

2025 | Benefits Resource Guide (COBRA)



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Visit welcometomedia.com/augsburguniversity for additional information with side-by-side comparisons of the plans. Find a doctor, or review what each plan offers along with some of the value-added benefits.

Medical Benefits

Augsburg understands the importance of medical coverage and is committed to providing high-quality health care benefits to you and your eligible dependents. Augsburg’s medical benefit is insured by Medica. You are offered two (2) medical plans with three (3) networks to choose from. Both plans provide high-quality, affordable medical care, hospitalization, and emergency care; however, each plan has unique characteristics and advantages. Details of the plans, as well as a plan comparison, are included to help you make an informed decision about the coverage that best meets your needs and those of your eligible dependents.

Your Plan Options

Regardless of which network you choose, routine preventive care is covered at 100%; no deductible or coinsurance is required. You are responsible for all other medical expenses until you satisfy the annual deductible. The deductible is the amount you must pay out-of-pocket before the plan will pay for a portion of covered services. Both plans have an embedded deductible component. Each family member has their own individual deductible. Once the individual deductible is met, then Medica will share costs with coinsurance for that individual. Once the overall family deductible is met by multiple family members, coinsurance applies for all applicable family members.

REMINDER:

When you enroll, there will be six (6) options to choose from – two plans and three networks.

Low Deductible Plan

For in-network expenses, the deductible is \$1,500 per person and \$3,000 per family. The low deductible plan also offers a prescription drug co-pay benefit. Once you have met your deductible, Medica begins to share in the cost of services – this is called coinsurance. Medica pays 80% of the cost and you pay 20% until you reach your out-of-pocket maximum. At that point, the plan pays 100% of all eligible expenses for the remainder of the calendar year.

High Deductible + HSA Plan

For in-network expenses, the deductible is \$3,300 per person and \$6,600 per family. Once you have met your deductible, Medica begins to share in the cost of services – this is called coinsurance. Medica pays 80% of the cost and you pay 20% of the cost until you reach your out-of-pocket maximum. At that point, the plan pays 100% of all eligible expenses for the remainder of the calendar year.

Medical Premiums

Low Deductible Plan

Network	Your monthly cost for COBRA	
	Passport	Park Nicollet & HP First AND VantagePlus
Employee Only:	\$907.52	\$741.40
Employee + Child(ren):	\$1,533.74	\$1,303.68
Employee + Spouse/Partner:	\$2,087.33	\$1,774.23
Family:	\$2,994.86	\$2,545.63

High Deductible + HSA Plan

Network	Your monthly cost for COBRA	
	Passport	Park Nicollet & HP First AND VantagePlus
Employee Only:	\$801.41	\$681.20
Employee + Child(ren):	\$1,354.41	\$1,151.25
Employee + Spouse/Partner:	\$1,843.27	\$1,566.78
Family:	\$2,644.69	\$2,247.99

These premiums include the 2% COBRA administration fee.



Medical Benefits

Your Network Options

It is in your best interest to seek providers who are in-network. If you see a provider that is not in your Medica network, your costs will be significantly higher because you receive a lower coverage amount under your benefit plan – and your share of the costs is based on the provider’s full charges rather than the discounted rate Medica negotiates with network providers. Also, the costs above the usual and customary (U&C) rate are not subject to the out-of-pocket maximum. So once the total of your out-of-network U&C charges reach your out-of-pocket maximum, the plan will pay 100% of the remaining U&C charges, but you continue to pay the full cost of any charges above U&C.

The following is a brief description of the **networks** available to you:

- **Choice Passport** – Medica’s largest, national network has access to more than 1 million providers and nearly 7,300 hospitals across the U.S. For care received within the Medica service area, you have the Medica Choice Passport open access network. For care received outside of the Medica service area (students, while traveling, etc.) you have access to the UnitedHealthcare national network. You are free to see any provider in the Medica network (without a referral) and you are not required to select a primary care clinic.
- **Park Nicollet & HealthPartners Medical Group First ACO** – A separate, smaller network of providers delivering services at lower rates. You save money on your monthly premium, as well as the services you receive. In addition, as an Accountable Care Organization (ACO) this network delivers the same services, innovation and technology of leading national networks right here, locally. This network includes direct access to more than 55 medical and surgical specialties, 50 neighborhood clinics, 18 specialty care centers, 20 urgent care locations, and 6 hospitals. You are free to see any in-network provider –and no referral is necessary.
- **VantagePlus ACO** – A combination of several major care systems and independent providers offering a broad geographic access and a greater focus on lowering health care costs and improvements in service. It provides direct access to more than 4,800 providers, 650 clinics, and 11 hospitals.

NOTE: *If an in-network provider refers you for covered services to another provider (such as a lab or specialist), it is your responsibility to make sure the provider you have been referred to is also an in-network provider.*



KEEP IN MIND – If you are traveling or have family members who live away from home – a child at school, for example – emergency services will always be considered in-network. For children away at school, coverage for routine services like physical therapy or office visits for the flu or an ear infection will depend on where they are located in relation to the Medica service area (Minnesota, North Dakota, South Dakota and western Wisconsin), as follows:

Inside the service area: Routine services will be considered out-of-network unless they are received from a provider in their Park Nicollet & HealthPartners Medical Group First or VantagePlus care system.

Outside the service area: Routine services will be considered in-network as long as they are delivered by a UnitedHealthcare provider. Keep in mind, however, that chiropractic services are not included outside the Medica service area. Your out-of-network benefits would apply in this case.

Park Nicollet & HealthPartners Medical Group First Network	VantagePlus Network
Park Nicollet HealthPartners Childrens Hospitals & Clinics Regions Hospital St Francis Regional Medical Center	M Health Fairview* North Memorial Childrens Hospitals & Clinics * HealthEast has now integrated with Fairview Health Services



Summary of In-Network Medical Benefits*

	Low Deductible Plan <i>Passport, Park Nicollet & HP First, or VantagePlus</i>	High Deductible + HSA Plan <i>Passport, Park Nicollet & HP First, or VantagePlus</i>
Calendar Year Deductible	\$1,500 Single \$3,000 Family	\$3,300 Single \$6,600 Family
Coinsurance	Plan pays 80%, you pay 20% after deductible	Plan pays 80%, you pay 20% after deductible
Calendar Year Out-of-Pocket Maximum	\$5,500 Single \$11,000 Family	\$6,600 Single \$13,200 Family
Lifetime Maximum	Unlimited	Unlimited
Routine Preventive Care <ul style="list-style-type: none"> • Routine physical, eye exams, immunizations • Prenatal, postnatal & well child 	100% coverage	100% coverage
Office Visits / Urgent Care	Plan pays 80%, you pay 20% after deductible	Plan pays 80%, you pay 20% after deductible
Convenience Care <ul style="list-style-type: none"> • Retail clinics 	Plan pays 80%, you pay 20% after deductible	Plan pays 80%, you pay 20% after deductible
Emergency Care <ul style="list-style-type: none"> • Care at a hospital ER, ambulance 	Plan pays 80%, you pay 20% after deductible	Plan pays 80%, you pay 20% after deductible
Inpatient / Outpatient Care <ul style="list-style-type: none"> • Facility fee, Physician/Surgeon fee 	Plan pays 80%, you pay 20% after deductible	Plan pays 80%, you pay 20% after deductible
Prescription Drugs Retail (31 day supply): - Generic - Preferred Brand - Non-Preferred Brand - Specialty Mail Order (91 day supply): - Generic - Preferred Brand - Non-Preferred Brand - Specialty	\$15 copay \$50 copay \$100 copay Preferred: 80% to \$200 max per prescription per month Non-Preferred: 70% after deductible \$30 copay \$100 copay \$200 copay N/A	Generic: Plan pays 100%, you pay 0% after deductible. No charge for designated preventive drugs. Preferred Brand: Plan pays 100%, you pay 0% after deductible. No charge for designated preventive drugs. Non-Preferred Brand: Plan pays 100%, you pay 0% after deductible. Preventive drug benefit does not apply. Preferred Specialty: Plan pays 80%, you pay 0% after deductible up to \$200 max per prescription per month Non-Preferred Specialty: 30% after deductible

* You will receive the highest level of benefit when utilizing an in-network provider. Please refer to applicable plan documents for out-of-network benefits.

Affordable Care Act (ACA) and Medicare Compliance

These plans provide minimum essential coverage and meet the minimum value standard for the benefits they provide. In addition, both plans have creditable drug coverage.



Prescription Drug Coverage

Medica partners with **Express Scripts, Inc. (ESI)**, as the pharmacy benefit manager (PBM) for health plans across all of Medica's segments. High-cost specialty drug management is provided (through Accredo) or medical pharmacy management (through Magellan). Covered drugs are listed on the Medica Preferred Drug List, which is comprised of drugs that provide the most value and have proven safety and effectiveness.

How you pay for your prescriptions will vary by your plan choice and where you fill your prescription.

- **Retail Pharmacy** – Participants in the High Deductible + HSA plan are responsible for the full cost until the deductible has been met. Once the deductible is met, then the plan pays 100% for the remainder of the calendar year. Participants in the Low Deductible plan pay a copay based on the type of drug purchased.
- **Mail Order Pharmacy** – Express Scripts, Inc. is Medica's prescription mail order provider. Mail order provides the convenience of receiving a 3-month supply mailed directly to your home. Low Deductible participants also get a 3-month supply for the cost of two (2) copays. Before deciding if mail order is right for you, compare prices using the Medica Price a Medication tool available on www.Medica.com/SignIn. Members will be able to easily start, manage and refill eligible mail order prescriptions using the Express Scripts website (accessible through Medica.com/SignIn) or the Express Scripts mobile app. You can also contact Express Scripts Pharmacy 24/7 by phone at **1.800.263.2398**.

Tools and resources are available on www.Medica.com/SignIn, as well as a mobile app, that makes it easy for you to check drug costs, locate pharmacies and view your prescription history.

- **93-Day Refill Option** – You can get up to a 93-day supply of ongoing medications from a participating pharmacy with the 93-day refill option. You'll pay three retail copayments or coinsurance amounts (depending on your plan) and get the convenience of saving trips to the pharmacy. To use this option, ask your provider for a 93-day prescription and bring it to a participating pharmacy.
- **Specialty Drugs** – These medicines treat health care conditions like cancer, hepatitis, multiple sclerosis and rheumatoid arthritis. Medications considered "specialty" drugs must be filled through an approved specialty pharmacy or there will be no coverage.
- **Accredo** – Medica partners with Accredo to provide specialty pharmacy services. The Accredo clinical team offers one-on-one counseling and assistance as well as opportunities to engage through web, mobile, text, chat and email to make refilling medications as easy as possible. Specialty medications are conveniently delivered to members via FedEx or UPS. You can contact Accredo by phone at **1-877-ACCREDO (222-7336)** or access their website: www.accredo.com



Medical Plan Terms You Should Know

The following terms describe key features of your medical plan options. Be sure to review these terms so that you understand your potential costs under both plans.

Preventive Care

Routine preventive care is covered at 100% from in-network providers. This includes annual wellness exams and certain screenings based on age for you and your covered dependents.

Copay

The fixed-dollar amount you pay for certain prescription drugs. After you pay this amount, the plan pays the rest of the cost of your prescription. Copays do not apply towards your deductible but do apply to your out-of-pocket maximum.

Deductible

The annual amount you must pay for non-preventive services before either plan will pay benefits. You are responsible for the full cost of applicable services until your total costs exceed your deductible. There is a separate deductible when you use out-of-network providers.

Embedded Deductible

With the embedded deductible component (applicable to both plans), each family member has their own individual deductible. Once you meet your individual deductible, then Medica will start to share costs with coinsurance for that individual. Once the family deductible is met by multiple family members, coinsurance applies for all applicable family members.

Coinsurance

The amount you share with the plan to pay for non-preventive care received, up to the annual out-of-pocket maximum. Once you meet your deductible, you and your plan share covered expenses through coinsurance. Coinsurance for out-of-network services is typically higher than for in-network expenses.

Out-of-Pocket Maximum

For your protection, plans have annual out-of-pocket maximums that "cap" the amount you must pay for covered expenses. Once you meet your out-of-pocket maximum, the plan pays your covered expenses for the rest of the calendar year. Deductibles, copays, and coinsurance count toward your out-of-pocket maximum; payroll deductions for cost sharing of premiums do not. Out-of-pocket maximums differ for in-network and out-of-network services.

Usual and Customary (U&C)

Payment for health care services received out-of-network is based on U&C rates. The rate will be used to determine how much will be paid for a specific service. You will be responsible for the difference between what is charged by the provider and what the plan considers U&C plus any applicable coinsurance.



Medica Wellness Discounts and Resources

Medica has a wealth of discounts and resources available for members:

Behavioral Health Support

Connect with on-demand help for stress, depression and anxiety through the **Sanvello app**. Access coping tools, daily mood tracking, guided journeys and weekly progress check-ins to stay engaged and manage symptoms. You receive premium access as part of your plan's behavioral health benefits. Download the Sanvello app from the App Store or Google Play and select *Upgrade Through Your Insurance* to get started.

Omada

Empowers you to build healthy behaviors that last. Omada is a digital lifestyle change program for people at risk for chronic conditions like prediabetes, hypertension, high cholesterol and cardiovascular disease. Participants learn how to make meaningful changes and sustain behaviors. Visit [omadahealth.com/Medica](https://www.omadahealth.com/Medica) for additional information.

Value for Your Health Care Dollar

Cost and quality can vary significantly among providers. Knowing the difference can help you save money and have better results. Look up cost ranges for common procedures at dozens of facilities using **Main Street Medica**. Or use the online provider search tool to find doctor-specific cost and quality information with Premium Designation. Both tools are available on [Medica.com/SignIn](https://www.Medica.com/SignIn).

My Health Rewards Program

Taking steps to improve your health might be easier than you think. Whether you want to stress less, quit smoking or eat more fruits and veggies, **My Health Rewards by Medica®** makes it fun — and rewarding. You'll earn rewards as you complete activities personalized just for you. To get started with My Health Rewards, download the Virgin Pulse app, free in the App Store and on Google Play.

24-Hour Health Support

Worried that your stomach bug could be serious? Wondering what to do about that cough that won't go away? The advisors and nurses at **Medica CallLink®** can help. They're available 24 hours a day, 365 days a year to answer your questions and help you make smart decisions about your health. Just call **1(800)962-9497** (TTY users, call 711).



Virtual Care Options

You can access virtual care through providers in your plan's network. Check your virtual care options at medica.com/findadoctor. Your virtual care options may include:

Amwell

24/7 online clinic available in every state.

Services

- Treatment of common medical conditions. Visits are typically a lower cost option in comparison to an in-person visit, depending on your plan's coverage for virtual care.
- Behavioral health care services including therapy and psychiatry. Cost per visit may vary depending on your plan and type of service. Eligible services are covered under your plan as a behavioral health office visit.*
- Amwell also offers other online services, but is not an in-network provider for those services. You can use those services, but you will pay the full cost.

How it works

You have a video visit with a board-certified doctor or nurse practitioner using the web or mobile app.

1. To get started, create an account with Amwell.
 - Smartphone/tablet:** Download the free Amwell app from the Apple Store or on Google Play.
 - Computer:** Go to amwell.com/cm. **Phone:** Call 1-844-733-3627.
2. Enter your email address, create a password, then add the requested insurance information from your Medica ID card.
3. Select a doctor or nurse practitioner and follow the prompts to start your visit.
4. The doctor will review your history, answer questions, diagnose, treat and prescribe medication (if needed).
5. If a prescription is needed, it'll be sent to your pharmacy. The cost of your prescription will be based on your plan's prescription drug coverage.

Virtuwell

24/7 online clinic available in select states.**

Services

- Treatment of common medical conditions. Check the virtuwell website for current pricing. Visits are typically a lower cost option in comparison to an in-person visit depending on your plan's coverage for virtual care.

How it works

You have an online visit with a certified nurse practitioner.

1. Go to virtuwell.com and take a quick online interview that checks your medical history and makes sure your problem can be treated online.
2. If you can be treated online, you'll create an account with your contact, insurance, pharmacy, and payment information.
3. A nurse practitioner will review your case and write a personalized treatment plan. You'll get an email or text when your plan is ready.
4. If a prescription is needed, it'll be sent to your pharmacy. The cost of your prescription will be based on your plan's prescription drug coverage.



Common Conditions for Virtual Care

- Allergies
- Sinus infection
- Bladder infection
- Bronchitis and flu
- Cold and cough
- Ear pain
- High blood pressure
- Migraines
- Pink eye
- Rashes
- Other non-urgent conditions

* To check your plan's coverage for behavioral health, sign in to your member account at [Medica.com/SignIn](https://medica.com/SignIn) or call the number on the back of your Medica ID card.

** Visit virtuwell.com for a list of available states.



Dental Benefits

Maintaining your dental health by having regular preventive services may not only prevent major costs in the future but is also good for your overall health. Augsburg is continuing to offer dental coverage through Delta Dental of Minnesota. You have two provider networks to choose from: Delta Dental PPO and Delta Dental Premier. You will receive the highest level of benefit by using providers in the Delta Dental PPO network, but providers in both networks offer services at negotiated rates.

If you use an out-of-network/non-participating provider, you may be required to submit a claim to receive benefits and you may pay more based on usual and customary fees.

Easy Access to Dental Information

Delta Dental provides you easy access to your dental information when you visit www.deltadentalmn.org to:

- Find a network dentist.
- View your benefit plan coverage.
- Estimate the average cost of dental procedures using Fee Finder.
- View claims information.
- Print an ID card.

Finding a Network Provider

- Visit www.deltadentalmn.org and select Delta Dental PPO or Delta Dental Premier
- Call Delta Dental of Minnesota **1.800.448.3815**

Your Monthly Cost for COBRA

Employee Only:	\$42.08
Employee + Child(ren):	\$114.56
Employee + Spouse/Partner:	\$77.57
Family:	\$150.06

These premiums include the 2% COBRA administration fee.

	Delta Dental PPO Network	Delta Dental Premier Network	Non-Participating Providers
Diagnostic & Preventive	100%	100%	100%
Basic Restorative Services		80%	80%
Basic Endodontics			
Basic Periodontics			
Basic Oral Surgery	60%	50%	50%
Major Services			
Orthodontics (adults and children age 8+)			
Annual Deductible (applies to all non-preventive services)	\$25 per person \$75 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Annual Plan Maximum	\$2,000 per person	\$1,000 per person	\$1,000 per person
Orthodontic Lifetime Maximum	\$2,000	\$1,000	\$1,000

Note: Network providers have agreed to accept Delta's maximum allowable fee as payment in full. Non-participating dentists are not obligated to limit the amount they charge, so their fee may be higher than the maximum allowable charge. If this is the case, your benefits will be based off of the maximum allowable fee and you will be responsible for paying any difference to the provider.



Vision Benefits

Augsburg continues to offer a voluntary vision plan through EyeMed. This vision plan features coverage for prescription eyewear through a network of participating vision care providers. You will receive a greater level of benefit when you use the EyeMed Insight network. In addition, when you use network providers, you may receive discounts and savings for services not otherwise covered by the vision plan, including sunglasses and laser vision correction.

Please note: This plan provides coverage for materials/hardware ONLY. Coverage for the vision exam is provided through your medical insurance.

Easy Access to Vision Information

EyeMed provides you easy access to your vision information when you visit www.eyemed.com to:

- Find a network provider.
- View your benefits.
- View claims information.
- Print an ID card.
- View special offers.

Finding a Network Provider

- Visit www.eyemed.com or call 888.203.7437
- For Lasik providers, visit www.eyemedlasik.com or call 877.5LASER6

Importance of the Well Vision Exam

Your vision exam doesn't only assess your need for prescription eyewear, it also screens for high blood pressure, diabetes and high cholesterol.

NOTE: Medica members have coverage for eye exams at no cost as part of the preventive coverage offered under both medical plan options.

Your Monthly Cost for COBRA

Employee Only:	\$4.41
Employee + Child(ren):	\$8.81
Employee + Spouse/Partner:	\$8.36
Family:	\$12.95

These premiums include the 2% COBRA administration fee.

	EyeMed Insight Network
Spectacle Lenses <ul style="list-style-type: none"> • Standard Single Vision • Standard Bifocal • Standard Trifocal • Standard Progressive 	\$25 copay \$25 copay \$25 copay \$90 copay
Frames	\$130 allowance, 20% off balance over \$130
Contact Lenses <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	\$130 allowance, 15% off balance over \$130 \$130 allowance Paid-in-Full
Laser Vision Correction	15% off retail price
Frequency <ul style="list-style-type: none"> • Lenses or Contact lenses • Frames 	Once every 12 months Once every 24 months

Note: Contact lenses are in lieu of spectacle lenses and frames. However, members may still be able to receive additional discounts off another complete pair of eyeglasses or conventional contact lenses once the covered benefit has been used. Contact lenses and out-of-network benefits are not subject to copayments. Please consult your plan document for specific out-of-network benefits.



Life Protection

Basic Term Life Insurance

Augsburg provides a Basic Life policy through Unum, which is payable to your designated beneficiary in the event of your death.

The benefit is equal to 1.5 times your base annual salary, up to a maximum of \$200,000.

Your Monthly Cost for COBRA to continue this coverage is \$0.101 per \$1,000 of covered benefit (the premium includes the 2% COBRA administration fee).

Additional Life Insurance

You may also choose to continue any additional life insurance that is already in place for you, your spouse and/or your child(ren) through the voluntary term life option under Unum.

Your Monthly Cost for COBRA

Age	Employee Coverage Cost per \$1,000		Age	Spouse/Partner Coverage Cost per \$1,000	Child Rate per \$1,000
	Non-Smoker	Smoker			
< 20	\$0.060	\$0.102	< 20	\$0.057	\$0.100
20-24	\$0.060	\$0.102	20-24	\$0.057	
25-29	\$0.062	\$0.102	25-29	\$0.057	
30-34	\$0.083	\$0.130	30-34	\$0.069	
35-39	\$0.102	\$0.195	35-39	\$0.107	
40-44	\$0.143	\$0.326	40-44	\$0.183	
45-49	\$0.247	\$0.560	45-49	\$0.303	
50-54	\$0.449	\$1.000	50-54	\$0.486	
55-59	\$0.765	\$1.327	55-59	\$0.674	
60-64	\$1.102	\$1.725	60-64	\$0.959	
65-69	\$1.826	\$3.420	65-69	\$1.432	
70-74	\$2.825	\$4.679	70-74	\$2.386	
75+	\$7.548	\$10.138	75+	\$5.826	



Important Resources

These resources are available to answer your questions and provide information about your benefits. The Augsburg Human Resources Department is also available for additional questions or concerns that you may have. Please call: **612-330-1058**

Benefit	Carrier / Administrator	Contact Information	Information Available
<p>Medical Plans</p> <p>Group Numbers: Passport, Low Ded. - 48642 Passport, High Ded. + HSA - 48645 VantagePlus, Low Ded. - 48644 VantagePlus, High Ded + HSA - 48647 Park Nicollet & HP First, Low Ded. - 48643 Park Nicollet & HP First, High Ded + HSA - 48646</p>	<p>Medica</p> <p>Member Services</p>	<p>800.952.3455</p> <p><i>Additional resources located on the back of your ID card</i></p> <p>www.Medica.com/SignIn</p>	<ul style="list-style-type: none"> • Look up benefit information • See your claims and explanation of benefits (EOBs) • Search doctors in your network • Sign up to get your health plan documents delivered online
<p>Dental</p> <p>Group Number: 50627</p>	<p>Delta Dental of MN</p>	<p>1.800.448.3815</p> <p>www.deltadentalmn.org</p>	<ul style="list-style-type: none"> • Find a network dentist • View your benefit coverage • Estimate the average price per procedure • View claims information • Print an ID card
<p>Vision</p> <p>Group Number: 1008622</p>	<p>EyeMed</p>	<p>888.203.7437</p> <p>www.eyemed.com</p>	<ul style="list-style-type: none"> • Find a network provider • View your benefits • View claims information • Print an ID card
<p>Life Insurance</p>	<p>Unum</p>	<p>866.679.3054</p> <p>www.unum.com/employees</p>	<ul style="list-style-type: none"> • Speak with a claim representative or file a claim online • Learn about how your coverage works