



ND

BLUEAccess

A classic, comprehensive health insurance plan with copayments and a deductible.



Burleigh
County

BlueAccess

How It Works

With this classic health insurance plan you:

- Pay a copayment when you see the doctor for most office visits
- Share costs with BCBSND for other services
- Most preventive screenings are covered at 100%

On the BlueAccess plan, you begin by choosing a health care provider in the network.

If you choose care outside the network, you will increase your out-of-pocket expenses.



Find network providers on BCBSND.com



Doctors: Use the “Find a Doctor” link. When you receive services in North Dakota, your network is the Preferred Blue PPO. When you receive services outside of North Dakota, you should use the BlueCard Traditional network or enter the first three letters of the identification number on your ID card.

In North Dakota, nearly every doctor (99.6%) and hospital (99%) participates in your network.



Pharmacy: Use the “RX Tools” link at BCBSND.com. Click on “Pharmacy Listings”, “Locate a Pharmacy” and you will be taken to BCBSND’s pharmacy benefit manager, Prime Therapeutics website. You can proceed to search pharmacies by ZIP code, city/state or address.

In-network pharmacies are located in rural and urban areas across North Dakota.

As a BlueAccess member, when you:



Go to a BlueAccess doctor or a specialist:

You pay a **copayment** for the office visit. You may pay additional for extra tests, lab work or other additional medical services resulting from that visit.

With BlueAccess, some preventive care requires no copayment and there’s no requirement to meet the **deductible** for office visits and preventive screenings.



Get prescription drugs at a network pharmacy:

Both brand name and generic formulary drugs are covered, but you’ll save money by using generics. Non-formulary drugs are also covered but may cost you more. The deductible does not need to be met to receive prescription drug coverage.



Are admitted to the hospital:

You pay toward the hospital costs until the deductible is met. After that, you share medical costs with BCBSND (**coinsurance**) until the out-of-pocket maximum is met. Then BCBSND pays 100% of covered services.

HealthyBlue
Powered by WebMD

Tools you Need. Results you Want.

Employees will learn to know their numbers, receive valuable coaching and advice, and achieve sustainable engagement through features like our mobile app, challenges, digital health assistant and device and app connection center. Upon completion of the health assessment, employees will develop a personalized plan to guide and keep them motivated along the way.

Health Insurance is about Sharing Costs

Health insurance is a cost-sharing arrangement. Like auto insurance, you pay a premium. Then if you need to use the insurance, you pay a portion of the expenses and the insurance company pays a portion.

A Few Cost-Sharing Terms Employees Should Know

Premium

The amount you pay for the health insurance plan, typically through payroll deductions.

Deductible

The amount you owe for health care services before insurance begins to pay. For example, if the deductible is \$500, you will pay all expenses up to \$500. After that, the insurance company will share in the cost of covered services.

Certain services, such as many preventive services, are paid right away, before the deductible is met.

Copayment (copay)

A fixed amount that you pay for a covered health care service, typically paid at the time of the service.

Coinsurance

You share the costs of a health care services covered in the plan in addition to the copayment.

Out-of-pocket maximum

The most you would pay in a year before health insurance begins to pay 100% of the allowed amount. The out-of-pocket amount doesn’t include premium payment or charges that are over and above the allowed amount.

Outpatient prescription drug coinsurance maximum

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

Note: For a family plan, an individual on the plan must meet the individual deductible before coinsurance begins.

Cost-Sharing Amounts

	PPO	Basic
Individual Participation Or an individual family member		
Deductible amount	\$500	\$500
Out-of-pocket maximum	\$1,500	\$2,000
Parent and Child Participation		
Deductible amount	\$1,500	\$1,500
Out-of-pocket maximum	\$3,500	\$4,500
Parent and Children Participation		
Deductible amount	\$1,500	\$1,500
Out-of-pocket maximum	\$3,500	\$4,500
Two Person Participation		
Deductible amount	\$1,500	\$1,500
Out-of-pocket maximum	\$3,500	\$4,500
Family Participation		
Deductible amount	\$1,500	\$1,500
Out-of-pocket maximum	\$3,500	\$4,500
Outpatient Prescription Drug Coinsurance Maximum	\$1,200 per individual per benefit period \$2,400 per family per benefit period	

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.

Plan Overview

Description of Benefits	Copayment	PPO Plan		Basic Plan with a participating BCBS provider		Special Conditions
		Amounts are a % of the allowed charge after the deductible is met.		Amounts are a % of the allowed charge after the deductible is met.		
	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	
Home & Office Visits	\$30/\$35	100%	100%	100%	100%	Deductible does not apply.
Wellness Services						
Immunizations		100%	100%	100%	100%	Deductible does not apply.
Pediatric Preventive Visits <i>(to member's 18th birthday)</i>		100%	100%	100%	100%	Deductible does not apply.
Preventive Screening Services <i>(members 18 and older)</i>		100%	100%	100%	100%	Benefits other than those recommended by the U.S. Preventive Services Task Force and issued by the Health Resources and Services Administration will be subject to cost sharing amounts. The number of visits for these services may vary by age group. Refer to the benefit plan for details. Deductible does not apply.
Colonoscopy or Sigmoidoscopy		100%	100%	100%	100%	Deductible does not apply.
Mammography, Pap Smear & Fecal Occult Blood Testing		100%	100%	100%	100%	Deductible does not apply.
Tobacco Cessation Services		100%	100%	100%	100%	Prescription and payable over-the-counter tobacco cessation medications or drugs must be obtained with a prescription order. Deductible does not apply.
Related Office Visit		100%	100%	100%	100%	Deductible does not apply.
Emergency Services		80%	100%	80%	100%	Precertification may be required if the medical condition results in emergency admission.
Professional Health Care Provider Visit		80%	100%	80%	100%	Deductible does not apply to the office or emergency room visit.
Emergency Room Charge	\$60/\$60	80%	100%	80%	100%	Copayment is waived when member is admitted to inpatient hospital.
Ambulance Services		80%	100%	80%	100%	
Diagnostic Services						
Lab, X-ray, MRI & Allergy Testing		80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis		80%	100%	75%	100%	
Inpatient Hospital Services		80%	100%	75%	100%	Precertification may be required.
Outpatient Therapy Services		80%	100%	75%	100%	
Physical, Occupational & Speech Therapy	\$25/\$30	80%	100%	75%	100%	Benefits are available for 90 visits for each type of rehabilitative therapy service. Deductible does not apply.
Professional Health Care Provider Services						
Inpatient, Outpatient & Surgical Services		80%	100%	75%	100%	
Maternity Services						
Inpatient, Outpatient, Pre & Postnatal Care		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. Deductible does not apply to pre- and postnatal care.
Chiropractic Services						
Home & Office Visits	\$30/\$35	100%	100%	100%	100%	Deductible does not apply.
Therapy & Manipulations	\$25/\$30	80%	100%	75%	100%	Deductible does not apply.
Diagnostic Services		80%	100%	75%	100%	
Psychiatric & Substance Abuse Services						
Inpatient, Partial Hospitalization & Residential Treatment		80%	100%	75%	100%	Precertification may be required.
Intensive Outpatient Program & Outpatient Services		100%/80%	100%	100%/80%	100%	The first five hours are covered at 100% with deductible waived.
Medical Supplies & Equipment		80%	100%	75%	100%	Precertification may be required.
Contraceptive Services		100%	100%	100%	100%	Prescription contraceptives obtainable with a prescription order are paid under the Outpatient Prescription Medications or Drugs benefit below. Deductible does not apply.
Related Office Visit		100%	100%	100%	100%	Deductible does not apply.

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				Formulary contraceptive drugs obtainable with a prescription order are paid at 100% of allowed charge. Copayment and deductible amounts do not apply.
Retail Pharmacy				One copayment amount per prescription order or refill for a 34-day supply. Two copayment amounts per prescription order or refill for a 35-100 day supply. Two copayment amounts per prescription order or refill for a 2 or 3 month supply of nonformulary contraceptives. Deductible does not apply.
Formulary				
Generic	\$7.50	88%	100%	
Brand	\$25	75%	100%	
Nonformulary	\$30	50% sanction	50% sanction	
Preferred Mail Order				Two copayment amounts per prescription order or refill for 35-100 day supply. Two copayment amounts per prescription order or refill for a 2 month or 3 month supply of nonformulary contraceptives. Mail order prescriptions must be received from the preferred mail order pharmacy. Deductible does not apply.
Formulary				
Generic	\$7.50	88%	100%	
Brand	\$25	75%	100%	
Nonformulary	\$30	50% sanction	50% sanction	
Specialty Pharmacy				One copayment amount per prescription order or refill for a 30-day supply. Specialty Drugs must be received from the preferred specialty pharmacy network. Deductible does not apply.
Formulary				
Generic	\$7.50	88%	100%	
Brand	\$25	75%	100%	
Nonformulary	\$30	50% sanction	50% sanction	



This benefit plan covers these services and more.

Who is eligible for benefits?

If you have two person coverage, benefits are available for you and your spouse. If you have parent and child or parent and children coverage, benefits are available for you and your eligible child(ren). If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26. 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 children which you or your covered spouse have legal guardianship or are court ordered to provide health benefits.
- 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 is primarily dependent on you for their support.
- Children incapable of self-support because of an intellectual disability 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.

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

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.

Preventive screening services.

Pediatric preventive visits for members to the member's 18th birthday according to guidelines supported by the Health Resources and Services Administration.

Preventive screening services for members age 18 and older according to A or B Recommendations of the U.S. Preventive Services Task Force and issued by the Health Resources and Services Administration, including:

- Routine physical examination
- Routine diagnostic screenings
- Mammography screening (for members age 35 and older)
- Cervical cancer screening
- Colorectal cancer screening (for members age 50 through 75)
 - Fecal occult blood testing and
 - Colonoscopy or
 - Sigmoidoscopy
- Certain nutritional counseling
- Tobacco cessation services

Benefits other than those recommended by the U. S. Preventive Services Task Force will be subject to cost sharing amounts. Refer to the benefit plan for further details.

A health care provider will counsel members as to how often preventive services are needed based on the age, gender and medical status of the member.

What You Get With Blue?

It boils down to options. Coverage from Blue Cross Blue Shield of North Dakota gives you unmatched access to health care at home and away, plus award winning service from fellow North Dakotans.

The Most Trusted Name in Health Insurance

- 99.6% of all doctors and 99% of all hospitals in North Dakota are BCBSND providers
- Broad coverage when traveling – all 50 U.S. states and 200 countries
- To find nearby doctors and hospitals, call BlueCard Access at 800-810-BLUE (2583) or visit the Blue National Doctor and Hospital Finder at BCBS.com

Ease of Use and North Dakota Service

- Insurance that's easy to use is a top priority for our members, so we focus on convenience
- Dedicated Member Services team to answer employee benefit and claims questions
- Online self-service center available 24/7 at BCBSND.com
- Service from ten local offices throughout North Dakota
- Hassle-free claims

A Stable and Local Company

- Members and health care providers in this state appreciate the fact that they can rely on us
- Strong and stable North Dakota-based company
- 70+ years in North Dakota's unique health care market

Ways to Stay Healthy and Active

BCBSND believes in a preventive approach to health and wellness. To help incorporate healthy choices into your everyday life, we provide:

- Disease prevention and management programs at no extra cost
- HealthyBlue online wellness center with mobile app
- Prenatal Plus to help facilitate healthy pregnancy
- Free materials to start a wellness program in your workplace

For benefit questions, call your dedicated Member Services team



Call the number on the back of your ID card
8 a.m. – 4:30 p.m. CT, Monday – Friday



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Noridian Mutual Insurance Company

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, call, write or visit Blue Cross Blue Shield of North Dakota.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan governs the benefits available.

Prime Therapeutics LLC is an independent company that manages the pharmacy benefit program on behalf of Blue Cross Blue Shield of North Dakota.

This health plan is that of your employer. Blue Cross Blue Shield of North Dakota is serving only as the Claims Administrator and does not assume any financial risk except for stop-loss coverage.