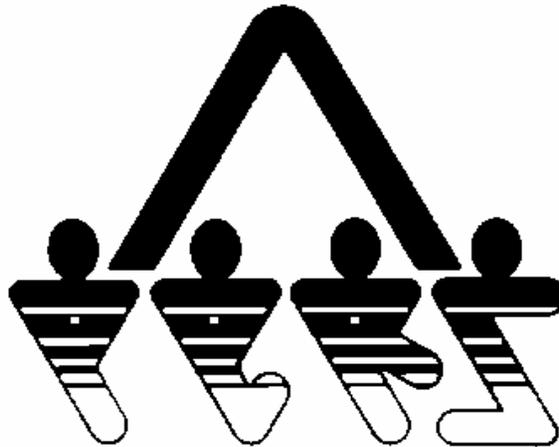


North Dakota Public Employees Retirement System (NDPERS)



Underwritten by



**BlueCross BlueShield
of North Dakota**

An independent licensee of the Blue Cross & Blue Shield Association

Member Eligibility

- 18 years of age
- 20 hours per week (prior to August 1, 2003 it was 17 ½ hours per week)
- 20 weeks per year (prior to August 1, 2003 it was 5 months per year)
- Full-time, permanent

Dependent Eligibility

- Unmarried children under the age of 23
 - who are financially dependent on you or your covered spouse
- Unmarried children beyond the age of 23
 - who are full-time students at accredited institutions and are financially dependent on you or your covered spouse
- Children placed with you or your spouse for adoption or whom you or your spouse have legally adopted or have been appointed as legal guardian

Late Enrollee

- Will be considered a “late enrollee”
- Late enrollee provisions may apply
- Contact your payroll office

Plan Definitions

Throughout this presentation you will hear the following terms used:

- PPO
- EPO
- Basic/Self-Referral

Preferred Provider Organization (PPO/BASIC)

**Services provided by a non-
participating PPO provider will be paid
under the Basic Plan of benefits**

PPO Plan Features

- Freedom of Choice
- No Referrals needed
- Lower out of pocket expenses for copayment and coinsurance

Exclusive Provider Organization (EPO/Self-Referral)

**Services received outside network will
be paid at the Self-Referral level**

EPO Plan Features

- A managed care program which requires an affiliation with a Provider Network
- Emphasizes the use of primary care physicians
- Lower out of pocket costs
- Higher level of preventive screening benefits
- Requires an authorized referral for out-of-network services
- True medical emergencies do not require a referral
- One year affiliation with provider network

NDPERS EPO Networks

- MedCenter One, Inc., Bismarck
 - PrimeCare health group, Bismarck
 - MeritCare Medical Group, Fargo
 - Dakota Clinic, Ltd., Fargo
 - Altru Health Systems, Grand Forks
 - Craven-Hagan, Ltd., Williston
- Your residence must be within a 50-mile radius of the network
 - You can only affiliate with one EPO network
 - You cannot participate in the PPO and EPO plans concurrently

Out-of-Area Waiver Form

You or your spouse's eligible dependent child(ren) who are under the EPO Plan are eligible for this waiver if:

- Child(ren) reside at a special needs facility.
- You or your spouse are court ordered to provide health coverage and the child(ren) reside outside of the network area.
- Child(ren) who are financially dependent and/or full-time student and reside outside of the network area.

Cost Sharing

- Is the dollar amount you are responsible for paying
- Three features:
 - Deductible
 - Coinsurance
 - Copayment

Definitions

- Deductible - specific dollar amount you are responsible to pay for services before your health plan begins to pay.
- Coinsurance - the percentage you pay for covered services after the deductible has been met.
- Copayment - the amount you pay each time you seek medical care.
- Total Out of Pocket Maximum – is the sum of your annual deductible and coinsurance maximum amounts.

Deductible

	PPO	EPO	Basic/Self Referral
Individual	\$400	\$200	\$400
Family	\$1200	\$600	\$1200

Coinsurance Maximums

	PPO	EPO	Basic/Self Referral
	20%	15%	25%
Individual	\$750	\$500	\$1,250
Family	\$1,500	\$1,000	\$2,500

Copayment Amounts

	PPO	EPO	Basic/Self Referral
Office Call (per visit)	\$25	\$20	\$30
Emergency Room Visit (per visit)	\$50	\$50	\$50

Total Out-of-Pocket Maximum

***Includes deductible and coinsurance only**

	PPO	EPO	Basic/Self Referral
Individual	\$1,150	\$ 700	\$1,650
Family	\$2,700	\$1,600	\$3,700

Wellness & Preventive Benefits

- Wellness benefits for children through age 18
- Preventive screening service age 19 and over

Well Child Care & Wellness Benefits

***Refer to Benefit Plan for details**

- Birth through 12 months – 5 visits
- 13 months through 24 months – 3 visits
- 25 months through 72 months – 1 visit per benefit period
- Age 6 through 18 – 1 visit per benefit period

Wellness Benefits

*Refer to Benefit Plan for details

- Office visit copayment and deductible amounts are waived
- Services subject to coinsurance
- No coverage for services received outside EPO network area

Preventive Screening Benefits

*Refer to Benefit Plan for details

Ages 19 and over:

- Level and frequency of services based on age
- Services are covered at 100%
- Higher level of services for EPO participants

Preventive Screening - PPO

*Refer to Benefit Plan for details

Tests

Frequency

Fecal Occult Blood

- Ages 19 – 39:
 - Once every 5 years

Total Serum
Cholesterol

Blood Sugar

- Ages 40 – 64:
 - Once every 2 years
- Ages 65 and Over:
 - Once a year

Preventive Screening - EPO

*Refer to Benefit Plan for details

<u>Tests</u>	<u>Frequency</u>
One Office Visit	
Blood Sugar	• Ages 19 – 39:
Serum Cholesterol	- Once every 5 years
Fecal Occult Blood	
Hemoglobin and Urinalysis	• Ages 40 – 64:
PSA*	- Once every 2 years
Influenza Viral Vaccine	• Ages 65 and Over:
Pneumovax	- Once a year

*one service per benefit period
ages 40+

Preventive Screening

*Refer to Benefit Plan for details

Test

Frequency

- Mammography Screening
 - Ages 35 – 40:
 - One service
 - Age 40 and Over:
 - Once a year
- Routine Pap Smear - One per benefit period, including the related office visit

Prescription Drug Coverage for all Plans



- Formulary Generic
 - \$5 copayment + **15% coinsurance***
- Formulary Brand Name
 - \$20 copayment + **25% coinsurance***
- Nonformulary Generic/Brand
 - \$25 copayment + 50% coinsurance

*\$1,000 Formulary coinsurance maximum per person per benefit period. After maximum met, only copayment applies.

Other Plan Features

- Prenatal Plus Program
- Mail Order RX
- Case Management Program
- Disease Management Program

Prenatal Plus Program

- Packet of information concerning pregnancy and prenatal care
- copayment is waived for prenatal vitamins
- Deductible is waived for delivery services
- *Take Care of Your Child* book
- To enroll call the BCBSND NDPERS service unit

Member Rebate Account (MRA)

- BCBS receives retrospective discount payments or rebates from drug manufactures
- A portion of these rebates will be passed directly to the member
- BCBSND has set up a MRA for each NDPERS member
- BSBND receives the rebate discount from manufacturers typically 12 to 15 months after your purchase
- Effective October 1, 2005 BCBS will calculate your portion of any applicable rebate
- Beginning October 1, 2006 NDPERS members will be eligible to use their accumulated rebate dollars
- Out of pocket expenses will be reduced
- No rebate checks

Mail Order RX

- PrimeMail is the mail order carrier
- Why should I do PrimeMail
 - Convenience
 - Quality
 - Privacy
 - Safety
- PrimeMail website is www.myrxhealth.com
Toll free 877-357-7463
- NDPERS website is www.nd.gov/ndpers

Case Management Program

- Strives to improve a member's quality of life AND maintain cost-effectiveness on a case-by-case basis
- Assistance with discharge planning and coordinating resources
- Requests for services which are not typically covered under the insurance plan

Disease Management Program

- Services provided by MyHealthConnection
- Health Coaching program
 - Provide background on Health Dialog
 - MyHealthConnection Health Coaches
- Identify members that could benefit from MyHealthConnection's program

Recap of PPO Benefits

- Freedom of Choice
- No Referrals needed
- Lower out of pocket expenses for copayment and coinsurance

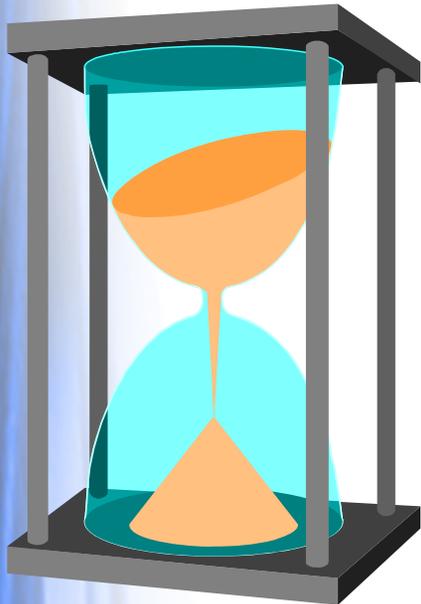
Recap of EPO Benefits

- Lower Annual Deductibles
- Lower Out-of-Pocket copayments and coinsurance
- Lower Annual Out-of-Pocket Maximum
- Higher level of Preventive Screening Benefits

EPO Plan Year

July 1st through

June 30th



Please contact the NDPERS
Service Unit in the Fargo area at
(701) 282-1400 or toll free at
1-800-223-1704