

2026 Minnesota Nurses Association

Medica Group Advantage SolutionSM (PPO) Medica Group
Prime SolutionSM w/ Rx (Cost)



	Plan 2	Plan 5	
Monthly Premium	\$364.00	\$135.00	
Medical Benefits ▼			Summary
Primary Care Office Visit	\$0	\$10	Visits to doctor's office
Specialist Office Visit	\$20	\$30	No referral required
Urgent Care	\$20	\$25	Non-emergencies; no appointment
Inpatient Hospital	\$200 per stay	\$300 per day (days 1-5)	Hospital stay more than 23 hours
Outpatient Hospital	\$250	\$350	Hospital stay less than 23 hours
Ambulance (Ground & Air)	\$200	\$350	Coverage of medically necessary ambulance services
X-rays	\$20	\$40	Outpatient x-ray services
Outpatient Radiology	\$100	\$300	Outpatient radiology services such as MRIs, CT Scans
Worldwide Emergency Room	\$115	\$130	No copay required if admitted as inpatient within 48 hours in the United States
Preventive Care	\$0	\$0	Includes annual physical exam
Dental	\$750 annually	\$250 annually	Annual allowance provided on the Health+ Flex card. Amount does not carry over year to year
Eyewear	\$150 annually	\$100 annually	
Hearing Aids	EPIC hearing copays	EPIC hearing copays	Benefit covers private label hearing aid models from EPIC hearing providers (\$549, \$799, \$1,299)
Over-the-Counter	\$75 semi-annual allowance	\$35 semi-annual allowance	Semi-annual allowance - this amount does not carry over half way through the year
Chiropractic	\$20	\$20	Covers manual manipulation of the spine to correct a displacement/misalignment
Durable Medical Equipment	20%	25%	Medical equipment such as walkers, wheelchairs, etc. ordered by your doctor
Part B Drugs	20%	20%	Drugs covered under Part B per CMS; cost-sharing for Part B rebatable drugs may be lower
Part D Prescription Drug Coverage ▼			Summary
Tier 1	\$7	\$8	Preferred Generic
Tier 2	\$12	\$15	Generic
Tier 3	25%	25%	Generic and Preferred Brand
Tier 4	50%	50%	Generic and Non-Preferred Drug
Tier 5	33%	29%	Generic and Specialty Drug
Deductibles and Max. Out-of-Pocket Limits ▼			Summary
Medical Deductible	\$0	\$0	The amount you pay prior to plan payment for eligible services
Pharmacy Deductible	\$0	\$295 deductible does not apply to tier 1	
Medical Out-of-Pocket Maximum	\$3,400	\$4,900	Max. amount of paid out-of-pocket per calendar year for eligible charges
Rx Out-of-Pocket Maximum	Medicare limits (\$2,100)	Medicare limits (\$2,100)	

*Please see the Summary of Benefits for more plan information