

Plan and Rate Comparison
Pelican Rapids Public School Dist.

Current Plan Information

Enrollees by Plan	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
Employee (EE) Single EE + 1 Child EE + Spouse EE + 2 or More Children EE + Family	Network Tier: AWARE CMM	Network Tier: AWARE CMM	Network Tier: AWARE CMM	Network Tier: AWARE PPO	Network Tier: AWARE CMM	Network Tier: SANFORD HEALTH

Premium Rates	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
EE Single	\$597.50	\$480.50	\$398.50	\$373.50	\$576.00	\$533.50
EE Plus Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE Plus Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE Plus Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE Plus Family	\$1,492.50	\$1,217.50	\$1,009.00	\$946.00	\$1,439.00	\$1,328.00

Account Type (HRA, HSA, VEBA, Other)	VEBA	Other Type	Other Type	HSA	VEBA	VEBA
Type	VEBA	Other Type	Other Type	HSA	VEBA	VEBA

Deductible/ Out of Pocket Max Amounts	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
Single	\$1,200	\$3,200	\$5,000	\$6,000	\$1,200	\$1,200
Family	\$2,400	\$6,400	\$10,000	\$12,000	\$2,400	\$2,400
Embedded Family Deductible	Yes	Yes	Yes	Yes	Yes	Yes
Separate Rx deductible	None	None	None	None	None	None
Out of Pocket Maximum (Single/Family)						
Single	\$1,200	\$3,200	\$5,000	\$6,000	\$1,200	\$1,200
Family	\$2,400	\$6,400	\$10,000	\$12,000	\$2,400	\$2,400

Deductible Applies	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
4th Quarter Carry Over	Yes	No	No	No	No	No
Inpatient Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Surgery	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Imaging	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Other	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Room	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Office Visit	Yes	Yes	Yes	Yes	Yes	Yes
Specialist Office Visit	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Yes	Yes	Yes	Yes	Yes	Yes
Home Health	Yes	Yes	Yes	Yes	Yes	Yes
Ambulance	Yes	Yes	Yes	Yes	Yes	Yes
Rx	Yes	Yes	Yes	Yes	Yes	Yes

Coinsurance Percentage	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
Inpatient	0%	0%	0%	0%	0%	0%
Outpatient Surgery	0%	0%	0%	0%	0%	0%
Outpatient Imaging	0%	0%	0%	0%	0%	0%
Outpatient Other	0%	0%	0%	0%	0%	0%
Emergency Room	0%	0%	0%	0%	0%	0%
Primary Care Office Visit	0%	0%	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%	0%	0%
Durable Medical Equipment	0%	0%	0%	0%	0%	0%
Home Health	0%	0%	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%	0%	0%
Generic Rx	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered
Preferred Brand Rx	0%	0%	0%	0%	0%	0%
Non Preferred Brand Rx	not covered	not covered	not covered	not covered	not covered	not covered
Specialty Rx	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered

Copay Amount	\$1200 CMM - CURRENT PLAN SRVC	\$3200 HSA CMM - CURRENT PLAN SRVC	\$5000 HSA CMM - CURRENT PLAN SRVC	\$6000 MVP PPO - CURRENT PLAN SRVC	\$1200 CMM - LEAN OPTION SRVC	\$1200 PPO - BLUECONNECT OPTION SRVC
Inpatient	\$0	\$0	\$0	\$0	\$0	\$0
Per Day or Per Admission	0	0	0	0	0	0
If Per Day, Limit on # Copays	0	0	0	0	0	0
Outpatient Surgery	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Imaging	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Other	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
PCP Referral Required?						
Durable Medical Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Home Health	\$0	\$0	\$0	\$0	\$0	\$0
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0
Generic Rx (30 day)	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Brand Rx (30 day)	\$0	\$0	\$0	\$0	\$0	\$0
Non Preferred Brand Rx (30 day)	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Rx (30 day)	\$0	\$0	\$0	\$0	\$0	\$0

Other benefit features	0	0	0	0	0	0
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RFP Responses Comparison
Pelican Rapids Public School Dist.

Select Up to Four Proposals to Compare:

SRVC	BCBS	PEIP
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Proposal
Indicate funding type of the proposal:

SRVC	Minimum Premium
BCBS	Fully Insured
PEIP	

Section 3: Financial Evaluation

<i>Proposal</i>	Yes/No	1. Are all quoted rates firm? (Yes/No) If contingent, please describe any contingencies that affect the rates, along with the potential rating impact.
SRVC	Yes	There are no rate contingencies.
BCBS	Yes	There are no rate contingencies.
PEIP	Yes	Quoted rates are firm absent any significant changes to anticipated participation levels or effective dates.
<i>Proposal</i>		2. Please identify your health plan participation and contribution rules:
SRVC		We strongly recommend a minimum employer contribution of 50 percent of employee coverage for the lowest benefit plan offered. We require 50 percent of eligible lives as minimum participation. We may waive these requirements for groups currently in force.
BCBS		We require a minimum employer contribution of 50 percent of employee coverage for the lowest benefit plan offered, and 50 percent of eligible lives as minimum participation. For groups currently in force, we may waive these requirements.
PEIP		PEIP requires the participation of 75% of eligible employees. Employees waiving coverage because of the availability of other group coverage are excluded from the calculation.
<i>Proposal</i>		3. If your proposal is for a pooled program, please describe in detail how claims data will be provided to the school district.
SRVC		Claim and membership data is provided to the district monthly via an online portal.
BCBS		Claim and membership data is provided to the district monthly via an online portal.
PEIP		PEIP will provide annual premium and claims paid information by month. High-cost claims information will be included unless it may be considered PHI.
<i>Proposal</i>		4. Will your organization recognize the district's current Agent of Record (AOR)? (Yes or No) If Yes, please explain how the AOR, commissions and costs are reflected in the rates:
SRVC	Yes	Commissions are included in the quoted rates at the current level.
BCBS	Yes	Commissions are included in the quoted rates at the current level.
PEIP	Yes	Rates and commissions are transparently detailed on the rate page.
<i>Proposal</i>		5. Does your quote include the potential for experience refunds or returned premiums, should claims be less than expected during the policy period? (Yes or No) If yes, please explain how the refunds or returned premiums are calculated below:
SRVC	Yes	Group level refunds are available for groups with favorable experience at the time of the pool level settlement. Statewide in the past two years, more than 50 groups have received refunds totaling over \$2,000,000.
BCBS	No	Not applicable
PEIP	No	Not applicable
<i>Proposal</i>		6. Does your quote include the potential for additional charges to be billed for the policy period retrospectively should total charges be greater than the premium billed and paid? (Yes or No) If yes, please explain how the retrospective premiums are calculated below:
SRVC	No	Quoted rates do not include additional liability or retrospective rate increases.
BCBS	No	Not applicable
PEIP	No	Not applicable
<i>Proposal</i>		7. Please describe your guarantees for rates or fixed costs for plan years beginning in 2016:
SRVC		Administrative costs are guaranteed to increase no more than 3% in 2016. Stop Loss premium rates are guaranteed to increase no more than 14% in 2016.
BCBS		Rate guarantees do not apply.
PEIP		None
<i>Proposal</i>		8. What performance guarantees are included in your proposal? Please indicate below: The Service Cooperative rates include performance guarantees that address ID Card delivery, claims payment and accuracy measures, customer service speed of answer and abandon rates, appeal resolution timing and claim projection accuracy.
SRVC		Group specific performance guarantees are not included.
BCBS		None
PEIP		None

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Section 4: Benefits

Proposal	Yes/No	1: Does your proposal provide the same benefits currently in place (including the same deductibles, co-pays and co-insurance as described in the SBC) (Yes or No)? If yes, the District may require any final bid to match benefits in the current SPD. If no, please explain below.
SRVC	Yes	We will maintain current benefit plans.
BCBS	No	#####
PEIP	No	PEIP offers only three variations of the Advantage plan design. PEIP is unable to match an in-force plan design. Plan summaries are included.

Proposal	Yes/No	2: Will your proposal cover early retirees and retirees over the age of 65 on the current plan? (Yes or No) Please describe any unique coverage provision.
SRVC	Yes	Early retirees and over 65 retirees may be continued on the active plan. A Group Medicare Supplement product is available for groups with more than 10 retirees over age 65.
BCBS	Yes	Early retirees and over 65 retirees may be continued on the active plan. A Group Medicare Supplement product is available for groups with more than 10 retirees over age 65.
PEIP	Yes	PEIP complies with statutes governing the participation of public retirees and the bargained eligibility criteria of participating groups.

Proposal	Yes/No	3: Are there any additional benefits (examples: Wellness, Fitness, etc) (Yes or No)? If yes, please explain below.
SRVC	Yes	#####
BCBS		#####
PEIP	Yes	A frequent fitness membership reimbursement program is available through all three plan administrators. A full description of all available benefits is available in the plan summaries.

Proposal	Yes/No	4: Does the Office Visit Copay apply to minor tests or procedures performed during the office visit? (Yes or No) Please explain below.
SRVC	Yes	An office visit copay applies to physician visits only. For example, when a member has a physician visit and then goes to the lab for tests, one copay applies.
BCBS	Yes	An office visit copay applies to physician visits only. For example, when a member has a physician visit and then goes to the lab for tests, one copay applies.
PEIP		Not as a rule, however the coding and billing practices of health care providers may result in separate copays.

Section 5: Networks/Disruption

Proposal	Yes/No	1: Do you use a multi-level networks (Yes or No)? If so, different cost sharing requirements between network levels are shown in Plans and Rate Comparison Summary.
SRVC	Yes	Blue Cross offers a variety of tiered network products, however we haven't made any changes to your network access as part of this bid. If we are currently providing a tiered network alternate plan, we have provided that detail below.
BCBS	Yes	Blue Cross offers a variety of tiered network products but we have not made any changes to your group's network access as part of this bid. If we are currently providing an tiered network alternate plan, we have provided that detail below.
PEIP	Yes	

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SRVC	BCBS	PEIP
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Proposal	Yes/No	2. Do you match the current plan's retail pharmacy network? (Yes or No) If no, please list the pharmacies in your network in the vicinity of the school district.
SRVC	Yes	#####
BCBS	Yes	#####
PEIP	No	A listing of all participating pharmacies may be found on the website of PEIP's PBM, Navitus Health Solutions. Please see: www.navitus.com/members/pharmacy-directory.aspx

Proposal	Yes/No	3. Do you have benefit differences between In-Network (INN) and Out-of-Network (OON) providers in your proposal? If Yes, please say which proposed plans and briefly describe benefit differences between INN and OON in your proposal, including a description of coverage available outside of Minnesota.
SRVC		#####
BCBS		#####
PEIP		#####

Proposal	Yes/No	4. Does the proposal include primary care designation (Yes or No)? If yes, please explain below.
SRVC	No	#####
BCBS	No	#####
PEIP	Yes	Each member must designate a Primary Care Clinic (PCC). Family members are not required to designate the same PCC.

Proposal	Yes/No	5. Do you require primary care referrals for any specialists (Yes or No)? If yes, please explain below.
SRVC	No	A referral is not required, however, Blue Cross can administer custom benefits that can be used as a "gatekeeper" or as soft-steering in open access.
BCBS	No	A referral is not required, however, Blue Cross can administer custom benefits that can be used as a "gatekeeper" or as soft-steering in open access.
PEIP	Yes	#####

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Proposals	SRVC	BCBS	PEIP
SRVC	6. How does your proposal coordinate services with medical savings account vendors (i.e., debit cards, interest payments, and crossover)? indicate if there is an associated administrative fee. #####		
BCBS	#####		
PEIP	#####		