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BLUE Access

A classic, comprehensive
health insurance plan
with copayments and
a deductible.



This plan is grandfathered under the Patient Protection and Affordable Care Act (PPACA).


FI Employee

BlueAccess

How It Works

With this classic health insurance plan you:


- Pay a copayment when you see the doctor for most office visits
- Share costs with BCBSND for other services
- Receive \$200 toward preventive screenings




On the BlueAccess plan, you begin by choosing a health care provider in the network.

If you choose care outside the network, you will increase your out-of-pocket expenses.

Find network providers on BCBSND.com


 **Doctors:** Use the “Find a Doctor” link. When you receive services in North Dakota, your network is the Preferred Blue PPO. When you receive services outside of North Dakota, you should use the BlueCard Traditional network or enter the first three letters of the identification number on your ID card.

In North Dakota, nearly every doctor (99.6%) and hospital (99%) participates in your network.

 **Pharmacy:** Use the “Rx Tools” link. Choose “Pharmacy Listings > Locate a Pharmacy > Welcome to MyPrime. When prompted to register and select a health plan, choose BCBS North Dakota.

In-network pharmacies are located in rural and urban areas across North Dakota.


As a BlueAccess member, when you:



Go to a BlueAccess doctor or a specialist:


You pay a [copayment](#) for the office visit. You may pay additional for extra tests, lab work or other additional medical services resulting from that visit.

With BlueAccess, some preventive care requires no copayment and there’s no requirement to meet the [deductible](#) for office visits and preventive screenings.




Get prescription drugs at a network pharmacy:

Both brand name and generic formulary drugs are covered, but you’ll save money by using generics. Non-formulary drugs are also covered but may cost you more. The deductible does not need to be met to receive prescription drug coverage.



Are admitted to the hospital:

You pay toward the hospital costs until the deductible is met. After that, you share medical costs with BCBSND ([coinsurance](#)) until the coinsurance maximum is met. Then BCBSND pays 100% of covered services other than copayment.



Actively manage health and prevent diseases:

You earn gift cards or merchandise just for engaging in physical activity, nutrition and other activity, earning up to \$250 in rewards per year.

Health Insurance is about Sharing Costs

Health insurance is a cost-sharing arrangement. Like auto insurance, you pay a premium. Then if you need to use the insurance, you pay a portion of the expenses and the insurance company pays a portion.

A Few Cost-Sharing Terms Employees Should Know

Premium

The amount you pay for the health insurance plan, typically through payroll deductions.

Coinsurance

You share the costs of a health care services covered in the plan in addition to the copayment.

Deductible

The amount you owe for health care services before insurance begins to pay. For example, if the deductible is \$500, you will pay all expenses up to \$500. After that, the insurance company will share in the cost of covered services. Certain services, such as many preventive services, are paid right away, before the deductible is met.

Out-of-pocket maximum

The most you would pay in a year before health insurance begins to pay 100% of the allowed amount. The out-of-pocket amount doesn’t include premium payment or charges that are over and above the allowed amount.

Copayment (copay)

A fixed amount that you pay for a covered health care service, typically paid at the time of the service.

Outpatient prescription drug coinsurance maximum

When the drug coinsurance maximum has been met, copayments will continue to apply and formulary drugs will be covered at 100% of the allowed charge for remainder of the benefit period. Copayment amounts and the nonformulary sanction do not apply to this coinsurance maximum.

Note: For a family plan, an individual on the plan must meet the individual deductible before coinsurance begins.

Cost-Sharing Amounts

	PPO	Basic
Single Coverage		
Or an individual family member		
Deductible amount	\$500	\$500
Coinsurance maximum	<u>\$1,000</u>	<u>\$1,500</u>
Out-of-pocket maximum	<u>\$1,500</u>	<u>\$2,000</u>
Family Coverage		
Deductible amount	\$1,500	\$1,500
Coinsurance maximum	<u>\$2,000</u>	<u>\$3,000</u>
Out-of-pocket maximum	<u>\$3,500</u>	<u>\$4,500</u>

This chart reflects the cost-sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Outpatient prescription drug cost sharing amounts do not apply to the out-of-pocket maximum.

Outpatient Prescription Drug Coinsurance Maximum	\$1,200 per member per benefit period
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Plan Overview

Description of Benefits	Copayment	PPO Plan		Basic Plan with a participating BCBS provider		Special Conditions
		Amounts are a % of the allowed charge after the deductible is met.		Amounts are a % of the allowed charge after the deductible is met.		
	Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Home & Office Visits	\$30/\$35	100%	100%	100%	100%	Deductible does not apply.
Wellness Services						
Well Child Care <i>(to member's 6th birthday)</i>	\$30/\$35	100%	100%	100%	100%	Deductible does not apply.
Preventive Screening Services <i>(members 6 and older)</i>	\$30/\$35	100%	100%	100%	100%	Maximum benefit allowance of \$200 per member per benefit period. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
Immunizations		100%	100%	100%	100%	Deductible does not apply.
Mammography and Pap Smear Screening Services		100%	100%	100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to the benefit plan for details. Deductible does not apply.
Prostate Cancer Screening Services		80%	100%	75%	100%	Refer to the benefit plan for details. Deductible does not apply.
Emergency Services		80%	100%	80%	100%	Preauthorization is not required.
Professional Health Care Provider Visit		80%	100%	80%	100%	Deductible does not apply to the office or emergency room visit.
Emergency Room Charge	\$60/\$60	80%	100%	80%	100%	Copayment is waived when member is admitted to inpatient hospital.
Ambulance Services		80%	100%	75%	100%	
Diagnostic Services						
Lab, X-ray, MRI		80%	100%	75%	100%	
Allergy Testing		80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis		80%	100%	75%	100%	
Inpatient Hospital Services		80%	100%	75%	100%	Preauthorization may be required.
Outpatient Hospital Services		80%	100%	75%	100%	
Physical Therapy	\$20/\$25	80%	100%	75%	100%	Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota. Deductible does not apply.
Occupational & Speech Therapy	\$20/\$25	80%	100%	75%	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary. Deductible does not apply.
Professional Health Care Provider Services						
Inpatient, Outpatient & Surgical Services		80%	100%	75%	100%	
Maternity Services		80%	100%	75%	100%	Deductible does not apply to delivery services received from a PPO provider when the member is enrolled in the Prenatal Plus program.
Inpatient, Outpatient, Pre & Postnatal Care						
Chiropractic Services						
Home & Office Visits	\$30/\$35	100%	100%	100%	100%	Deductible does not apply.
Therapy & Manipulations	\$20/\$25	80%	100%	75%	100%	Deductible does not apply.
Diagnostic Services		80%	100%	75%	100%	
Psychiatric & Substance Abuse Services						
Inpatient, Partial Hospitalization & Residential Treatment		80%	100%	75%	100%	Preauthorization may be required. Refer to the benefit plan for details.
Intensive Outpatient Progam & Outpatient Services		100%/80%	100%	100%/80%	100%	
Medical Supplies & Equipment		80%	100%	75%	100%	
Hearing Aids <i>(for members under age 18)</i>		80%	100%	75%	100%	Maximum benefit allowance of 1 hearing aid per ear per member every 3 years.
Description of Benefits	Copayment	PPO/Basic Plan			Special Conditions	
Outpatient Prescription Medications or Drugs		Before prescription drug coinsurance maximum is met		After prescription drug coinsurance maximum is met		
Retail Pharmacy						
Formulary						
Generic	\$10		85%		100%	
Brand	\$25		75%		100%	
Nonformulary	\$30		50%		50%	
Preferred Mail Order						
Formulary						
Generic	\$10		85%		100%	
Brand	\$25		75%		100%	
Nonformulary	\$30		50%		50%	
Specialty Pharmacy						
Formulary						
Generic	\$10		85%		100%	
Brand	\$25		75%		100%	
Nonformulary	\$30		50%		50%	

Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.



Preventive Care Leads to Better Health

Preventive care saves money, time and heartache by catching conditions when they are more treatable.

\$200 Annual Benefit For Preventive Screening Services

BlueAccess covers well child care, immunizations and routine cancer screening services. In addition, the plan provides a preventive screening program for members 6 and older, payable at 100% of the allowed charge, up to \$200 per member, per benefit period. (Copayments will apply to the routine office visit.)

This preventive screening program includes:

- Routine physical exam
- Cancer screening
- Hemoglobin testing
- Urinalysis testing
- Cholesterol screening
- Blood sugar screening

After using the \$200 allowance, covered preventive services are paid according to BlueAccess cost sharing amounts. Please follow providers' recommendations on preventive services based on age, gender and medical status.

Get Children Off to the Right Start

BlueAccess covers well child care services as recommended by the American Academy of Pediatrics:

- Birth through 12 months: 7 visits
- 13 months through 24 months: 3 visits
- 25 months through 72 months: 1 visit per benefit period

Immunizations For Adults and Children

In addition to the \$200 annual preventive allowance, BlueAccess covers the age- and gender-appropriate CDC-recommended immunizations below at 100% of the allowed charge:

- | | |
|--------------------------------------|--------------------------|
| • Hepatitis | • Pneumococcal Disease |
| • MMR (Measles/Mumps/Rubella) | • Hemophilus Influenza B |
| • Chicken Pox (Varicella) | • Influenza Virus |
| • DPT (Diphtheria/Pertussis/Tetanus) | • Meningococcal Disease |
| • HPV (Human Papillomavirus) | • Polio |

Routine Cancer Screening Services

In addition to the \$200 annual preventive allowance, BlueAccess covers appropriate cancer screenings at 100% of the allowable charge, including:

- Mammograms
- Pap smears
- Prostate cancer screenings
- Fecal occult blood testing

What You Get With Blue?

It boils down to options. Coverage from Blue Cross Blue Shield of North Dakota gives you unmatched access to health care at home and away, plus award winning service from fellow North Dakotans.

The Most Trusted Name in Health Insurance

- 99.6% of all doctors and 99% of all hospitals in North Dakota are BCBSND providers
- Broad coverage when traveling – all 50 U.S. states and 200 countries
- To find nearby doctors and hospitals, call BlueCard Access at 800-810-BLUE (2583) or visit the Blue National Doctor and Hospital Finder at BCBS.com

Ease of Use and North Dakota Service

- Insurance that's easy to use is a top priority for our members, so we focus on convenience
- Dedicated Member Services team to answer employee benefit and claims questions
- Online self-service center available 24/7 at BCBSND.com
- Service from ten local offices throughout North Dakota
- Hassle-free claims

A Stable and Local Company

- Members and health care providers in this state appreciate the fact that they can rely on us
- Strong and stable North Dakota-based company
- 70+ years in North Dakota's unique health care market

Ways to Stay Healthy and Active

BCBSND believes in a preventive approach to health and wellness. To help incorporate healthy choices into your everyday life, we provide:

- Disease prevention and management programs at no extra cost
- HealthyBlue online wellness center
- Prenatal Plus to help facilitate healthy pregnancy
- Free materials to start a wellness program in your workplace

For benefit questions, call your dedicated Member Services team



Call 866-280-9951
8 a.m. – 4:30 p.m. CT, Monday – Friday



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

Nonindian Mutual Insurance Company

This grid describes what the Plan Administrator believes to be a "grandfathered health plan" under the Patient Protection and Affordable Care Act (Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Subscriber's Benefit Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any Cost Sharing Amounts. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

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.

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.