



Summary of Benefit Plan Changes for North Dakota Public Employees Retirement System (NDPERS)

The following information is intended to provide a brief summary of your Benefit Plan changes effective **July 1, 2007**. It should not be used to determine whether your health care expenses will be paid. The written Benefit Plan governs the benefits available. Covered Services are subject to your Benefit Plan Cost Sharing Amounts, unless otherwise indicated. You will receive an updated Benefit Plan in the near future. If you have any questions, please call the number listed on the back of your Identification Card.

EPO affiliation changes should be completed on the group's anniversary. An Out-of-Area Waiver Form must be completed for an eligible dependent child residing outside of the EPO Network chosen by the Subscriber.

Note: The capitalized terms are defined in the Benefit Plan.

Amount Changes	PPO Plan	EPO Plan	Basic Plan/Self-Referral
Copayment Amounts have been increased to:	\$25 for each Office Visit	\$20 for each Office Visit	\$30 for each Office Visit
The Copayment Amount for each Formulary Brand Name Drug Prescription Order or refill has been increased to \$20 for all plans.			
Deductible Amounts have been increased to:	\$400 for Single \$1,200 for Family	\$200 for Single \$600 for Family	\$400 for Single \$1,200 for Family
Out-of-Pocket Maximum Amounts (Deductible and Coinsurance) have been increased to:	\$1,150 for Single Coverage \$2,700 for Family Coverage	\$700 for Single Coverage \$1,600 for Family Coverage	\$1,650 for Single Coverage \$3,700 for Family Coverage

Immunizations

Benefits have been increased for Members under age 19 to 100% of Allowed Charge, Deductible Amount is waived. Covered immunizations are those that have been published as policy by the Centers for Disease Control.

Home Medical Equipment and Supplies

The rental cost of a respirator or similar mechanical apparatus will no longer be subject to the Home Medical Equipment Maximum Benefit Allowance.

Implantable Bone Conduction Hearing Device

Benefits have been added to allow an implantable bone conduction hearing device for Members under age 18 subject to guidelines and criteria established by BCBSND.

Outpatient Therapy Services

Language has been revised to indicate additional benefits for Occupational Therapy and Speech Therapy may be allowed following the 90 consecutive calendar days per condition when Medically Appropriate and Necessary.

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Diabetes Services

Language has been added to clarify benefits are available under Wellness Services for diabetes care and monitoring services as well as the dilated eye exam for diabetes related diagnosis. The dilated eye exam for diabetes related diagnosis will be allowed at the Network level.

Oral Brush Biopsies

Benefits have been added to allow oral brush biopsies.

Coordination of Benefits

Language has been revised to comply with the North Dakota Administrative Code.

Exclusions

- **Cord Blood Exclusion**

Language has been added to clarify that benefits are not available for the collection and storage of umbilical cord blood.

- **Vision Surgery**

Language has been added to clarify that benefits are not available for refractive eye surgery when used in otherwise healthy eyes to replace eyeglasses or contact lenses.