

2020 Medical Plan Summaries



DUNN COUNTY 2020 MEDICAL PLAN OPTIONS

Plan Design Summary	PLAN #1: \$3,000/\$6,000 HSA ELIGIBLE PLAN IN-NETWORK	PLAN #2: \$5,000/\$10,000 HIGH HSA ELIGIBLE PLAN IN-NETWORK
Annual Deductible		
Individual	\$3,000	\$5,000
Family	\$6,000	\$10,000
Member Coinsurance	100%	100%
Annual Out-of-Pocket Maximum		
Individual	\$3,000	\$5,000
Family	\$6,000	\$10,000
Preventive Care	Covered 100%	Covered 100%
Office Visit		
Illness or Injury	100% after Deductible	100% after Deductible
Chiropractic Care	100% after Deductible	100% after Deductible
Physical, Occupational & Speech Therapy	100% after Deductible	100% after Deductible
Mental Health and Substance Abuse	100% after Deductible	100% after Deductible



Note: Out-of-network services will be subject to separate deductible and out-of-pocket maximums

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Convenience Care/Retail Health Clinics	100% after deductible	100% after deductible
Hospital Outpatient	100% after deductible	100% after deductible
Hospital Inpatient	100% after deductible	100% after deductible
Urgent or Emergency Care		
Emergency Room	100% after deductible	100% after deductible
Urgent Care	100% after deductible	100% after deductible
Medical Equipment and Supplies	100% after deductible	100% after deductible
Home Health Care	100% after deductible	100% after deductible
Retail Prescription Drugs		
Generic	100% after deductible	100% after deductible
Preferred Brand	100% after deductible	100% after deductible
Non-Preferred Brand	100% after deductible	100% after deductible
Specialty Drugs	100% after deductible	100% after deductible

Please note: This is only a summary. Review your Summary of Benefits and Coverage (SBC) or contact Medica for more detail about your coverage and costs.