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February 9, 2023

South Koochiching Rainy River ISD #363  
 Attn: Alissa Carlson  
 PO Box 465  
 Northome, MN 56661

**Subject: PEIP quote for South Koochiching Rainy River ISD #363**

Dear Alissa:

Attached is your copy of the Public Employees Insurance Program (PEIP) proposal for South Koochiching Rainy River ISD #363. This bid is sealed and must be kept confidential until opened in the presence of an exclusive representative (Minn. Stat 471.6161, subd. 8.).

PEIP is a statutory program (Minn. Stat. 43A.316) operated by a state department, Minnesota Management and Budget (MMB). The program's structure and plan designs are set by the State and cannot be modified; therefore, we are not able to match the current or requested plan designs or meet certain requirements in the RFP. We are proposing the PEIP Advantage Program.

The initial rates quoted are based on the group's demographic and claims information provided to the underwriters. Renewal rates will be based on a combination of the group's claims, and the overall pool. Rates are effective July 1, 2023, and guaranteed for 12 months with the renewal on July 1, 2024. Enrollment in PEIP requires a two-year participation commitment. Employers must achieve 75% enrollment of eligible employees (employees covered under another ACA qualified plan are waived). Any agent commissions requested by the employer will be added to the premium rates.

The success of the PEIP program can be demonstrated by the pool's excellent renewal history. Over the last 12 years, the PEIP pool has averaged a 3.6% increase. A historical illustration of the success of the PEIP pool renewals is shown below:

July Group Average	January Group Average	<b>PEIP average pool Increase is Approximately 3.6% over the last 12 years</b>
July, 2010 = +8.0%		
July, 2011 = -6.6%		
July, 2012 = -3.3%	January, 2013 = +5.0%	
July, 2013 = +6.0%	January, 2014 = +.5%	
July, 2014 = +1.9%	January, 2015 = +2.4%	
July, 2015 = +2.0%	January, 2016 = +5.5%	
July, 2016 = +5.9%	January, 2017 = +3.5%	
July, 2017 = +1.3%	January, 2018 = +.2%	
July, 2018 = +.2%	January, 2019 = +2.5%	
July, 2019 = +3.7%	January, 2020 = +5.2%	
July, 2020 = +10.7%	January, 2021 = +9.7%	
July, 2021 = +7.0%	January, 2022 = +8.96%	
<b>Combined Pool Average = 3.6%</b> *History includes all ACA taxes		

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Renewals within PEIP are based on a combination of the group's claims, and the overall pool. Premium tiers may receive slightly different percentage changes at renewal. All PEIP plan deductibles and out-of-pocket maximums operate on a calendar year. If groups enroll mid-year, we will give credit for all deductible and out-of-pocket expenses incurred under the prior group carrier in the calendar year, towards the PEIP deductibles and out-of-pocket maximums for that initial calendar year.

PEIP has many unique advantages that make PEIP an ideal partner for you and your employees.

PEIP is a self-funded trust plan administered by the State of Minnesota. PEIP leverages the advantages of the state's 50,000 employees to create a unique plan design that offers a great deal of transparency and flexibility for members. Because of the PEIP pooling structure, PEIP offers the advantage of self-funding (lower administration costs) without the claims volatility.

PEIP offers flexibility in health plan choice. Each employee selects their own plan option from three plan levels (Advantage High, Value, and HSA) and network choice from three excellent carriers - Blue Cross Blue Shield, HealthPartners, and PreferredOne; each family member can choose their own primary care clinic. The PEIP program utilizes a tiered network approach to care and provides a uniform set of benefits across all three networks. Prescription drug benefits are administered by a single pharmacy benefit manager, CVS Caremark. For more detail, please see the attached plan summaries.

The use of the tiered network has delivered excellent results. Each primary care clinic system is placed in a **cost level** according to their actual costs of delivering care. Each employee and their family members select a primary care clinic location from the Primary Care Clinic Directory. The amount members pay out-of-pocket for copays, deductibles, and coinsurance varies according to the **cost level** of their primary care clinic. The lower the **cost level** of the provider, the lower the out-of-pocket costs for members, and ultimately, the plan.

The 2023-2024 benefit summaries, 2023 Clinic Directory, Plan Documents, Summary of Benefit and Coverages (SBC's), as required by the Affordable Care Act (ACA), along with other useful information can be accessed online at our website [www.innovomn.com/plan\\_information.html](http://www.innovomn.com/plan_information.html). An electronic copy of this proposal is available upon request or will be sent per RFP instructions after the bid opening date.

We thank you for the opportunity to present PEIP. The PEIP Advantage Plan is very unique, and we are available for any questions, meetings, or employee presentation that you may schedule.

Sincerely,

Shawn Byrne  
Public Employees Insurance Program  
Enclosures

**A. Health Coverage Rates - South Koochiching Rainy River ISD #363**

\*Rates are effective 7/1/2023 and guaranteed for 12 months with the renewal on 7/1/2024.

**Rates:**

	<b><u>Monthly Premium for Active Employees</u></b>
<b>Advantage Plan</b>	
Single	\$1,318.30
Family	\$3,519.84
<b>Value Plan</b>	
Single	\$1,180.56
Family	\$3,152.10
<b>HSA Plan</b>	
Single	\$ 923.52
Family	\$2,465.80

*Note: Rates are net of commission, as standard practice.*

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Please sign below to accept Rates in Financial Section III, pages 8-10 in this proposal.

This signed Rate Sheet along with your completed Group Application must be submitted to  
Innovo Benefits at least 45 days prior to the plan start date.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Step by Step Instructions for Enrollment in the Public Employees Insurance Program Advantage Plan



To help explain your options in the Public Employees Insurance Program, we have created the following guide.

### ☞ Step 1 – Choose Your Plan Level ☞

The Public Employees Insurance Program Advantage Plan has cost sharing features that will help you and your employer to better control health care costs while maintaining flexibility in access to doctors and clinics. The Public Employees Insurance Program offers three Plan choices:

- **Advantage (High)**
- **Value (Medium)**
- **HSA (Low)**

Choose the Benefit Level that best fits your needs. The premium and cost sharing will vary based on the Benefit Level you choose. You may change your Benefit Level each year during your group's annual open enrollment.

### ☞ Step 2 – Choose Your Health Plan/Network ☞

The Public Employees Insurance Program offers three different Health Plans/Networks to choose from:

- **HealthPartners**
- **Blue Cross Blue Shield**
- **Preferred One**

Choose the network carrier that best fits your needs. Your network selection will not affect the cost of the plan; nor will it affect the premium rate. The benefits are similar under each network (HP has a slightly higher benefit for treatment of infertility). You may change your Health Plan/Network level each year during your group's annual renewal.

### ☞ Step 3 – Choose Your Primary Care Clinic ☞

Primary Care Clinics have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost/quality of delivering health care. The amount of cost sharing that is paid for health care services varies depending upon the cost level of the Health Plan and Network that you choose.

- **Select a primary care clinic (PCC) for each family member**

Each family member must select a primary care clinic (PCC). Family members may choose different PCCs – even in a different cost level, but all family members must enroll with the same Plan Level and Network choice. Your enrollment form should include the primary care clinic # associated with your network carrier.

All primary care clinics are broken into four tier levels that determine the benefits received by that family member. A list of participating clinics is available online to help you make your primary care clinic selection. This list includes your primary care clinic's clinic number that you will need in order to enroll. You can change clinics by calling the phone number on your ID card.

Most medical care is coordinated through a Primary Care Clinic (PCC) and you will generally need a referral to see a specialist (referrals to a specialist's office will be covered at the same cost level as your PCC). **You may self-refer to certain specialists including OBGYN, chiropractors, routine vision, and mental health/chemical dependency practitioners, providing the practitioner is part of the carrier's self-referral network. No referrals needed for urgent care and emergencies.**

A statewide primary care clinic listing and health plan documents, including the Summary Benefit Comparisons (SBC's) for all plan levels, are available online at [www.innovomn.com](http://www.innovomn.com).

**IMPORTANT!** Once enrolled you will receive **TWO ID cards**. One card will be sent from your health plan (HP, BCBS, POne) which is to be used for **medical services**. The second card from CVS is to be used for all **pharmacy charges**. If you have questions please call us at 952.746.3101 or 800.829.5601 or email us at [shawn@innovomn.com](mailto:shawn@innovomn.com).

# Minnesota Public Employees Insurance Program (PEIP)

## Advantage Health Plan 2023 - 2024 Benefits Schedule

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
<b>C. Office visits for illness/injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Outpatient mental health and chemical dependency</li> <li>• Urgent Care clinic visits (in &amp; out of network)</li> </ul>	\$30 copay per visit annual deductible applies	\$35 copay per visit annual deductible applies	\$65 copay per visit annual deductible applies	\$85 copay per visit annual deductible applies
<b>D. Network Convenience Clinics &amp; Online Care</b>	Nothing	Nothing	Nothing	Nothing
<b>E. Emergency Care</b> (in or out of network) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$100 copay not subject to deductible	\$125 copay not subject to deductible	\$150 copay not subject to deductible	\$350 copay not subject to deductible
<b>F. Inpatient Hospital Copay</b>	\$100 copay annual deductible applies	\$200 copay annual deductible applies	\$500 copay annual deductible applies	25% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$60 copay annual deductible applies	\$120 copay annual deductible applies	\$250 copay annual deductible applies	25% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical)               <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1,700 / 3,400	\$1,700 / 3,400	\$2,400 / 4,800	\$3,600 / 7,200

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network is covered as described in sections C and E above.

This chart applies only to in-network coverage. Point of Service coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage Plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave (including sabbatical leaves) and college students. It is also available to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section O above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N. This benefit must be requested.

The PEIP Advantage Plans offer a standard set of benefits regardless of the selected carrier. There are some differences in the way each carrier administers the benefits, including the transplant benefits, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

\* This Plan uses an embedded deductible: If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

# Minnesota Public Employees Insurance Program (PEIP) Advantage Health Plan 2023 - 2024 Benefits Schedule

## Value Option

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> (single/family)	\$600 / 1,200	\$850 / 1,700	\$1,300 / 2,600	\$2,100 / 4,200
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Outpatient mental health and chemical dependency</li> <li>• Urgent Care clinic visits (in or out of network)</li> </ul>	\$35 copay per visit annual deductible applies	\$40 copay per visit annual deductible applies	\$100 copay per visit annual deductible applies	\$125 copay per visit annual deductible applies
<b>D. Network Convenience Clinics and Online Care</b>	Nothing	Nothing	Nothing	Nothing
<b>E. Emergency Care</b> (in or out of network) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$225 copay not subject to deductible	\$250 copay not subject to deductible	\$275 copay not subject to deductible	\$500 copay not subject to deductible
<b>F. Inpatient Hospital Copay</b>	\$150 copay annual deductible applies	\$325 copay annual deductible applies	\$750 copay annual deductible applies	30% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$100 copay annual deductible applies	\$175 copay annual deductible applies	\$350 copay annual deductible applies	35% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	25% coinsurance	35% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$2,600 / 5,200	\$2,600 / 5,200	\$3,800 / 7,600	\$4,800 / 9,600

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network is covered as described in sections C and E above.

This chart applies only to in-network coverage. Point of Service coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage Plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical leaves] and college students. It is also available to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section O above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N. This benefit must be requested.

The PEIP Advantage Plans offer a standard set of benefits regardless of the selected carrier. There are some differences in the way each carrier administers the benefits, including the transplant benefits, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

\* This Plan uses an embedded deductible: If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

**Minnesota Public Employees Insurance Program (PEIP)**  
**Advantage Health Plan 2023 - 2024 Benefits Schedule - HSA Compatible**

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> Combined Medical/Pharmacy (single coverage) Combined Medical/Pharmacy (family coverage)	\$1,500 \$3,000 per family member \$3,200 per family	\$2,000 \$3,200 per family member \$4,000 per family	\$3,000 \$4,800 per family member \$6,000 per family	\$4,000 \$6,400 per family member \$8,000 per family
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Outpatient mental health and chemical dependency</li> <li>• Urgent Care clinic visits (in &amp; out of network)</li> </ul>	\$45 copay per visit annual deductible applies	\$55 copay per visit annual deductible applies	\$105 copay per visit annual deductible applies	\$130 copay per visit annual deductible applies
<b>D. Network Convenience Clinics &amp; Online Care</b>	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies
<b>E. Emergency Care</b> (in or out of network) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$250 copay annual deductible applies	\$300 copay annual deductible applies	\$350 copay annual deductible applies	\$600 copay annual deductible applies
<b>F. Inpatient Hospital Copay</b>	\$400 copay annual deductible applies	\$650 copay annual deductible applies	\$1,500 copay annual deductible applies	50% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$250 copay annual deductible applies	\$400 copay annual deductible applies	\$800 copay annual deductible applies	50% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical)               <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies
<b>N. Plan Maximum Out-of-Pocket Expense**</b> (including prescription drugs) <b>Single Coverage</b>	\$3,000	\$3,000	\$4,000	\$5,000
<b>Family Coverage</b>	\$5,000 per family member \$6,000 per family	\$5,000 per family member \$6,000 per family	\$6,900 per family member \$8,000 per family	\$6,900 per family member \$10,000 per family

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network is covered as described in sections C and E above.

This chart applies only to in-network coverage. Point of Service coverage is available only to members whose permanent residence is both outside the State of Minnesota and the Advantage Plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave (including sabbatical leaves) and college students. It is also available to dependent children and spouses permanently residing outside the service area. Members pay a \$1,500 single or \$3,200 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section N above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N. This benefit must be requested.

The PEIP Advantage Plans offer a standard set of benefits regardless of the selected carrier. There are some differences in the way each carrier administers the benefits, including the transplant benefits, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

\*The family Deductible is the maximum amount that a family has to pay in deductible expenses in any one calendar year. The family Deductible is not the amount of expenses a family must incur before any family member can receive benefits. Individual family members only need to satisfy their individual deductible once to be eligible for benefits. Once the family Deductible has been met, deductible expenses for the family are waived for the balance of the year.

\*\*The family Out-of-Pocket Maximum is the maximum amount that a family has to pay in any one calendar year. The per-family member embedded Out-of-Pocket Maximum is the maximum amount that a family has to pay in any one calendar year on behalf of any individual family member.