2026 Ebenezer Medical Plans

Plan Administrator: Medica **Group Number:** M00005

While Ebenezer believes the information in this summary to be true, it is not intended to be all-inclusive nor set conditions of employment. Ebenezer reserves the right to modify, change, or reserve any part of this information at any time. The language in the insurance contracts and summary plan description (SPD) will prevail should there be a conflict of information. Contact Fairview's Employee Service Center for more information at 612-672-5050 or email *esc@fairview.org*.

Up to date provider directories are available at https://welcometomedica.com/ebenezer. You can also contact Medica Customer Service at 877-394-9102.

Networks:

- **Tier 1 – Fairview/Ebenezer Employee Plan Network:** Includes providers from Fairview, University of Minnesota Physicians, Fairview Physician Associates, and North Memorial.
- **Tier 2 – Medica Choice National Network:** This is a national network that offers local coverage as well as coverage throughout the country.

IN-NETWORK general plan provisions:

Plan Name	Medica High-Deductible Plan		Medica Copay Plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Network	Fairview/Ebenezer Employee Plan Network	Medica Choice National Network	Fairview/Ebenezer Employee Plan Network	Medica Choice National Network
Health Savings Account (HSA)	HSA Qualified Plan - if you contribute to an HSA, employer will match your contribution, up to $500 for single/up to $1,000 for family – match is spread over the plan year		Cannot contribute to an HSA	
Health Care Flexible Spending Account (HCFSA)	If you enroll in an HSA and a HCFSA, you will be in a LIMITED HCFSA, which reimburses for dental and vision expenses only unless you meet your annual medical deductible.		Standard Health Care Flexible Spending Account available (medical, dental and vision expenses)	
In-Network Annual Deductible	$2,200 single $4,400 family (aggregate)*	$2,700 single $5,400 family (aggregate)*	$600 single $1,200 family (embedded)**	$800 single $1,600 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.	
In-Network Out of Pocket Max	$4,200 single $8,400 family	$5,200 single $10,400 family	$2,700 single $5,400 family	$3,700 single $7,400 family
Ambulance	85% after deductible	75% after deductible	85% after deductible	75% after deductible
Emergency Room	85% after deductible	75% after deductible	$150 co-pay	$150 co-pay

Plan Name	Medica High-Deductible Plan		Medica Copay Plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Urgent Care Visit	85% after deductible	75% after deductible	$60 co-pay	$60 co-pay
Hospital Services Inpatient / Outpatient	85% after deductible	75% after deductible	85% after deductible	75% after deductible
Preventive Office Visit	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Preventive Office Visit includes: Well-woman visits (including pre-natal care), gestational diabetes screening, HIV/HPV testing, HIV/STI counseling, colorectal screening, breastfeeding support & counseling, domestic violence screening and counseling, immunizations, 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: https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html				
Primary Care Office Visit	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				
Specialist Office Visit	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				
Retail Health Clinic Visit	85% after deductible	75% after deductible	$15 co-pay	$15 co-pay
Virtual Care Visit	100%, no deductible	75% after deductible	100%, no deductible	$15 co-pay
Annual Eye Exam	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Allergy Injections	100%, after deductible	100%, after deductible	100%, after deductible	100%, after deductible
Chiropractic	85% after deductible	85% after deductible	$30 co-pay	$30 co-pay
Durable Medical Equipment	85% after deductible	75% after deductible	85% after deductible	75% after deductible
Diabetic Testing Supplies	85%, no deductible	75%, no deductible	85%, no deductible	75%, no deductible
Infertility	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	Medica High-Deductible Plan	Medica Copay Plan
Prescription Drugs	Pharmacy costs are combined with medical costs toward the annual out-of-pocket maximums. Mandatory Generic Policy applies.	
Mail Order	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: https://www.fairview.org/pharmacy/Mail-Service.	
Preventive Drugs	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.	
Fairview Pharmacy		
Generic Rx	85% after deductible ($10 min/$30 max)	$10 co-pay
Preferred Brand Rx	80% after deductible ($30 min/$75 max)	80%, no deductible ($30 min/$75 max)
Non-Preferred Brand	70% after deductible ($50 min/$100 max)	70%, no deductible ($50 min/$100 max)
Network Pharmacy (Walgreens, CVS, etc)		
Generic Rx	75% after deductible ($15 min/$40 max)	$15 co-pay
Preferred Brand Rx	70% after deductible ($40 min/$90 max)	70%, no deductible ($40 min/$90 max)
Non-Preferred Brand	60% after deductible ($60 min/$120 max)	60%, no deductible ($60 min/$120 max)
Fairview Specialty Pharmacy	Specialty drugs are only covered if purchased through Fairview Specialty Pharmacy. (https://www.fairview.org/pharmacy/Fairview-Specialty-Pharmacy)	
Generic Specialty Rx	80% after deductible	$30 co-pay
Preferred Brand Specialty Rx	80% after deductible	80% after deductible
Non-Preferred Specialty Rx	70% after deductible	70% after deductible