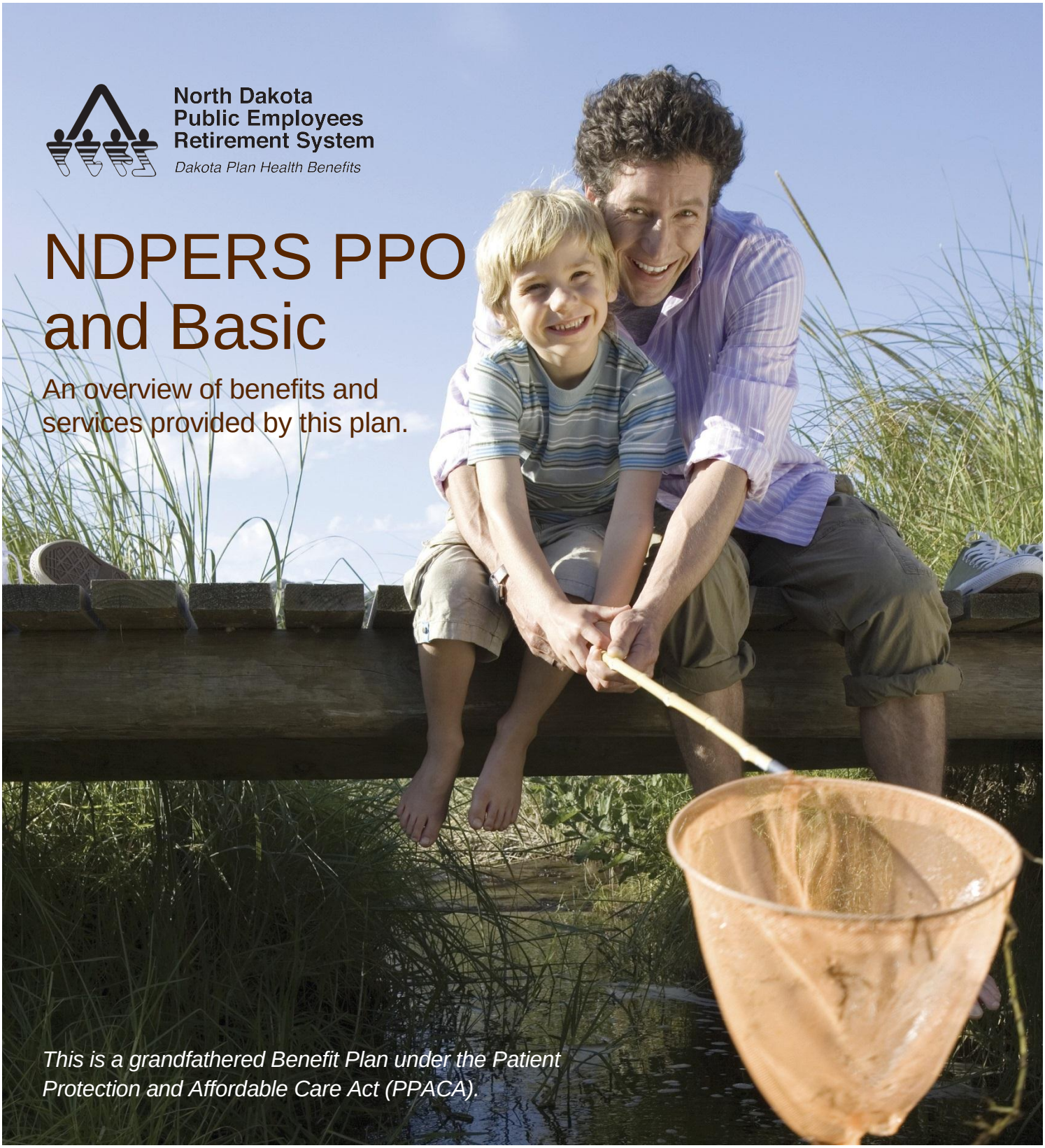
North Dakota
Public Employees
Retirement System

Dakota Plan Health Benefits

NDPERS PPO and Basic

An overview of benefits and services provided by this plan.



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

SANFORD®
HEALTH PLAN

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. 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 has 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 a covered eligible dependent under this Plan.
  - 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-sustaining employment because of a disabling condition.

PRESCRIPTION DRUG AND DIABETES SUPPLIES BENEFITS

This benefit plan includes a participating pharmacy network called Express Scripts, Inc. When you use this national network, your claims are filed for you.

Prescriptions are categorized as follows:

- Generic formulary medications
- Brand name formulary medications
- Non-formulary medications
- Specialty medications
- Excluded medications
- Other supplies

Certain medications may have a dispensing limit and/or require preauthorization/prior approval.

Benefits are available nationwide at any pharmacy participating in the Plan's pharmacy network. To locate a participating pharmacy, call the Pharmacy Management Team at (888) 315-0885 | TTY (877) 652-1844 (toll-free). Prescriptions filled at a non- participating pharmacy must be paid in full and submitted to Sanford Health Plan.

When a generic drug is available and you choose not to accept it, you are responsible for the difference between the cost of the generic and brand name medication, as well as the cost sharing amount.
All costs above the allowed charge are your responsibility.

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 Certificate of Insurance governs the benefits available.

Description of Benefits	Copayment	Basic Plan		PPO with a PPO-participating provider within North Dakota or its contiguous counties		Special Conditions See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
		Benefit Amount as a % of the allowed charge after the deductible is met.		**Benefit Amount as a % of the allowed charge after the deductible is met.**		
	Amount you pay per visit (Basic/PPO)	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 Treatment Services		75%	100%	80%	100%	Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Outpatient Treatment Services		$25, then 75%	$25, then 100%	$20, then 80%	$20, then 100%	Refer to the Certificate of Insurance for details on other covered outpatient therapy services.
Physical Therapy	$25 / $20	$25, then 75%	$25, then 100%	$20, then 80%	$20, then 100%	Benefits are based on established medical guidelines. Deductible does not apply.
Occupational & Speech Therapy	$25 / $20	$25, then 75%	$25, then 100%	$20, then 80%	$20, then 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 Charges						
Inpatient, Outpatient & Surgical Services		75%	100%	80%	100%	
Wellness Services						
Well Child Care *(to member's 6th birthday)*	$30 / $25	$30, then 100%	$30, then 100%	$25, then 100%	$25, then 100%	Deductible does not apply.
Preventive Screening Services *(members 6 and older)*	$30 / $25	$30, then 100%	$30, then 100%	$25, then 100%	$25, then 100%	The Plan will pay up to a Maximum Benefit Allowance of $200 per member per benefit period for any non-routine screening services not listed in the Certificate of Insurance or not recommended with a rating of "A" or "B" by the United States Preventive Services Task Force. Such non-routine screening services will be subject to copayment, deductible, and coinsurance amounts after the $200 benefit allowance has been met.
Immunizations		100%	100%	100%	100%	Deductible does not apply.
Mammography		100%	100%	100%	100%	The number of mammography services varies by age group. Refer to the benefit plan for details. Deductible does not apply.
Pap Smear Screening Services	$30 / $25	$30, then 100%	$30, then 100%	$25, then 100%	$25, then 100%	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	$30 / $25 *(per related office visit)*	75%	100%	80%	100%	Deductible does not apply. Copayment amount applies to related office visit only; coinsurance applies to applicable diagnostic testing services performed. Refer to the Certificate of Insurance for details.
Home & Office Visits	$30 / $25	$30, then 100%	$30, then 100%	$25, then 100%	$25, then 100%	Deductible does not apply.
Diagnostic Services						
Lab, X-ray, MRI		75%	100%	80%	100%	
Allergy Testing		75%	100%	80%	100%	
Radiation Therapy, Chemotherapy & Dialysis		75%	100%	80%	100%	
Maternity Services Inpatient, Outpatient, Pre & Postnatal Care		75%	100%	80%	100%	Deductible does not apply to delivery services received from a PPO provider when enrolled in the Healthy Pregnancy Program.
Mental Health and Substance Use Disorder Treatment Services						Preauthorization/prior approval is required for non-emergency inpatient treatment for mental health and/or substance use disorders.
Inpatient - Includes acute inpatient admissions and residential treatment		75%	100%	80%	100%	
Outpatient						*For all outpatient services, 100% of the allowed charge (includes copayment and deductible/coinsurance) is waived for the initial five (5) hours/visits, per member per benefit period.*
Office visits	$30 / $25	100%	100%	100%	100%	
All other services, includes intensive outpatient and partial hospitalization		80%	100%	80%	100%	
Emergency Services						Preauthorization/prior approval is not required.
Professional Health Care Provider Charge		80%	100%	80%	100%	Deductible does not apply to the office or emergency room visit.
Emergency Room Visit	$50 / $50	80%	100%	80%	100%	Copayment is waived when member is admitted to inpatient hospital.
Ambulance Services		80%	100%	80%	100%	
Skilled Nursing Facility Services		75%	100%	80%	100%	Preauthorization/prior approval is required.
Home Health Care Services		75%	100%	80%	100%	Preauthorization/prior approval is required.
Hospice Services		75%	100%	80%	100%	Preauthorization/prior approval is required.
Chiropractic Services						
Home & Office Visits	$30 / $25	100%	100%	100%	100%	Deductible does not apply.
Therapy & Manipulations	$25 / $20	75%	100%	80%	100%	Deductible does not apply.
Diagnostic Services		75%	100%	80%	100%	
Medical Supplies & Equipment		75%	100%	80%	100%	
Hearing Aids		75%	100%	80%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

Description of Prescription Drug Benefits	Copayment			Special Conditions
		Before prescription drug coinsurance maximum is met.	After prescription drug coinsurance maximum is met.	Benefits are subject to the Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.
Outpatient Prescription Medications (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. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100- day supply.
Formulary				Copayment Amounts do not apply to the following nonprescription diabetes supplies: syringes, lancets, blood glucose test strips, urine test products and control solutions.
Generic	$5	$5, then 85% of allowed charge	$5	Cost Sharing Amounts are waived for prenatal vitamins.
Brand	$20	$20, then 75% of allowed charge	$20	This benefit plan does not cover any contraceptive medications, devices, appliances, supplies, or related services when used for contraception, including contraceptive products that do not require a Prescription Order or dispensing by a Health Care Provider.
Nonformulary	$25	$25, then 50% of allowed charge	$25, then 50% of allowed charge	

Cost Sharing Amounts

	PPO	Basic
Single Coverage		
Deductible amount	$400	$400
Coinsurance maximum	$750	$1,250
Out-of-pocket maximum	$1,150	$1,650
Family Coverage - *All members in the family contribute to deductible and coinsurance amounts; however an individual family member's contribution cannot be more than the single coverage amount listed above.*		
Deductible amount	$1,200	$1,200
Coinsurance maximum	$1,500	$2,500
Out-of-pocket maximum	$2,700	$3,700

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. Prescription Medication Copayment Amounts do not apply toward the Prescription Drug Coinsurance Maximum Amount.

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Cost Sharing Amounts do not apply toward the Out-of-Pocket Maximum Amounts.

Preferred Provider Organizations (PPO)

PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts.

To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at www.sanfordhealthplan.com/ndpers.

This grid describes an employer group health plan that is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the 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 your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. 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; and requirements under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

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 Sanford Health Plan at memberservices@sanfordhealth.org. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. The Department of Labor website has a table summarizing which protections do and do not apply to grandfathered health plans.

Call (800) 499-3416 to speak with Member Services.