



## MHC Statewide Pool Renewal for: SOUTH KOOCHICHING RAINY

7/1/23

Plan	Description	Coverage	Contracts*	Current rates	RATES EFFECTIVE 7/1/23	Plan adj. %	Elect this plan? Yes/No
1	MSI PP MN 1500-25-20%	Single	8	\$691.35	\$772.90	11.80%	_____
		Family	0	\$1,847.42	\$2,065.32	11.79%	_____
2	MSI PP MN 3000-0% HSA <i>Ded updated for 2023 IRS Limits</i>	Single	12	\$645.22	\$716.54	11.05%	_____
		Family	4	\$1,724.15	\$1,914.76	11.06%	_____
3	MSI PP MN 500-25-20%	Single	9	\$747.90	\$832.36	11.29%	_____
		Family	3	\$1,998.54	\$2,224.20	11.29%	_____

\* Based on the group's most recent enrollment data.  
Rates are guaranteed for one year from 7/1/2023  
through 6/30/2024.

Projected Monthly Premium *	\$32,896.76	\$36,604.56
Projected Annual Premium *	\$394,761.12	\$439,254.72
Projected Renewal % Change *		11.27%

**Confirmation Instructions:**

Please send a signed copy of this rate confirmation to your Service Cooperative by: 5/2/2023.  
Please verify broker fees, commissions and information listed below that apply to your policy.

**Alternative Plans (if applicable)**

Attach plan summaries and rates for alternative plans. Check "no" above for any current plan or plans that are being replaced or discontinued.

Broker commissions included? \$0.00 per contract/mo 0.0% of total plan premium

Brokerage agency \_\_\_\_\_ Broker name \_\_\_\_\_ Broker tel: \_\_\_\_\_

Broker email \_\_\_\_\_ Broker MN Life and Health License # \_\_\_\_\_

**Rate confirmation approved by:**

Print name: \_\_\_\_\_  
for: SOUTH KOOCHICHING RAINY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Plan Descriptions	SOUTH KOOCHICHING RAINY	Effective: 7/1/23
Plan 1: MSI PP MN 1500-25-20%	\$1500/3000 Ded, \$25, 80/20% Coins, \$3500/7000 OOP, \$15/50/100 No Prev Rx, (OON: 3500/7000, 40%, 10500/21000) Embedded	
Plan 2: MSI PP MN 3000-0% HSA	\$3000/6000 Ded, 100/0% Coins, \$3000/6000 OOP, Ded/Coins with Prev Rx, (OON: 5600/11200, 20%, 11200/22400) Embedded	
Plan 3: MSI PP MN 500-25-20%	\$500/1000 Ded, \$25, 80/20% Coins, \$2000/4000 OOP, \$15/50/100 No Prev Rx, (OON: 2000/4000, 40%, 6000/12000) Embedded	



**Minnesota  
Healthcare  
Consortium**  
Participating Minnesota Service Cooperatives

**Health Plan Rate Confirmation for:**  
**Effective: 7/1/23**

**SOUTH KOOCHICHING RAINY**

**MHC PREFERRED PORTFOLIO**

		<b>Passport</b>	<b>ECC</b>	<b>ALT</b>	
1	MSI PP MN 0%-30/60 ALL COPAY	Single	801.34	641.06	697.16
		Family	2,141.30	1,713.04	1,862.92
2	MSI PP MN 20%-30/60	Single	818.34	654.66	711.94
		Family	2,186.72	1,749.38	1,902.44
3	MSI PP MN 500-40/75-20%	Single	821.48	657.18	714.68
		Family	2,195.12	1,756.10	1,909.76
4	MSI PP MN 1000-40/75-20%	Single	812.76	650.22	707.10
		Family	2,171.86	1,737.48	1,889.50
5	MSI PP MN 1500-40/75-20%	Single	773.56	618.84	673.00
		Family	2,067.08	1,653.66	1,798.36
6	MSI PP MN 2000-50/100-20%	Single	734.78	587.82	639.26
		Family	1,963.46	1,570.78	1,708.22
7	MSI PP MN 2500-50/100-20%	Single	708.00	566.40	615.96
		Family	1,891.88	1,513.50	1,645.94
8	MSI PP MN 3000-50/100-20%	Single	685.36	548.28	596.26
		Family	1,831.40	1,465.12	1,593.32
9	MSI PP MN 3000-20% HSA	Single	628.14	502.50	546.48
		Family	1,678.48	1,342.78	1,460.28
10	MSI PP MN 3500-20% HSA	Single	603.50	482.80	525.04
		Family	1,612.64	1,290.10	1,402.98
11	MSI PP MN 4000-20% HSA	Single	591.38	473.10	514.50
		Family	1,580.24	1,264.20	1,374.82
12	MSI PP MN 5000-20% HSA	Single	575.84	460.68	500.98
		Family	1,538.74	1,230.98	1,338.70
13	MSI PP MN 6000-20% HSA	Single	568.34	454.66	494.46
		Family	1,518.68	1,214.94	1,321.26
14	MSI PP MN 7500-0% HSA	Single	558.74	447.00	486.10
		Family	1,493.04	1,194.44	1,298.96



**Health Plan Rate Confirmation for:**  
**Effective: 7/1/23**

**SOUTH KOOCHICHING RAINY**

**NETWORK ALTERNATES**

		<b>Passport</b>	<b>ECC</b>	<b>ALT</b>	
<b>Plan 1</b>	MSI PP MN 1500-25-20%	Single	772.90	618.32	672.42
		Family	2,065.32	1,652.26	1,796.82
<b>Plan 2</b>	MSI PP MN 3000-0% HSA	Single	716.54	573.24	623.40
		Family	1,914.76	1,531.80	1,665.84
<b>Plan 3</b>	MSI PP MN 500-25-20%	Single	832.36	665.88	724.16
		Family	2,224.20	1,779.36	1,935.06

# SOUTH KOOCHICHING RAINY

Medica

## Request For Proposals - Group Insurance Coverage

### Section 1: Proposed Rates

### Brief Description

Plan	Member Type	Proposed Rate	Brief Description
Plan 1	Single	\$772.90	MSI PP MN 1500-25-20%
	Family	\$2,065.32	
Plan 2	Single	\$716.54	MSI PP MN 3000-0% HSA
	Family	\$1,914.76	
Plan 3	Single	\$832.36	MSI PP MN 500-25-20%
	Family	\$2,224.20	

### Section 2:

Instructions: Please complete the following for each plan and network levels as shown in section 1. (As well as new offers.)  
Please refer to the mapping of plans in Section 1.

Brief Plan Description - NOTE: SBC or benefit book required for all quoted plans.

	Example	Plan 1	Plan 2	Plan 3
Does Plan Match Current Benefit (Y or N)	Y	Y	Y	Y
Network Name	Passport	PP	PP	PP
Network Description (Broad or Narrow)	Broad	Broad	Broad	Broad
Primary Care Model (Y or N)	N	N	N	N
Multiple Tiers Within Network	NA	NA	NA	NA
Note Number of Tiers and Deductible Range	NA	NA	NA	NA
HSA/VEBA Account	HSA or VEBA	NA	HSA	NA
INN Single Deductible	\$3,250	\$3,500	\$3,000	\$2,000
INN Family Deductible	\$6,500	\$7,000	\$6,000	\$4,000
Embedded Deductible (Y or N)	Y	Embedded	Embedded	Embedded
4th Quarter Deductible Carryover Included (Y or N)	Y	N	N	N
Coinsurance %	0%	20%	0%	20%
Office Visit Copay Amount	NA	\$25	0%	\$25
INN Single Out of Pocket Limit	\$3,250	\$3,500	\$3,000	\$2,000
INN Family Out of Pocket Limit	\$6,500	\$7,000	\$6,000	\$4,000
Pharmacy included in OOP Limit (Y or N)	Y	Y	Y	Y
Pharmacy Separate Out of Pocket Limit (Y or N)	N	N	N	N
Pharmacy Network Name	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk	Medica Comp Ntwk
Pharmacy Network (Broad or Narrow)	Broad	Broad	Broad	Broad
Pharmacy List (Open or Closed)	Open	Open	Open	Open
Pharmacy List (Broad or Narrow)	Broad	Broad	Broad	Broad
Pharmacy Separate Deductible (Y or N)	N	N	N	N
Pharmacy Separate Copay Generic	NA	\$15	NA	\$15
Pharmacy Separate Copay Preferred Brand	NA	\$50	NA	\$50
Pharmacy Separate Copay Non-Preferred Brand	NA	\$100	NA	\$100
Pharmacy Separate Copay Specialty	NA			
Diabetes and Cardiac Prevention Program (Y or N)	Y	Y	Y	Y
Online mental health program (Y or N)	Y	Y	Y	Y
Fitness Incentive Program (Y or N)	Y	Y	Y	Y
Activity Based Incentive Program (Y or N)	Y	Y	Y	Y
Group Level Wellness Resources/Grants (Y or N)	Y	Y	Y	Y
Musculoskeletal Online Program (Y or N)	Y	Y	Y	Y
Access to the Mayo Clinic for Complex Care (Y or N)	Y	Y	Y	Y



## Renewal Terms and Conditions

- 1) The NWSC, your Regional Service Cooperative's medical & pharmacy benefits program is administered by Medica. Medica also underwrites the specific and aggregate stop loss insurance and provides customer service and account management support. The Minnesota Healthcare Consortium, of which the NWSC is a member, also self-insures a layer of stop loss combined with other participating service cooperatives in a statewide pooling arrangement.
- 2) The rates are contingent on being the only health plan(s) that you offer.
- 3) The rates are based on the benefit description and expected enrollment shown for each plan. If you request different benefits, or if your actual enrollment varies from expected enrollment listed by more than 10%, we reserve the right to make changes to the rates.
- 4) At least 50% of the total number of all eligible employees must enroll in the program for coverage to be offered to your group.
- 5) The employer must contribute at least 50% of the cost of the lowest priced health plan offered to your employees.
- 6) Rates included are guaranteed for 12 months beginning on July 1, 2023 contingent on becoming a member of the service cooperative.
- 7) Rates and plans are compliant with state and Federal regulations, including ACA.
- 8) Cash in lieu of benefits are not recommended. Please discuss variations with the Service Cooperative.
- 9) Quoted rates include no broker fee.
- 10) Your account will continue to be serviced locally by your broker and Pam Howard of Medica.
- 11) The Northwest Service Cooperative collects premiums in full from members via ACH on a monthly basis.

For questions, please contact:

***Chris Wavra***

Member Services

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***Rob Blankenfeld***

Insurance Director

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***Dan Weir***

Insurance Consultant

1-800-864-3797

Cell: 612-799-2999

[danjw@ebisinc.net](mailto:danjw@ebisinc.net)

## 2023 Insurance Renewal | Evaluation Questions

- 1. Does your proposal include a plan that exactly matches the medical and pharmacy benefits currently in place, as described in the submitted Summary Plan Document (SPD)? If no, please provide a detailed list of deviations.**

Medical and pharmacy plan designs quoted match current benefits. Note, alternate benefits may also be provided for your analysis and consideration.

MHC offers additional benefits to our insurance pool members.

- MHC offers a unique insulin benefit which includes **plan-eligible insulin options as a covered benefit** with no member copay or deductible responsibility.
- Our health plan includes **3D mammogram as a preventative benefit**.
- When facing complex health challenges, members may be eligible for care at Mayo Clinic with travel and lodging covered and coordinated for them. The **Mayo Clinic Complex Care Program** is an enhanced health care benefit available to Medica Choice Passport members for: cancer, complex medical conditions, complex pediatrics, Hemophilia, multiple sclerosis, spine health, transplant.

- 2. Please describe benefit differences between In-Network and Out-of-Network in your proposal, including if accumulations toward out-of-pocket limits are combined or separate by network.**

Proposed in and out of network benefits are itemized in the SPD provided. Out of network benefits may accumulate separately for deductible and out of pocket limits.

- 3. Please describe coverage outside of the State of Minnesota, for emergency and non-emergency care.**

Coverage outside of Minnesota is provided, for emergency and non-emergency care, using the nationwide UnitedHealthcare Network, providing access to over 90 percent of hospitals and primary care providers nationwide.

- 4. Are all quoted rates firm or subject to contingencies? If no, please describe any contingencies along with the potential rating impact.**

Quoted plans and rates are firm, provided enrollment does not fluctuate more than 10% from current enrollment. No additional information will be required.

- 5. Does your quote include a Primary Care model? Do you require primary care referrals for any specialists? If yes, provide details regarding which referrals are required and the process for the referral.**

No primary care plans are included with our quote. Referrals are at the discretion of the member.

- 6. In future renewals, will we be able to craft our own benefit changes (other than IRS/ACA mandates) or will plan provisions be mandated?**

Quoted plans include freedom of choice. Future plan changes, other than mandates or medical policy changes are at the discretion of the group. Rates may be impacted based on the change requested.

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9. Please complete a plan description chart for each plan quoted. An excel spreadsheet has been included for your use.

[Attached as separate document.](#)



## MHC and Medica Additional Programs

The supplemental programs listed below are available at an additional fee for member groups in our health insurance pool. The premium provided on the renewal confirmation page does not include the fees for the programs below. If selected, the per subscriber per month (PSPM) fee will be added to your premium invoice and billed monthly.

### My Health Rewards - Invest

Check to Select

The **Invest** program is a supplement to the standard My Health Rewards program offered by Medica and MHC. Additional monthly wellness challenge goals for sleep, activity, and nutrition are incorporated. The program offers rewards of up to \$75 per month totaling a potential of \$900 per year per participant. This health and wellness program is for employees enrolled in an HSA plan.

**Additional Cost**

Implementation Fee: None

\$4.00 PSPM

### My Health Rewards - Results

Check to Select

The **Results** program is a supplement to the standard My Health Rewards program offered by Medica and MHC. This program focuses on healthy biometric screenings and offers additional points in the My Health Rewards program for employees when their health numbers fall within recommended ranges. Biometric screenings may be available at clinic's or doctor's office when you bring the health screening form, or they can be completed through many national networks.

**Additional Cost**

Implementation Fee \$1500.00

\$1.50 PSPM + \$55/screening

### Optum - Employee Assistant Program (EAP)

Check to Select

The Medica® Optum® Employee Assistance Program (EAP) assists with challenges affecting your employees or workplace. Master's-level specialists are available 24/7 to assist your employees and their families with a variety of personal concerns. Management consultants can help you handle workplace challenges — from job performance to regulatory compliance. You also have access to 150 on-site hours for training workshops and crisis response if you need it.

**Additional Cost**

Implementation Fee: None

\$1.80 PSPM

**Lead Time for program start: None**

**Authorized Signature:**

**Group Name:**

**Date:**

**We are not electing any additional programs for this renewal cycle:**