Underwritten by

BlueCross BlueShield of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

Noridian Mutual Insurance Company

North Dakota Public Employees Retirement System (NDPERS)

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Current Plan Cost Sharing

- $25 Per Office Visit-PPO Plan
- $30 Per Office Visit-Basic Plan
- $400 Single Plan Deductible-PPO/Basic
- $1200 Family Plan Deductible-PPO/Basic
- $750-80/20-Single Coinsurance-PPO
- $1250-75/25-Single Coinsurance-Basic
- $1500-80/20-Family Coinsurance-PPO
- $2500-75/25-Family Coinsurance-Basic

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Current PPO/Basic Prescription Drug Plan

- Formulary Generic
  - $5 Copayment + 15%
- Formulary Brand Name
  - $20 Copayment + 25%
  - There is a $1000 coinsurance Maximum for Formulary Generic and Brand Name prescriptions per member per CY
- Nonformulary Generic/Brand
  - $25 Copayment + 50%
  - The $1000 coinsurance Maximum does not apply to the Nonformulary Prescriptions.
  - **Mail Order will now be available to NDPERS members thru PrimeMail.**

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HDHP
High Deductible Health Plan

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HDHP Differences

*** includes the Basic Plan**

- This will be a Comprehensive Deductible and Coinsurance plan.
- There are no Copayments under this plan.
- Deductible will apply first dollar since there is no copay structure on Prescriptions.
- Because this is a Comprehensive HDHP a Member can exceed the $1500 Individual Deductible/Coinsurance.
- This plan is a non grandfathered plan, so all PPACA changes will be incorporated into this plan.

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Deductible

PLAN	INDIVIDUAL	FAMILY
PPO	$ 1500	$ 3,000
BASIC	$ 1,500	$ 3,000

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Coinsurance Maximums

PLAN	INDIVIDUAL	FAMILY
PPO 80/20 %	$ 1500	$ 3,000
BASIC 75/25 %	$ 2,000	$ 4,000

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Total Out-of-Pocket Maximum

***Includes deductible and coinsurance only**

PLAN	INDIVIDUAL	FAMILY
PPO	$ 3,000	$ 6,000
BASIC	$ 3,500	$ 7,000

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Prescription Drug Coverage for all Plans

- Formulary Drug
  - 80% of Allowed Charge after Deductible Amount

  Nonformulary Drug
  - 50% of Allowed Charge after Deductible Amount
  - Prescription Medications or Drugs and nonprescription diabetes supplies are subject to a dispensing limit of a 100-day supply.

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Wellness Services

- **Well Child Care – To members 6th birthday**
  - 100% of Allowed Charge
    - Deductible Amount is waived
  - 7 visits for Members from birth through 12 months
  - 4 visits for Members from 13 months through 35 months
  - 1 visit per Benefit Period for Members 36 months through 72 months

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Preventive Screening Services for Members age 6 and older

- 100% of Allowed Charge subject to a Maximum Benefit Allowance of 1 examination per Member per Benefit Period
- Deductible Amount is waived

- Benefits Include:
  - One routine physical examination per Member (Office Visit)
- All CDC Approved Immunizations will be paid at 100%
- Shingles (Zostavax) 60+
- HPV (Human Papillomavirus) 9-26 (male & female)

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Preventive Continued

- Mammogram
  - 100% of allowed charge
  - Deductible is waived and benefits are as follows:
    - One service for Members between the ages of 35 and 40
    - One service per year for Members age 40 and older
- Routine Pap Smear
- Fecal Occult Blood Testing – Subject to a Maximum Benefit Allowance of 1 test per benefit period for ages 50+.
- Colonoscopy - Subject to a Maximum Benefit Allowance of 1 test every 10 years for ages 50-75.
- Sigmoidoscopy - Subject to a Maximum Benefit Allowance of 1 test every 5 years for ages 50-75.

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Preventive Screenings cont'd

- Tobacco Cessation Services
  - 100% of Allowed Charge
    - Prescription Non-Nicotine Replacement Therapy.
    - Payable Over-the-Counter(OTC) Nicotine Replacement Therapy(nicotine lozenges, patches, gum).
    - Prescription Nicotine Replacement Therapy(nicotine nasal spray, inhaler, patches).
    - Related Office Visit.

Benefits are subject to a Maximum Benefit Allowance of 2 quit attempt cycles per Member per Benefit Period. A quit attempt cycle includes 4 counseling visits and/or a 3-month supply of nicotine or non-nicotine replacement therapy.

Dependent Eligibility

- Can remain on parents plan until EOM in which they turn 26
- Can not utilize your HSA dollars for dependents Medical expenses if you do not claim them on your taxes
- PPACA did not adopt Age 26 criteria for HSA dollars.

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Example One

During the year a Family of four has $480 (6 visits) in office calls costs and $1,800 in Rx costs

	PPO	HDHP
Member out of pocket costs	$526.25	$2,280.00
Health Savings Account		1,592.88
Amount Paid from Health Savings Account		1,592.88
Total member out pocket	526.25	687.12
Total amount left in health savings account		0.00

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Example Two

During the year a Family of four has $10,000 in costs (2 members meet deductible and the rest goes to coinsurance)

	PPO	HDHP
Member out of pocket costs	$ 2,300.00	$ 4,400.00
Health Savings Account		1,592.88
Amount Paid from Health Savings Account		1,592.88
Total member out pocket	2,300.00	2,807.12
Total amount left in health savings account		-

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Example Three

During the year a Family of four has $160 (2 visits) in office call costs and $500 in Rx costs

	PPO	HDHP
Member out of pocket costs	$ 146.25	$ 660.00
Health Savings Account		1,592.88
Amount Paid from Health Savings Account		660.00
Total member out pocket	146.25	-
Total amount left in health savings account		932.88

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Example Four

During the year the a Single member has $80 (1 visit) office call cost

	PPO	HDHP
Member out of pocket costs	$ 25.00	$ 80.00
Health Savings Account		658.08
Amount Paid from Health Savings Account		80.00
Total member out pocket	25.00	-
Total amount left in health savings account		578.08

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Example Five

During the year a Single members only cost is a hospitalization of $15,000

	PPO	HDHP
Member out of pocket costs	$ 1,150.00	$ 3,000.00
Health Savings Account		658.08
Amount Paid from Health Savings Account		658.08
Total member out pocket	1,150.00	2,341.92
Total amount left in health savings account		-

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

You can also refer to the NDPERS website at:
http://www.nd.gov/ndpers