

**North Dakota Public Employees Retirement System**  
**Request for Proposals - Health Plan Administrator**  
**D5.2 ADDITIONAL PLAN CHANGE PRICE IMPACTS**

**YOUR COMPANY NAME:**

**Sanford Health Plan**

- IN THE YELLOW BOXES, PROVIDE THE RATE IMPACT FOR THE PROPOSED PLAN CHANGES
- PLEASE LIST PRICING ASSUMPTIONS CORRESPONDING TO THE CALCULATED PRICING IMPACT

#	Change	Plan Cost Impact (e.g. +1.0%)	Assumptions
1	Routine colonoscopy covered without member cost share	0.30%	-Measured from the current NDPERS plan -Based on data underlying the Milliman Health Cost Guidelines -Includes the procedure and all related costs
2	Tobacco cessation drugs covered without member cost share	0.01%	-Measured from the current NDPERS plan -Based on data underlying the Milliman Health Cost Guidelines
3	New specialty drug tier implemented at \$100 copay	0.00%	-Measured from the current NDPERS plan -Mail is 2x's retail -The 50% coinsurance applies to mail and is subject to the pharmacy MOOP
4	New specialty drug tier implemented at \$200 copay	-0.10%	-Measured from the current NDPERS plan -Mail is 2x's retail -The 50% coinsurance applies to mail and is subject to the pharmacy MOOP
5	Exhibit E10 includes a historical summary of plan design changes implemented since the ACA was implemented. Based on the design changes already made, what additional change can NDPERS implement and still maintain Grandfathered status?	-2.50%	Based on anticipated medical trend inflation of 2.7%, the following plan design changes are anticipated to be compliant with grandfathered status on 7/1/21. A deductible change from \$500 to \$600. Medicap MOOP change from \$1,500/\$2,000 to \$1,750/\$2,500. ER copay from \$60 to \$75; Urgent care copay from \$30 to \$45; Office visit copay from \$30 to \$35; PT/OT/ST visit from \$30 to \$35. Rx copays from \$7.50/\$20/\$25 to \$10/\$30/\$35. Rx mail copays from \$15/\$50/\$60 to \$20/\$60/\$70. It is assumed that benefits in place for July 2011 were also in place in March of 2010 when grandfathering status is measured from.
6	<u>Assuming the State plan loses Grandfathered status,</u> what is the estimated impact of covering preventive and essential health benefits without member cost share	2.50%	-Measured from the current NDPERS plan
7	<u>Assuming the State plan loses Grandfathered status,</u> what is the estimated impact of covering contraceptive & counseling benefits without member cost share	0.50%	Measured from the current NDPERS plan
8	Dakota Retiree Plan members must elect medical and the PDP. If NDPERS were to "unbundle" the medical and PDP and allow members to choose one or the other, or both, would you assume a premium rate impact to your proposed Dakota Retiree Plan rates?	No impact	It would not have an impact on the offered Medicare Supplement portion of the Dakota Retiree Plan. There could be an impact to the Part D portion of the premium to be dealt with in a separate RFP response.
9	NDPERS disease management programs (About the Patient Diabetes Management Program, Tobacco Cessation Program, Healthy Pregnancy Program) are "opt in" programs. If NDPERS were to make these programs "opt out", would there be an impact to your proposed premium rates or ASO fees?	No impact	It is assumed that any additional cost in disease management would offset by future costs