



**NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM**

NDPERS PPO and Basic

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

An overview of benefits and services provided by this plan.



An independent licensee of the Blue Cross & Blue Shield Association

This benefit plan covers these services and more.

Who is eligible for benefits?

If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26, not eligible to enroll in an employer sponsored health plan other than a group health plan of a parent. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption or whom you or your covered spouse have legally adopted.
- Children for whom you or your covered spouse have been appointed legal guardian by court order.
- Grandchildren of yours or your covered spouse if:
 - The parent of the grandchild is unmarried.
 - The parent of the grandchild is a covered eligible dependent.
 - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children for whom you or your covered spouse are required by court order to provide health benefits.
- Children incapable of self-support because of mental retardation or a physical handicap that began before they reached 26 years of age and who are primarily dependent on you or your covered spouse.

Outpatient prescription drug benefits.

This benefit plan includes a preferred pharmacy network. When you use this national network, your claims are filed for you. Participating pharmacists also use a computer database to:

- Check for possible interactions between prescriptions.
- Find any drug duplications.
- Identify overuse or underuse of your medication.
- Determine if a generic equivalent is available for your prescription drug and if the medication appears on a list of quality and cost-effective drugs. Drugs on this list, called formulary drugs, are covered at the maximum benefit amount.

Prescription drugs are categorized as formulary, nonformulary, nonpayable or restricted-use drugs. A restricted-use drug may have a dispensing limit and/or require prior approval.

Benefits are available nationwide at any pharmacy participating in the preferred pharmacy network. To locate a participating pharmacy, call the special toll-free number listed on the back of your ID card.

When a generic drug is available but not accepted, the member is responsible for the difference between the cost of the generic and brand name drug. Prescriptions filled at a nonparticipating pharmacy must be paid in full and a paper claim submitted. All costs above the allowance are the member's responsibility.

Description of Benefits	Copayment	PPO Plan		Basic Plan with a participating BCBSND provider		Special Conditions	
		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
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%	
Wellness Services							
Well Child Care <i>(to member's 6th birthday)</i>	\$25/\$30		100%	100%	100%	100%	Deductible does not apply.
Preventive Screening Services <i>(members 6 and older)</i>	\$25/\$30		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.
Home & Office Visits	\$25/\$30		100%	100%	100%	100%	Deductible does not apply.
Diagnostic Services							
Lab, X-ray, MRI			80%	100%	75%	100%	
Allergy Testing			80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis			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							
Psychiatric & Substance Abuse Services			80%	100%	75%	100%	Out-of-state admissions require prior approval. Preauthorization may be required. Refer to the benefit plan for details.
Inpatient, Ambulatory Behavioral Health Care, Residential Treatment							
Outpatient Services			100%/80%	100%	100%/80%	100%	
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	\$50/\$50		80%	100%	80%	100%	Copayment is waived when member is admitted to inpatient hospital.
Ambulance Services			80%	100%	75%	100%	
Skilled Nursing Facility Services			80%	100%	75%	100%	Preauthorization is required.
Home Health Care Services			80%	100%	75%	100%	Preauthorization is required.
Hospice Services			80%	100%	75%	100%	Preauthorization is required.
Chiropractic Services							
Home & Office Visits	\$25/\$30		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%	
Medical Supplies & Equipment			80%	100%	75%	100%	
Hearing Aids <i>(for members under age 18)</i>			80%	100%	75%	100%	Maximum benefit allowance of \$3,000 per member every 3 years.

Description of Benefits	Copayment	PPO/Basic Plan		Special Conditions
		Before prescription drug coinsurance maximum is met	After prescription drug coinsurance maximum is met	
Outpatient Prescription Medications or Drugs (Retail and Mail Order)				One copayment amount per prescription order or refill for a 1–34 day supply. Two copayment amounts per prescription order or refill for a 35–100 day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.
Formulary				
Generic	\$5		85%	100%
Brand	\$20		75%	100%
Nonformulary	\$25		50%	50%

Cost Sharing Amounts

	PPO	Basic
Single Coverage		
Or an individual family member		
Deductible amount	\$400	\$400
Coinsurance maximum	\$750	\$1,250
Out-of-pocket maximum	\$1,150	\$1,650
Family Coverage		
Deductible amount	\$1,200	\$1,200
Coinsurance maximum	\$1,500	\$2,500
Out-of-pocket maximum	\$2,700	\$3,700

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 Amount

\$1,000 per member per benefit period

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

Preferred Provider Organization (PPO)

The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to Members of NDPERs. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the state of North Dakota, unless the medical facility provides services at a satellite location in another state.

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.



BlueCross BlueShield
of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

Call toll-free 1-800-223-1704
 Fargo area call 282-1400
www.BCBSND.com

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, see your Group Benefits Consultant or write to Blue Cross Blue Shield of North Dakota.