

	PPO			Basic		
	+/- Deductible	📄 Coinsurance Maximum	! OOPM	+/- Deductible	📄 Coinsurance Maximum	! OOPM
Individual	\$500	\$1,000	\$1,500	\$500	\$1,500	\$2,000
Parent and Child	\$1,500	\$2,000	\$3,500	\$1,500	\$3,000	\$4,500
Parent and Children	\$1,500	\$2,000	\$3,500	\$1,500	\$3,000	\$4,500
Two Person	\$1,500	\$2,000	\$3,500	\$1,500	\$3,000	\$4,500
Family	\$1,500	\$2,000	\$3,500	\$1,500	\$3,000	\$4,500

In-Network Benefit Highlights: Your Cost Sharing Amounts

Service/Benefit	📄 PPO/Basic Copay	% PPO Coinsurance	% Basic Coinsurance	+/- Deductible does not apply
Pediatric Preventive Services	\$30/\$35	0%	0%	X
Preventive Services Maximum benefit allowance of \$200 per member per benefit period. Benefits beyond this allowance will be subject to cost sharing amounts.	\$30/\$35	0%	0%	X
Immunizations		0%	0%	X
Mammography, Pap Smear & Fecal Occult Blood Testing		0%	0%	X
Prostate Cancer Screening Services		20%	25%	X
Home and Office Visits	\$30/\$35	0%	0%	X
Diagnostic Services		20%	25%	
Inpatient and Outpatient Surgical Services		20%	25%	
Emergency Services Provider Visit Emergency Room Charge	\$60/\$60	20% 20% 20%	20% 20% 20%	X
Outpatient Prescription Drugs Formulary Generic Brand Nonformulary	\$10 \$25 \$30	15% 25% 50% sanction*	15% 25% 50% sanction*	X X X
<i>Number of copays may vary based on day supply.</i>	Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount.			

Amounts are the % of allowed charge after the deductible is met and before out-of-pocket maximum is met when covered services are received from the Preferred Blue PPO BCBSND network or BCBSND participating provider network.

After the out-of-pocket maximum is met, services are covered at 100% when received from the Preferred Blue PPO BCBSND network or BCBSND participating provider network.

Covered services received from a non-participating BCBSND provider will increase out-of-pocket expenses.

Services received out-of-network will increase your out-of-pocket expenses.

* The sanction does not apply to any cost sharing amounts.

BLUEACCESS IS A NETWORK PLAN

- When you receive services in North Dakota, your network is the Preferred Blue PPO BCBSND network.
- When you receive services outside of North Dakota, you should use the BlueCard® network.
- You get the best coverage when you get care within the network, a group of providers with whom we've negotiated the best costs.

This is a grandfathered Benefit Plan under the Patient Protection and Affordable Care Act (PPACA).

COMMON TERMS

Deductible

The dollar amount paid by you for certain covered services during the benefit period.

Coinsurance

A percentage of the allowed charge for covered services that is your responsibility. Some medical providers may require that the coinsurance amount be paid at the time of service.

Coinsurance maximum amount

A total coinsurance amount that you will pay for covered services received during the benefit period. The benefit period is on a calendar year (January 1 through December 31).

Copayment (Copay)

A set amount paid for a certain covered service at the time the service is received.

Formulary drug

A preferred drug on the formulary drug list.

Nonformulary drug

A drug not on the formulary drug list.

Outpatient prescription drug coinsurance maximum amount

The outpatient prescription drug coinsurance maximum amount is \$1,200 per member per benefit period. When the prescription drug coinsurance maximum has been met, copay amounts will continue to apply, and formulary drugs will be covered at 100% of the allowed charge for the remainder of the benefit period. Copays and the nonformulary sanction do not apply to this coinsurance maximum.

Out-of-pocket maximum (OOPM)

The most you will pay for covered services received during the benefit period, which includes applicable cost sharing amounts (deductibles and coinsurance). After that, BCBSND pays 100% for covered expenses, less copays. The benefit period is on a calendar year (January 1 through December 31). The OOPM amount does not include the nonformulary drug sanction amounts or outpatient prescription drug coinsurance maximum amount.

FIND A DOCTOR OR A SPECIALIST

You should select a health care provider in your network through the "Find a Doctor" link on your online member services account at BCBSND.com. Services received out-of-network will increase your out-of-pocket expenses.



Your plan includes HealthyBlue online wellness center powered by WebMD

BCBSND partners with WebMD Health Services to provide powerful online tools to help you meet your personal health goals. You can access WebMD through your online member services account at BCBSND.com.



QUESTIONS?

Call the number on the back of your member ID card.

www.BCBSND.com

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan governs the benefits available. For premium rates and further details of the coverage, including definitions; exclusions; criteria for medically appropriate and necessary care; credentialing process; confidentiality policy; description of experimental drugs, medical devices or treatments; grievance and appeals process; provider listings; drugs eligible for coverage; reductions or limitations; and the terms under which this benefit plan may be continued, call, write or visit Blue Cross Blue Shield of North Dakota (BCBSND).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to BCBSND at the telephone number and address on the back of the Member's Identification Card. If this Benefit Plan is affected by ERISA, the Member may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. Members may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

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WebMD Health Services is an independent company that assists with the administration of BCBSND's health and wellness programs.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association.



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)