

Plan	\$500 Single	\$1500 Single	\$3300 Single	\$500 Family	\$1500 Family	\$3300 Family
NW Coop/Medica	\$ 959.32	\$ 890.80	\$ 808.64	\$ 2,563.52	\$ 2,380.38	\$ 2,160.86
BCBS	\$ 1,074.63	\$ 937.16	\$ 870.28	\$ 2,871.62	\$ 2,504.28	\$ 2,325.56
PEIP	\$ 1,168.70	-	\$ 817.08	\$ 3,120.44	-	\$ 2,181.58

**PEIP's deductibles are different that current plan layout & depend on cost level*

Cost level 2 for High Option - \$400/\$800 or Level 3 - \$750/\$1500

Current rates	\$500 Single	\$1500 Single	\$3300 Single	\$500 Family	\$1500 Family	\$3300 Family
NW Coop/Medica	\$ 913.94	\$ 848.66	\$ 775.84	\$ 2,442.22	\$ 2,267.76	\$ 2,073.20
Increase from 2024 to 2025	4.97%	4.97%	4.97%	4.97%	4.23%	4.23%

Cost level 2 for HSA Option - \$2,250 or Level 3 - \$3,250

Family Cost level 2 for HSA Option - \$3,750 per family member or \$4,500 per family

Family Cost level 3 for HSA Option - \$5,250 per family member or \$6,500 per family

***Note: BCBS & PEIP did not fill out the evaluation questions provided.*

BCBS

Contingencies & Assumptions

We base rates on group makeup, including age and area, employer contribution assumptions, historic claims costs, a forecast of future claims costs, administrative costs, taxes and assessments.

- 1) Rates are contingent upon the Blue Cross plans being the only health plans you offer.
- 2) Rates are based upon the benefit description and expected enrollment shown for each plan.
We reserve the right to make changes to the rates if you request different benefits, if your actual enrollment varies from expected by more than 10%, or if there is a change to age or area mix of greater than 5%.
- 3) Minimum enrollment is 50% of all eligible employees regardless of waivers.
- 4) Employees who work a normal work week of less than 30 hours per week are not eligible for coverage unless Blue Cross provides the group an exception to the 30 hour requirement.
In no case will an exception be granted for employees working less than 20 hours per week.
- 5) You must contribute at least 50 percent of the single rate for the lowest cost health plan offered to each employee.
- 6) Quoted rates are subject to change if released more than 120 days before the proposed effective date of the plan.
- 7) If you choose more than one benefit option, each plan must have a minimum enrollment of 1 contract.
- 8) Consulting / service fees, if applicable, are reflected on the rate display.
- 9) An electronic Summary of Benefits (SBC) document will be provided by Blue Cross. You must finalize your benefit design at least 30 days prior to open enrollment or 60 days prior to the effective date in order to have SBC's available by the due date. You are responsible for any penalties associated with noncompliance if your benefit plan is not finalized in a timely manner.
- 10) For HRA and HSA plans, an additional fee to administer the personal spending account may be charged by the selected vendor.

This proposal expires on the last day of the month before the effective date.

If you furnished us with incomplete or inaccurate information, we may revise our proposal at any time before the Effective Date, even though you may have already accepted our proposal offer.

Please note these requirements constitute material terms of our offer.

All assumptions must remain valid throughout the term of your contract.

Failure to comply with any of the requirements may result in cancellation, non-renewal, or change in rates or benefits.

Medica





Terms and Conditions

1. 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 your Regional Service Cooperative 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, 2025 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. Your quoted rates may include commission as indicated on your renewal confirmation page.
10. MHC utilizes Benefitsolver to manage Medica enrollment. Review your bill each month to confirm changes made are reflected. It's especially important to review after open enrollment and at the beginning of the plan year. Retroactive terminations are limited to 60 days. Qualifying life event changes need to be entered within 30 days of the event.
11. Your account will continue to be serviced locally by your Regional Service Cooperative and Medica.
12. The Regional Service Cooperative collects premiums in full from members via ACH on a monthly basis.

PEIP

Statement of Compliance & Authorization

Name of Carrier: **Public Employees Insurance Program (PEIP)**

We hereby acknowledge receipt of the Medical RFP for your group. 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. The program is not designed to conform to your specific RFP elements; therefore, we are not able to match the current or requested plan designs or meet certain requirements in the RFP or Attachments. We are proposing the PEIP Advantage Program. Every effort has been made to comply with the bid specifications, as appropriate for PEIP.

We certify that all information provided in our Proposal is accurate and current.

We acknowledge that our proposal including all parts and responses to the RFP, will become part of the contractual obligation and incorporated by reference into the ensuing contract.

As an authorized corporate officer, I certify that:

- 1) PEIP is licensed by the appropriate Minnesota State Agency granting authority to conduct business and provide services within the State of Minnesota;
- 2) This proposal, and all products proposed herein, meets all applicable State of Minnesota and federal laws and mandates for benefits and administration;
- 3) The information contained herein is accurate and dependable to the best of my knowledge;
- 4) I concur with the answers to all "YES" or "NO" responses as they pertain to PEIP;
- 5) Intentional misrepresentation of anything within the RFP response will be cause for rejection of our entire proposal.
- 6) Any requested agent commissions or fees are transparently shown on the rate page of the PEIP proposal and will be added to PEIP rates, per district direction.
- 7) The quoted rates are guaranteed for a minimum of 12 months(unless otherwise noted). Per MN statute, PEIP requires a four year commitment.