



LAND O' LAKES, INC.

Easier, more affordable health benefits for 2019.

Land O'Lakes has partnered with Gravie to provide a health benefits option for co-op members.

Here's what you need to know:

Why choose the Minnesota Cooperative Farmer Member Health Plan?

1. Competitive rates
2. Access to Mayo Clinic, Sanford Health, CentraCare Health, Essentia Health and more!
3. No fees to join and no re-rating based on individual health history

Who can enroll?

Co-op self-employed members, along with owners and employees of farms belonging to the co-op, are eligible for the Minnesota Cooperative Farmer Member Health Plan. Eligible members must also be located in Minnesota, satisfy a minimum amount of business with the co-op, and actively work in production agriculture.

When can I see rates?

Visit www.gravie.com/mncoop to sign up for important alerts, including when rates will be available and for important information about events in your area.

When can I enroll?

For coverage beginning January 1, you can choose and enroll in your plan **October 29, 2018 to December 21, 2018.**

For any additional questions, please contact Gravie at 844-538-4690 or coop@gravie.com.

Sign up for email alerts at www.gravie.com/mncoop



“ My family saved over \$3,500 on premiums annually, even more money in out-of-pocket expenses, and gained access to doctors that were previously out-of-network.” - Steven Landwehr, United Dairies LLP ”

For coverage starting January 1, you and your family have access to ten cost-friendly health plans, ranging from catastrophic to comprehensive coverage. All plan options provide access to a broad, national network. With guidance from Gravie, you choose the plan that fits your family’s needs.

Minnesota Co-op Members Health Plan

Available plan designs to choose from:

PLAN DESIGNS	Platinum \$500	Gold \$1,250	Silver \$2,000	Silver \$2,000 HSA	Silver \$3,500 HSA	Bronze \$4,500	Bronze \$6,500 HSA	Bronze \$7,900 HSA	Limited Coverage - The Backup Plan	Limited Coverage - The Everyday Plan
Preventive Care	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Deductible/Year · Per Person · Family <small>all plans are embedded except for the Silver 2000 HSA</small>	\$500 \$1,000	\$1,250 \$2,500	\$2,000 \$4,000	\$2,000 \$4,000	\$3,500 \$7,000	\$4,500 \$9,000	\$6,500 \$13,000	\$7,900 \$15,800	\$0 \$0	\$0 \$0
Out-of-Pocket Maximum/Year** · Per Person · Family <small>**Includes deductible. All plans are embedded except for the Silver 2000 HSA</small>	\$1,500 \$3,000	\$2,500 \$5,000	\$4,000 \$8,000	\$6,500 \$13,000	\$3,500 \$7,000	\$6,500 \$13,000	\$6,500 \$13,000	\$7,900 \$15,800	\$4,500 \$9,000	\$2,000 \$4,000
Primary Care Office Visit Specialist Office Visit Urgent Care	\$25 \$25 \$25	\$30 \$50 \$75	\$30 \$50 \$75	30% after ded. 30% after ded. 30% after ded.	Free after ded. Free after ded. Free after ded.	\$30 \$50 \$75	Free after ded. Free after ded. Free after ded.	Free after ded. Free after ded. Free after ded.	Not a covered benefit	\$30 \$55 \$100
Generic Rx* Preferred Brand Rx* Non-Preferred Brand Rx Specialty Rx <small>*through mail-order you get 3 months for the price of 2)</small>	\$5 \$25 50% after ded. 10% after ded.	\$10 \$50 50% after ded. 20% after ded.	\$10 \$50 50% after ded. 20% after ded.	30% after ded. 30% after ded. 50% after ded. 30% after ded.	Free after ded. Free after ded. Free after ded. Free after ded.	\$10 \$50 50% after ded. 20% after ded.	Free after ded. Free after ded. Free after ded. Free after ded.	Free after ded. Free after ded. Free after ded. Free after ded.	Not a covered benefit	\$10 \$25 \$75 20% coinsurance after ded.
Emergency Room	10% after ded.	\$500	\$500	30% after ded.	Free after ded.	\$500	Free after ded.	Free after ded.	\$500 (1 visit limit)	Not a covered benefit
Surgical Care In-Patient Care Misc.	10% after ded. 10% after ded. 10% after ded.	20% after ded. 20% after ded. 20% after ded.	20% after ded. 20% after ded. 20% after ded.	30% after ded. 30% after ded. 30% after ded.	Free after ded. Free after ded. Free after ded.	20% after ded. 20% after ded. 20% after ded.	Free after ded. Free after ded. Free after ded.	Free after ded. Free after ded. Free after ded.	40% after ded. with limits	Not a covered benefit
Out of Network <small>(applies to all plans)</small>	50% after \$10,000/\$20,000 (single, family) deductible								Not covered	Not covered

Search for a Doctor

Visit www.gravie.com/mncoop/providers to see which health care providers are in network.

