

Custom Options by Medica® Participation Rules and Requirements for Small Employer Groups with 2-50 Employees Effective July 1, 2007

Custom Options by Medica now has much more flexibility in allowing plans to be paired together on a dual offering basis. Any two plans can be offered by a single employer when the following criteria are met:

Participation Rules:

- Not available to new groups or existing clients that currently offer only one plan, with less than 5 participating/enrolled employees.
- If an existing client offers Custom Options and has less than 5 enrolled employees they will be allowed to continue offering both existing plans at renewal. If the client wants to change one of the two plans being offered they may do so but must reduce the number of plan offerings to only one.
- Must have at least 10% of enrolled employees in each Custom Options plan offering.

Rules for Maximum Rated Clients in Minnesota & Wisconsin:

- New groups that are maximum rated (i.e. 1.25 in MN) will be allowed to offer only one plan.
- Existing groups that currently offer one plan prior to renewal and are maximum rated can not offer Custom Options.
- If an existing client offers Custom Options and becomes maximum rated at renewal they will be allowed to offer both existing plans at renewal.
- If an existing client, that is within 3 rate factors of being maximum rated, (i.e. 1.22 in MN) requests to make an off cycle plan change, that client will incur a 3 tier/factor increase in their current tier/factor. This increase will bring the tier/factor to a maximum rated group. This will require the employer to offer only one plan and if the client was offering two plans will be required to reduce the number of plans offered to only one.
- If an existing maximum rated client offers Custom Options and wants to change one of the existing plans, the client may do so but must reduce the number of plan offerings to only one.

Plan Combination Rules:

- Maximum of 2 plan designs allowed.
- Can have 2 different Open Access (MIC or Passport) plans, or one Open Access plan with a Care System (Medica Elect (ME)/ Medica Essential (MES)) plan. Note: ME/MES with identical plan design (example ME 100%-15 and MES 100%-15) would count as one plan.
- If a Care System plan is offered, it must have benefits equal to or leaner than the Open Access plan. Care System plan is available only to those employees within Medica Service Area.
- Custom Options not available with Care System only plans (ex: can not offer ME80%-25 with MES80%-25).
- Note for Employers offering Custom Options specifically for existing clients that offer a MIC plan, ME and MES plans (where the ME & MES are identical plan designs) as a Custom Options plan offering. The renewal spreadsheet that will be received will reflect the total enrollment of both the ME and MES plans combined and will be labeled as ME for illustrative purposes only as the rates for the two plans are identical.

Patient Choice Insights by Medica® (PCI) and Medica FocusSM (Focus) Rules:

- Custom Options is **mandatory** with PCI and Focus plans. **Only acceptable combination** is MIC & PCI or Passport & PCI where the In-network MIC or Passport benefits match the Tier I level of benefits on PCI (examples: MIC 80%-15 with PCI 80%-15, or Passport 300-15 with PCI 300-15). Same rule applies to Focus where the MIC plan and the Focus benefit plans must match.
- Cannot offer more than one PCI or Focus plan.
- Cannot pair Care System Plans (Medica Elect or Essential) with PCI or Focus plan.