

DAKOTA HEALTH PLAN FEATURES

The plan features listed in this publication are effective July 1, 2009. For Complete features of the Dakota Plan, please visit www.nd.gov/ndpers.



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.

DEDUCTIBLE AND COINSURANCE

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of- State)	<u>PPO</u>
Deductible for All Services		
-Per Person	\$400	\$400
-Per Family	\$1200	\$1200
Copayment for Physician Office Visits (no limit)	\$ 30	\$ 25
Copayment for Emergency Room	\$ 50	\$ 50
Coinsurance on all covered services EXCEPT Physician Office Visits	75/25	80/20
Annual Coinsurance Maximum		
-Individual	\$1250	\$750
-Family	\$2500	\$1500
Annual Out-of-Pocket Maximums (Deductible and Coinsurance)**		
-Individual	\$1650	\$1150
-Family	\$3700	\$2700
*Out-of-network coverage is at the Basic level. **Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional		

DISEASE MANAGEMENT PROGRAM

A disease management program is offered through BCBSND. Please contact the BCBSND service unit at 1-800-223-1704.

Wellness Programs

Health Club Credit:

Covered members and their eligible spouse can earn up to a \$20 credit monthly for visiting a participating health club a minimum of 12 days a month.

MyHealthCenter:

Covered members and their eligible spouse can earn points to apply toward incentive prizes in this online program. MyHealthCenter provides personal coaching, the QuitNet tobacco cessation program, customized plans for fitness and nutrition, and family tools for kids.

You will receive a wellness packet with your new health ID cards which will include:

- 1) A letter that explains both programs in detail, as well as, the member's enrollment process.
- 2) Health Club Credit Schedule and list of frequently asked questions.
- 3) Login/Know Your Numbers Card.

PREVENTIVE SCREENING SERVICES- PPO/BASIC COVERAGE

Wellness Services				
	Copayment	PPO Plan	Basic Plan	Special Conditions
Well Child Care (to member's 6th birthday)	\$25/\$30	100%	100%	Deductible does not apply.
Preventive Screening Services (members 6 and older)	\$25/\$30	100%	100%	Maximum benefit allowance of \$200 per member per benefit period. Deductible does not apply. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
Immunizations		100%	100%	Deductible does not apply.
Mammography & Pap Smear Screening Services		100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to benefit plan for details.
Prostate Cancer Screening Services		80%	75%	Refer to the benefit plan for details. Deductible does not apply.

For a Complete list of benefits please refer to the schedule of benefits

PRESCRIPTION DRUG COVERAGE

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of- State)	<u>PPO</u>
Prescription Formulary Generic Drug		
-Copayment	\$5	\$5
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	15%	15%
Prescription Formulary Brand-Name Drug***		
-Copayment	\$20	\$20
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	25%	25%
Prescription Non-Formulary Drug		
-Copayment	\$25	\$25
-Coinsurance	50%	50%

***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

MAIL ORDER PRESCRIPTION DRUGS:

Please contact BCBSND at 1-800-223-1704 regarding the mail order prescription plan.

MEMBER REBATE ACCOUNTS

Member rebate accounts for rebates on prescription drugs. Please contact the BCBSND service unit at 1-800-223-1704.