

## 2023 Fairview Medical Plans

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**Plan Administrator:** UMR      **Group Number:** 76-415558

Up to date provider directories are available on the UMR website, <https://go.umar.com/fairview>. You can also contact UMR Customer Service at 844-598-7540.

### Networks:

- **UnitedHealthcare CORE Network** - The local CORE network is the 11-county Twin Cities metro area that includes providers from Fairview, University of Minnesota Physicians, Entira, and Fairview Physician Associates, as well as North Memorial. If you see a provider in the 11-county metro area they need to be a part of the CORE network. The 11 counties include: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburn, Washington, and Wright. If you live or travel outside of the 11-county metro area, CORE providers are still available but will vary based on your local zip code. You will need to verify with UMR that your provider is covered in your CORE network.
- **UnitedHealthcare Choice Plus Network** - Includes members of the CORE Network as well as local competitors of Fairview. This is a national network that offers local coverage as well as coverage throughout the country so it can be used while traveling or if you have dependents that live in other states.

### IN-NETWORK general plan provisions:

Plan Name	CORE High-Deductible Plan	ChoicePlus High-Deductible Plan	CORE Copay Plan	Choice Plus Copay Plan
<b>Network</b>	UnitedHealthcare CORE	UnitedHealthcare Choice Plus	UnitedHealthcare CORE	UnitedHealthcare Choice Plus
<b>Health Savings Account (HSA)</b>	HSA Qualified Plan - if you contribute to an HSA, employer will match your contribution, up to \$500 for single coverage/up to \$1,000 for family – match is spread over the plan year		Cannot contribute to an HSA	
<b>Health Care Flexible Spending Account (HCFSAs)</b>	If you enroll in an HSA and a HCFSAs, you will be in a LIMITED HCFSAs, which reimburses for dental and vision expenses only.		Standard Health Care Flexible Spending Account available (medical, dental and vision expenses)	
<b>In-Network Annual Deductible</b>	\$2,000 single \$4,000 family (aggregate)*	\$2,500 single \$5,000 family (aggregate)*	\$400 single \$800 family (embedded)**	\$600 single \$1,200 family (embedded)**
	*Aggregate means if you have family coverage, you must meet the family deductible before the Plan will pay for claims.		**Embedded means the deductible is per person up to the family deductible.	
<b>In-Network Out of Pocket Max</b>	\$4,000 single \$8,000 family	\$5,000 single \$10,000 family	\$2,500 single \$5,000 family	\$3,500 single \$7,000 family

# Fairview

Plan Name	CORE High-Deductible Plan	ChoicePlus High-Deductible Plan	CORE Copay Plan	Choice Plus Copay Plan
<b>Ambulance</b>	85% after deductible	75% after deductible	85% after deductible	75% after deductible
<b>Emergency Room</b>	85% after deductible	75% after deductible	\$150 co-pay	\$150 co-pay
<b>Urgent Care Visit</b>	85% after deductible	75% after deductible	\$60 co-pay	\$60 co-pay
<b>Hospital Services</b> Inpatient / Outpatient	85% after deductible	75% after deductible	85% after deductible	75% after deductible
<b>Preventive Office Visit</b>	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
<p><b>Preventive Office Visit includes:</b> Well-woman visits (including pre-natal care), gestational diabetes screening, HIV/HPV testing, HIV/STI counseling, colorectal screening, breastfeeding support &amp; counseling, domestic violence screening and counseling, immunizations, lab tests, pathology, radiology, certain cancer screenings, breast pump rental, physical exams, child health supervision services (well-baby), vision exams for children (up to age 5). Learn more at: <a href="https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html">https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html</a></p>				
<b>Primary Care Office Visit</b>	85% after deductible	75% after deductible	\$30 co-pay \$10 co-pay mental health	\$30 co-pay \$10 co-pay mental health
Primary Care Office Visit providers include: family practice, internal medicine, OB/GYN, pediatrics, PT/OT/ST, and mental health				
<b>Specialist Office Visit</b>	85% after deductible	75% after deductible	\$60 co-pay	\$60 co-pay
Specialist Office Visit providers can include but are not limited to: anesthesiologist, cardiologist, dermatologist, neurosurgeon, oncologist, podiatrist, urologist				
<b>Convenience Care / MHealth Fairview evisit</b>	85% after deductible	75% after deductible	\$15 co-pay	\$15 co-pay
<b>Annual Eye Exam</b>	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
<b>Allergy Injections</b>	100%, after deductible	100%, after deductible	100%, after deductible	100%, after deductible
<b>Chiropractic and Acupuncture</b>	85% after deductible	75% after deductible	\$30 co-pay	\$30 co-pay
<b>Durable Medical Equipment</b>	85% after deductible	75% after deductible	85% after deductible	75% after deductible
<b>Infertility</b>	85% after deductible	75% after deductible	85% after deductible	75% after deductible
Infertility \$10,000 lifetime max for medical; \$5,000 lifetime max for Rx				

Plan Name	CORE High-Deductible Plan	ChoicePlus High-Deductible Plan	CORE Copay Plan	Choice Plus Copay Plan
<b>Prescription Drugs</b>	Pharmacy costs are combined with medical costs toward the annual out-of-pocket maximums. Mandatory Generic Policy applies.			
<b>Mail Order</b>	Available through Fairview Mail Service Pharmacy. You can get a 3-month prescription for the cost of 2 after your deductible is met. Call 612-672-5261 or 866-377-6245 to get started. Or go to: <a href="https://www.fairview.org/pharmacy/Mail-Service">https://www.fairview.org/pharmacy/Mail-Service</a> .			
<b>Preventive Drugs</b>	ACA Standard Preventive drugs are covered at 100%, no deductible. Certain other generic and preferred brand preventive drugs may be covered without a deductible or at a reduced copay.			
<b>Fairview/HealthEast Pharmacy</b>				
<b>Generic Rx</b>	85% after deductible (\$10 min/\$30 max)	85% after deductible (\$10 min/\$30 max)	\$10 co-pay	\$10 co-pay
<b>Preferred Brand Rx</b>	80% after deductible (\$30 min/\$75 max)	80% after deductible (\$30 min/\$75 max)	80%, no deductible (\$30 min/\$75 max)	80%, no deductible (\$30 min/\$75 max)
<b>Non-Preferred Brand</b>	70% after deductible (\$50 min/\$100 max)	70% after deductible (\$50 min/\$100 max)	70%, no deductible (\$50 min/\$100 max)	70%, no deductible (\$50 min/\$100 max)
<b>Network Pharmacy (Walgreens, CVS, etc)</b>				
<b>Generic Rx</b>	75% after deductible (\$15 min/\$40 max)	75% after deductible (\$15 min/\$40 max)	\$15 co-pay	\$15 co-pay
<b>Preferred Brand Rx</b>	70% after deductible (\$40 min/\$90 max)	70% after deductible (\$40 min/\$90 max)	70%, no deductible (\$40 min/\$90 max)	70%, no deductible (\$40 min/\$90 max)
<b>Non-Preferred Brand</b>	60% after deductible (\$60 min/\$120 max)	60% after deductible (\$60 min/\$120 max)	60%, no deductible (\$60 min/\$120 max)	60%, no deductible (\$60 min/\$120 max)
<b>Fairview Specialty Pharmacy</b>	Specialty drugs are only covered if purchased through Fairview Specialty Pharmacy. ( <a href="https://www.fairview.org/pharmacy/Fairview-Specialty-Pharmacy">https://www.fairview.org/pharmacy/Fairview-Specialty-Pharmacy</a> )			
<b>Generic Specialty Rx</b>	80% after deductible	80% after deductible	\$30 co-pay	\$30 co-pay
<b>Preferred Brand Specialty Rx</b>	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Non-Preferred Specialty Rx</b>	70% after deductible	70% after deductible	70% after deductible	70% after deductible