Revenue Service (IRS) guideline changes		
<p>2026 high-deductible health plan (HDHP) HSA updates*</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Deductible, Out-of-pocket maximum and Lifetime maximum <p>*HSA plans only</p>	<p>Following IRS HDHP limitations for 2026.</p>	<p>2026 HDHP limitations updates:</p> <p>Deductible — embedded</p> <ul style="list-style-type: none"> Single: \$3,400 - \$8,500 Family: \$3,400 - \$17,000 <p>Deductible — non-embedded</p> <ul style="list-style-type: none"> Single: \$1,700 - \$8,500 Family: \$3,400 - \$10,600 <p>Out-of-pocket maximum — embedded</p> <ul style="list-style-type: none"> Single: \$3,400 - \$8,500 Family: \$3,400 - \$17,000 <p>Out-of-pocket maximum — non-embedded</p> <ul style="list-style-type: none"> Single: \$1,700 - \$8,500 Family: \$3,400 - \$10,600

Standard language, benefit and administrative changes

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 if applicable.**

Description	Current Coverage	Coverage Change
<p>Ambulance and Emergency Room Care*</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Ambulance Emergency Room Care <p>*Non-HSA plans only</p>	<p>Cost share (i.e. copay or coinsurance) does not match</p>	<p>Emergency room and emergency ambulance must align on cost share type. Emergency ambulance must be equal to or less than emergency room copay/coinsurance in the cost share amount. Benefits will be adjusted to apply standard coinsurance</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>New section header name <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Physical, Speech and Occupational Therapies 	<p>Physical, Speech and Occupational Therapies section header</p>	<p>Update title of section to Rehabilitative and Habilitative Therapies</p> <p>Reason</p> <p>Language consistency</p>
<p>Ambulance transportation for mother or newborn <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Ambulance Pregnancy-Maternity Care 	<p>Ambulance – Benefit table</p> <p>2. Non-emergency licensed ambulance service that is arranged through an attending physician, as follows:</p> <ol style="list-style-type: none"> Transportation from hospital to hospital when: <ol style="list-style-type: none"> Care for your condition is not available at the hospital where you were first admitted; or Transportation from hospital to skilled nursing facility 	<p>Update the language for 2. b. in table</p> <p>Move mother or newborn transfer language from Pregnancy – Maternity Care to Ambulance</p> <p>Add language to Pregnancy – Maternity Care pointing to Ambulance</p> <p>Reason</p> <p>MN regulatory requirement</p>

<p>Medication Assisted Treatment (MAT)*</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Behavioral Health - Mental Health and Substance Use <p>*Non-HSA plans only</p>	<p>Cost share (i.e. copay or coinsurance) does not match</p>	<p>MAT and outpatient facility must align on cost share type (i.e. copay or coinsurance) and MAT must be equal to or less than outpatient facility cost share amount to align with Mental Health Parity requirements</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Mental health condition and Substance use condition definitions <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Behavioral Health – Mental Health and Substance Use Definitions 	<p>Behavioral Health – Mental Health and Substance Use</p> <p>What to keep in mind</p> <p>To be covered, services must diagnose or treat mental health or substance use disorders listed in the current edition of the <i>International Classification of Diseases (ICD)</i> or the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i>.</p> <p>Definitions</p> <p>Mental disorder. A physical or mental condition having an emotional or psychological origin, as defined in the current edition of the <i>International Classification of Diseases (ICD)</i> or the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i>.</p>	<p>Update What to keep in mind</p> <p>Add definition</p> <ul style="list-style-type: none"> Substance use condition (also sometimes referred to as “substance use disorder”). <p>Update definition</p> <ul style="list-style-type: none"> Mental health condition disorder (also sometimes referred to as “mental disorder”). <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Nutritional Counseling and Nutritional Classes <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Behavioral Health – Mental Health and Substance Use, What’s Covered 	<p>Currently not defined in plan documents</p>	<p>Add Nutritional Counseling and Nutritional Classes to list of covered services under Behavioral Health - Mental Health and Substance Use, What’s Covered</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Exclusion for educational services <u>language change only</u></p> <p>Section(s) impacted:</p>	<p>What’s Not Covered</p> <p>Services solely or primarily educational in nature</p>	<p>Update language</p> <p>Services educational in nature, except as specifically described in the Behavioral Health – Mental Health and Substance Use, Physician and Professional Services, Pregnancy – Maternity Care and Preventive Health Services sections.</p>

<ul style="list-style-type: none"> Behavioral Health – Mental Health and Substance Use, What’s Not Covered Home Health Care, What’s Not Covered Physical, Speech and Occupational Therapies, What’s Not Covered (This section will now be Rehabilitative and Habilitative Therapies) Skilled Nursing Facility, What’s Not Covered What’s Not Covered 		<p>Update language in What’s Not Covered</p> <p>Services primarily educational in nature, except as specifically set forth in this section or other sections of this plan.</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Exclusion for services related to intellectual or learning disabilities</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Behavioral Health – Mental Health and Substance Use, What’s Not Covered 	<p>What’s Not Covered</p> <p>Services beyond the initial assessment to diagnose intellectual or learning disabilities</p>	<p>Remove language</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Insulin pump and chronic disease cost shares*</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Durable Medical Equipment, [Orthotics,] Prosthetics and Medical Supplies Prescription Drugs Prescription Specialty Drugs <p>*HSA plans only</p>	<p>Follows standard pharmacy coverage to apply deductible</p>	<p>Cost-sharing for certain prescription drugs and related medical supplies to treat chronic diseases no longer requires a deductible. Examples include syringes, insulin pens, and test strips</p> <p>Reason</p> <p>Regulatory requirement</p>
<p>Exclusion for therapies with no reasonable expectation of improvement <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Home Health Care, What’s not covered Physical, Speech and Occupational Therapies, What’s 	<p>Home Health & Skilled Nursing Facility</p> <p>What’s not covered:</p> <p>Physical, speech or occupational therapy services when there is no reasonable expectation that the member’s condition will improve over a predictable period of time according to generally accepted standards in the medical community.</p>	<p>Remove language from Home Health, Rehabilitative and Habilitative Therapies & Skilled Nursing Facility</p> <p>Update language in What’s Not Covered</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>

<p>not covered (This section is now labeled: Rehabilitative and Habilitative Therapies)</p> <ul style="list-style-type: none"> • Skilled Nursing Facility, What's not covered • What's Not Covered 	<p>Physical, Speech and Occupational Therapies</p> <p>What's not covered:</p> <p>Physical, speech or occupational therapy services (including but not limited to services for the correction of speech impediments or assistance in the development of verbal clarity) when there is no reasonable expectation that your condition will improve over a predictable period of time according to generally accepted standards in the medical community.</p> <p>What's Not Covered</p> <p>Physical, occupational or speech therapy or chiropractic services when there is no reasonable expectation that the condition will improve over a predictable period of time.</p>	
<p>Visit limit clarification for treatment of mental health and/or substance use conditions</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • Home Health Care • Physical, Speech and Occupational Therapies (This section is now labeled: Rehabilitative and Habilitative Therapies) • Skilled Nursing Facility 	<p>Home Health Care and Skilled Nursing Facility visit limits apply to medical and behavioral health services</p> <p>Physical, Speech, and Occupational Therapies</p> <p>Visit limits are not applicable to behavioral health conditions.</p>	<p>Add language below to Home Health Care and Skilled Nursing Facility</p> <p>Update language below in Rehabilitative and Habilitative Therapies</p> <p>Please note: This visit limit does not apply to services for treatment of mental health and/or substance use conditions.</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Out-of-network Hospice</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • Hospice Services 	<p>No coverage out-of-network</p>	<p>Standard out-of-network benefits (deductible and coinsurance) will apply</p> <p>Reason</p> <p>Plan alignment</p>
<p>Outpatient hospital – facility, outpatient medical-related dental and general anesthesia and outpatient facility-based sleep study*</p>	<p>Covered with flat dollar copay</p>	<p>Cost share aligns to “All Other Outpatient” Physician & Professional Services</p> <p>Reason</p>

<p>Section(s) impacted:</p> <ul style="list-style-type: none"> Hospital Services Medical-Related Dental Services Sleep Studies <p>*Non-HSA plans only</p>		<p>Mental Health Parity – Federal Regulation</p>
<p>Out-of-network Urgent Care</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Physician and Professional Services 	<p>Coverage varies by plan; Out-of-network benefits do not match in-network</p>	<p>Cost share will be updated to match in-network coverage</p> <p>Reason</p> <p>Plan alignment</p>
<p>Obesity references <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Prescription Drugs, What’s not covered Prescription Specialty Drugs, What’s not covered Transplant Services, What’s not covered What’s Not Covered Definitions 	<p>What’s Not Covered</p> <p>Appetite suppressants and other drugs used to assist with weight loss or manage obesity...</p>	<p>Remove “or manage obesity” or “obesity management”</p> <p>Reason</p> <p>Removing reference to a specific medical condition (i.e. obesity)</p>
<p>Diagnostic breast cancer screenings</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Certain Cancer-Related Testing Preventive Health Care 	<p>Certain Cancer-Related Testing</p> <p>Diagnostic services or testing after a mammogram if your provider determines you require such additional services.</p> <p>Preventive Health Care</p> <p>Women’s preventive health services including mammograms (including digital breast tomosynthesis), screenings for cervical cancer (including pap smears), human papillomavirus (HPV) testing, counseling for sexually transmitted infections, counseling for human immunodeficiency virus (HIV), BRCA genetic testing and related genetic counseling (when appropriate)</p>	<p>Remove benefit from Certain Cancer-Related Testing section</p> <p>Update “Please note” language in the Preventive Health Care benefit for “Women’s preventive health services...”</p> <p>Please note: Preventive mammogram screenings include coverage for women at average risk for breast cancer. Women may require additional imaging (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) or diagnostic services and testing (including pathology evaluation) to complete the screening process or to address findings on the initial screening mammography. If such services or testing are indicated, they are included in this benefit.</p>

	<p>Please note: Preventive mammogram screenings include, but are not limited to, coverage for women at-risk for breast cancer. “At-risk for breast cancer” means 1) having a family history with one or more first- or second-degree relatives with breast cancer; 2) testing positive for BRCA1 or BRCA2 mutations; 3) having heterogeneously dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data System established by the American College of Radiology; or 4) having a previous diagnosis of breast cancer.</p>	<p>Reason HRSA/federal guidance</p>
<p>Skilled Nursing Facility limits</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> Skilled Nursing Facility 	<p>In-network and/or out-of-network – does not have visit limits referenced</p>	<p>120 days per year for in-network and out-of-network combined</p> <p>Reason Plan alignment</p>
<p>Charges not in compliance with coding/reimbursement guidelines <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> What’s Not Covered 	<p>What’s Not Covered</p> <p>Charges billed by a non-network provider that are not in compliance with generally accepted coding and reimbursement guidelines, including those of the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS) and the community.</p>	<p>Update exclusion</p> <p>Charges billed that are not in compliance with generally accepted coding and reimbursement guidelines, including those of the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS) and the community.</p> <p>Reason Mental Health Parity – Federal Regulation</p>
<p>Computer software, including related subscription fees <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> What’s Not Covered 	<p>What’s Not Covered</p> <p>Computer software is excluded but currently not defined in plan documents</p>	<p>Add exclusion</p> <p>Computer software, whether downloaded, on a server or personal computer, web-based or as a mobile application (“App”), including any subscription fees related to the implementation, administration, monitoring or usage of such Apps.</p> <p>Reason Exclusion/coverage clarification</p>

<p>Sales Tax <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • What's Not Covered 	<p>What's Not Covered</p> <p>Sales tax is excluded but not currently not defined in plan documents</p>	<p>Add exclusion</p> <p>Sales Tax.</p> <p>Reason</p> <p>Exclusion/coverage clarification</p>
<p>Services for snoring</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • What's Not Covered 	<p>What's Not Covered</p> <p>Services solely for or related to the treatment of snoring.</p>	<p>Language clarification</p> <p>Services solely for the treatment of snoring.</p> <p>Reason</p> <p>Exclusion/coverage clarification</p>
<p>Note regarding evidence-based modalities <u>language change only</u></p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • Definitions 	<p><i>Please note: Individual, family and group counseling/therapy that is provided must be based on evidence-based modalities with proven efficacy. Therapy provided using modalities with unproven efficacy must occur in addition to the evidence-based practices.</i></p>	<p>Remove language from Mental health residential treatment services and Substance use disorder residential treatment services definitions</p> <p>Reason</p> <p>Mental Health Parity – Federal Regulation</p>
<p>Note regarding approval of Plan Documents</p>	<p><i>Please note: The plan sponsor is required to review and approve plan documents annually</i></p>	<p>In the event an MHC Employer Member has not signed and approved a Plan Document within sixty (60) days following the date Medica Self-Insured (MSI) provided the Plan Document, MHC shall be deemed to have adopted the Plan Document on behalf of the MHC Employer Member, unless MSI and MHC have mutually agreed in writing to a different timeframe. If directed by MHC in writing, MSI will work with an MHC Employer Member for a period of sixty (60) days regarding a Plan Document. If such Plan Document is not approved within such sixty (60) day period, MHC and the MHC Employer Member shall be deemed to have adopted the Plan Document originally provided by MSI.</p>
<p>Home Health Care limit</p> <p>Section(s) impacted:</p> <ul style="list-style-type: none"> • Home Health Care 	<p>Home Health Care – Benefit table</p> <p>If you are also enrolled in the Medical Assistance Program, you may be eligible for additional skilled nursing care.</p>	<p>Update language</p> <p>If you are also enrolled in the Medical Assistance Program, you may be eligible for additional skilled nursing care through the Medical Assistance Program. However, in no event will the</p>

		<p>total number of home health visits covered by Medica exceed the number of visits set forth above.</p> <p>Reason</p> <p>Consistency in the coverage of home care nursing services in accordance with MN statute</p>
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