Current Plan Information		ensures as a	resident deserves		Proposal Information	:::::::::::::::::::::::::::::::::::::		a contest design	in a more							BE SEVIE	
Enrollees	Minimum Value Plan \$8000 100%		Common Plan 9 \$3200 HSA 2014 W/o/4th gtr	Common Plan 7 \$1200 Ded 100% Coins 2014 w/o	TK 04 \$1000 CMM BCBS	PEIP Advantage*	PEIP Advantage	PEIP Advantage PEIP	PEIP Advantage PEIP	PEIP Advantage Value PEIP	PEIP Advantage Value PEIP	PEIP Advantage Value PEIP	PEIP Advantage Value PEIP	PEIP Advantage HSA Compatible PEIP	PEIP Advantage HSA Compatible PEIP	PEIP Advantage HSA Compatible PEIP	PEIP Advantage HSA Compatible PEIP
by Plan Employee (EE) Single	H.S.A 2014 11	GenRx/global ntwk	6	trust 16													
EE + 1 Child EE + Spouse	0	0	0	0 0	Network Tier: Aware with Gen RX	Network Tier: Cost Level 1	Network Tier: Cost Level 2	Network Tier: Cost Level 3	Network Tier: Cost Level 4	Network Tier: Cost Level 1	Network Tier: Cost Level 2	Network Tier: Cost Level 3	Network Tier: Cost Level 4	Network Tier: Cost Level 1	Network Tier: Cost Level 2	Network Tier: Cost Level 3	Network Tier: Cost Level 4
EE + 2 or More Children	0	0 12	0 13	0 17													
EE + Family	J •	12	13	<u> </u>	L								L	<u> </u>		·	<u></u>
Premium Rates EE Single	\$373.50	\$398.50	\$480.50	\$597.50	\$551.43	\$588.22	\$588.22	\$588.22	\$588.22	\$541.90	\$541.90	\$541.90	\$541.90	\$441.76	\$441.76	\$441.76	\$441.76
EE Plus Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00
EE Plus Spouse EE Plus Children	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00
EE Plus Family	\$946.00	\$1,009.00	\$1,217.50	\$1,492.50	\$1,377.41	\$1,570.52	\$1,570.52	\$1,570.52	\$1,570.52	\$1,446.86	\$1,446.86	\$1,446.86	\$1,446.86	\$1,179.50	\$1,179.50	\$1,179.50	\$1,179.50
Account Type (HRA, HSA, VEBA, Other) Type	<u> </u>		1	I	0	0 _	0	0	0	0	0	0	0	0	0	0	0
Deductible/ Out of Pocket Max Amounts				<u> </u>													
Single Family					\$1,000 \$2,000	\$75 \$150	\$180 \$360	\$400 \$800	\$1,000 \$2,000	\$400 \$800	\$600 \$1,200	\$900 \$1,800	\$1,500 \$3,000	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000	\$4,000 \$8,000
Embedded Family Deductible					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Separate Rx deductible Out of Pocket Maximum (Single/Family)					None	None	None	None	None	None	None	None	None.	None	None	None	None
Single Family					\$2,000 \$4,000	\$1,100 \$2,200	\$1,100 \$2,200	\$1,500 \$3,000	\$2,500 \$5,000	\$2,000 \$4,000	\$2,000 \$4,000	\$3,000 \$6,000	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000
Deductible Applies																	
4th Quarter Carry Over					No Yes	No 1600	No 1600	No 1600	No 1600	No 2000	No 2000	No 2000	No 2000	No N/A	No N/A	No N/A	No N/A
Inpatient Hospital Outpatient Surgery					Yes Yes	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Imaging Outpatient Other					Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes
Emergency Room					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Yes	Yes Yes
Primary Care Office Visit Specialist Office Visit					Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes	Yes
Durable Medical Equipment					Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes
Home Health Ambulance				1	Yes	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Rx					. No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Coinsurance Percentage Inpatient	1	T	1		20%	No	No	No	l No	No	No	l No	l No	Yes	Yes	Yes	Yes
Outpatient Surgery				1	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0% 50%
Outpatient Imaging Outpatient Other				1.	20% 20%	0% 0%	0% 0%	0% 0%	25% 25%	0% 0%	0% 0%	0% 0%	30% 35%	0% 0%	0% 0%	0% 0%	50%
Emergency Room					20% 20%	5% 5%	10% 5%	20% 20%	25% 25%	10% 10%	10% 10%	20% 20%	35% 35%	20% 20%	25% 25%	30% 30%	50% 50%
Primary Care Office Visit Specialist Office Visit		ļ			20%	0%	0%	0%	25%	0%	0%	0%	30%	0%	0%	0%	50%
Durable Medical Equipment Home Health		į			20% 20%	0% 0%	0% 0%	0% 0%	0%	0% 0%	0% 0%	0% 0%	0%	0% 0%	0% 0%	0% 0%	0% 0%
Ambulance		İ	1		20%	20%	20%	20%	25%	20%	20%	25% 20%	35% 35%	20% 20%	25% 25%	30% 30%	50% 50%
Generic Rx Preferred Brand Rx					0% 0%	5% 5%	5% 5%	20% 20%	25% 25%	10% 10%	10% 10%	20%	35%	20%	25%	30%	50%
Non Preferred Brand Rx Specialty Rx		1			0% 20% to a maximum of \$200	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%
		•				·	*. ***										
Copay Amount Inpatient	1	T			\$0	\$0	\$0	\$0	\$0 0	\$0	\$0 0	\$0 0	\$0 0	\$0 0	\$0 0	\$0 0	\$0 0
Per Day or Per Admission If Per Day, Limit on # Copays				1	0	100	0 200	0 500	0	0 150	325	750	ō	400	650	1500	0
Outpatient Surgery Outpatient Imaging			ļ		\$0 \$0	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none	Per Admission none
Outpatient Other	1		1		\$0	\$60	\$120	\$250	\$0	\$100	\$175	\$350	\$0	\$250	\$400	\$800	\$0 \$0
Emergency Room Primary Care Office Visit	1			[\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
Specialist Office Visit		1		1	\$0	\$100	\$100	\$100	\$0	\$125	\$125	\$125	\$0	\$150	\$150	\$150	\$0
PCP Referral Required? Durable Medical Equipment		1			\$0	\$18	\$23	\$36	\$55	\$25	\$30	\$70	\$100	\$40	\$50	\$100	\$120
Home Health Ambulance					\$0 \$0	\$18 \$0	\$23 \$0	\$36 \$0	\$55 \$0	\$25 \$0	\$30 \$0	\$70 \$0	\$100 \$0	\$40 \$0	\$50 \$0	\$100 \$0	\$120 \$0
Generic Rx (30 day)		1			\$10	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Preferred Brand Rx (30 day) Non Preferred Brand Rx (30 day)		1			\$40 \$70	\$0 \$12	\$12	\$0 \$12	\$12	\$18	\$18	\$18	\$18	\$25	\$25	\$25	\$25
Specialty Rx (30 day)		<u> </u>	1		\$0	\$18	\$18	\$18	\$18	\$35	\$35	\$35	\$35	\$40	\$40	\$40	\$40
										1							
					Bariatric and Infertility	\$12, \$18, \$38 depending on				\$18, \$35, \$55 depending on				\$25, \$40, \$65 depending on			
Other benefit features	<u> </u>		<u>L</u>		Services are not covered	formulary tier	00	0	0	formulary tier	0	0	0	formulary tier	0	0	0

Current Plan Information	DESTRUCTION OF COMMON STATES	e e a chart made plant e				processing partition and
Enrollees Spy 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 OPT SRVC
mployee (EE) Single						
E + 1 Child E + Spouse	Network Tier: AWARE CMM	Network Tier: AWARE CMM	Network Tier: AWARE CMM	Network Tier: AWARE PPO	Network Tier: AWARE CMM	Network Tier: SANFORD HEALTH
E + 2 or More Children	A PART COMM	7.007.00.201.001		1,1,1,1,1,1	***************************************	57.4.11 51.5 17.2 12.11
E + Family						
Premium Rates						
E Single	\$597.50 \$0.00	\$480.50 \$0.00	\$398.50 \$0.00	\$373.50 \$0.00	\$576.00 \$0.00	\$533,50 \$0.00
E Plus Child E Plus Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E Plus Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E Plus Family	\$1,492.50	\$1,217.50	\$1,009.00	\$946.00	\$1,439.00	\$1,326.00
ccount Type (HRA, HSA, VEBA, Other)						
уре	VEBA	Other Type	Other Type	HSA	VEBA	VEBA
eductible/ Out of Pocket Max Amounts						
ingle	\$1,200	\$3,200	\$5,000 \$40,000	\$6,000	\$1,200 \$3,400	\$1,200
amily Embedded Family Deductible	\$2,400 Yes	\$6,400 Yes	\$10,000 Yes	\$12,000 Yes	\$2,400 Yes	\$2,400 Yes
mbedded Family Deductible Separate Rx deductible	None	None	None	None	None	None
Out of Pocket Maximum (Single/Family)	1					
Single	\$1,200	\$3,200	\$5,000	\$6,000	\$1,200	\$1,200 \$2,400
Family	\$2,400	\$6,400	\$10,000	\$12,000	\$2,400	\$2,400
Deductible Applies	Yes	No	No	No	No	No No
th Quarter Carry Over npatient Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Dutpatient Surgery	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Imaging	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Other	Yes	Yes	Yes	Yes	Yes	Yes
mergency Room	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes
Primary Care Office Visit 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	Yes Yes
Rx	Yes	Yes	Yes	Yes	165	1 105
Coinsurance Percentage Inpatient	T 0%	0%	0%	0%	0%	0%
Dutpatient 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%	0% 0%	0%
Primary Care Office Visit Specialist Office Visit	0% 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 0%	Preferred: 0% NonPreferred: not covered 0%	Preferred: U% NonPreferred: not o			
Preferred Brand Rx Non Preferred Brand Rx	not covered	not covered				
Specialty Rx	Preferred: 0% NonPreferred: not covered	Preferred: 0% NonPreferred: not covered				
Copay Amount	·					
npatient	\$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	\$0	\$0	\$0
Outpatient Surgery Outpatient Imaging	\$0 \$0	\$0	\$0	\$0	\$0	\$0
Outpatient unaging 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	\$0 \$0	\$0
Specialist Office Visit PCP Referral Required?	\$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 (30 day)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Preferred Brand Rx (30 day) Non Preferred Brand Rx (30 day)	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	\$0
Specialty Rx (30 day)	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0
				1	1	T
Other benefit features	0	0	0	. 0	0	0
CHICK PELICIFICATION						

Select Up to Four Proposals to Compare:

Select Up to Four Proposal:	osals to Compare:	SRVC)B	SBS		dl∃c			
Proposal	indicate funding type of the proposa								
SRVC	Minimum Premium					品於法院院			
BCBS	Fully Insured			100				and the second s	Solicit Andrews
PEIP				(1) No. 10				2 - 2 - 2 - 2 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	
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	Automicial international probabilities and desired in the field of the company of			THE PARTY OF THE P	THE RESERVOIR ASSESSMENT OF THE PARTY AND TH	Commence of the control of the contr	Transcommentaria de la companio del companio de la companio della	The particular departual definition of the particular and the particular are the particular and the particul	the second second second second second second second

Section 3: Financial Evaluation

	1. Are all quoted rates firm? (Yes/No)	mn/YesNo)sweets the second
Proposal	Yes/No If contingent, please desc	Ves/No. If contingent, please describe any contingencies that affect the rates, along with the potential rating impact.
SRVC	Yes There are no rate contingencies.	Sencies:
BCBS	Yes: There are no rate contingencies	gendes.
PEID	Yes Quoted rates are firm ab	Quoted rates are firm absent any significant changes to anticipated participation levels or effective dates.
Proposal Commencer of the State	2. Please Identify your health plan participation and contribution rules:	deipation and contribution rules:
SEVC: A SECTION OF THE SEC	We strongly recommend a minimun eligible lives as minimum participati	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 co	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
PEIP	participation, For groups currenuy in PEIP requires the participation of 75 referilation	participation, for groups currenty in force, we may waive these requirements. Plei requires the participation of 75% of eligible employees. Employees waiving coverage because of the availability of other group coverage are excluded from the architecture.
Proposal	3. If your proposal is for a pooled prog	3. If your proposal is for a pooled program, please describe in defail how claims data will be provided to the school district
SRVC A MENT OF THE PROPERTY OF	Claim and membership data is provi	Claim and membership data is provided to the district monthly via an online portal.
BCBS	Claim and membership data is provi	Claim and membership data is provided to the district monthly via an online portal.
PEIP CONTRACTOR OF THE PERSON	PEIP will provide annual premium ar	PEIP will provide annual premium and claims paid information by month. High-cost claims information will be included unless it may be considered PHI.
	4. Will your organization	4. Will your organization recognize the district's current Agent of Record (AOR)? (Yes or No)
Proposal	Yes/No If Yes, please explain hov	Yes/No. If Xes, please explain how the AOR commissions and costs are reflected in the rates:
SRVC	Yes Commissions are include	Commissions are included in the quoted rates at the current level.
BCBS	Yes Commissions are include	Commissions are included in the guoted rates at the current level.
PEIP STATE OF STATE O	Yes Rates and commissions	Rates and commissions are transparently detailed on the rate page.

Proposal	Likipa	Yes/No. If Yes, please explain how the AOR commissions and costs are reflected in the rates:
SRVC		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.
		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
Proposal	Yes/No	
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 - STATE OF THE PEIP	No	
		· 보이 시간
		8. 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)
Proposal	Yes/No	If yes, please explain tow the retrospective premiums are calculated below:
SRVC	No	Quoted rates do not include additional liability or retrospective rate increases.
BCBS	No	Inot applicable
PEIP	No	
Proposal	7. Please d	Please describe your guarantees for rates or fixed costs for plan years beginning in 2018:
SRVC	Administra	dministrative 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.
	Rate guara	ate guarantees do not apply.
PEIP W. C.	None	
Proposal	8. What per	What performance guarantees are included in your proposal? Please Indicate below:
SRVC	The Service	he Service Cooperative rates include performance guarantees that address ID Card delivery, claims payment and accuracy measures, customer service speed of
	answeran	nswer and abandon rates, appeal resolution timing and claim projection accuracy.
BCBS	Group spe-	aroup specific performance guarantees are not included.
BEID 一一十一十一日日	None	
		1000000000000000000000000000000000000

Select Up to Four Proposals

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 Not:		いっこう とうしょう かくこう かずらし の 南のの町の小野の町の	PER Offers only, three variations of the Advantage plan design. PEP is unable to match an in-force plan design. Plan summaries are included.
cluding the same deductibles, co-pays and	es/No If yes, the District may require any final bid to match benefits in the current SPD. If no, please explain below:		No <u>first the state of the Advantage plan design. PCP is unable to match an in-force plan design. Plan summaries are included.</u>
same benefits currently in place (in	y final bid to match benefits in the cu	t plans.	of the Advantage plan design. PEIP
1. Does your proposal provide the or No!	If yes, the District may require any	Yes: We will maintain current benefit plans.	PEP offers only three variations
		Yes	ele a che i della la che della che i

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2. Will your proposal cover early retirees and retirees over the age of 65 on the current plan? (Yes or No)	امّا	arly retirees and over 6 0 retirees over age 65.	arly retirees and over 65 0 retirees over age 65.	ý.	Ó
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18	8	<u>~</u> •	<u>></u> 9	24.0	
658	0	* 5	# G		B
N	Yes/No Please describe any unique coverage provision:	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.	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.	Yes PEIP complies with statutes governing the participation of public retirees and the bargained eligibility criteria of participating groups.	
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Section 5: Networks/Disruption

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1. Do you use a multi-level networks (Yes or No)?	Yes/No If so, different cost sharing requirements between network levels are shown in Plans and Rate Comparison Summary.	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 an tiered network alternate plan, we have provided that detail below.	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.		ill.
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0	 Do you match the current plan's retail pharmacy network? (Yes or No): If no, please list the pharmacles in your network in the vicinity of the school district. 		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.	etly descril				Куску применения прим	######################################	E. Do you require primary care referrals for any specialists (Yes or No): H. mos. places arminin halow	A perignace expansion of the control of the Cross can administer custom benefits that can be used as a "gatekeeper" of the control of the con	
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RFP Responses Comparison Pelican Rapids Public School Dist.

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