



North Dakota Public Employees Retirement System (NDPERS)

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This publication contains information for enrolling in the NDPERS Plans administered by NDPERS.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.

GROUP HEALTH INSURANCE

PPO / BASIC PLAN



Underwritten by:
Blue Cross Blue Shield of North Dakota

Eligibility

Eligible employees are those who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e., permanent).

Part-Time /Temporary Employees

A Part-Time/Temporary Employee is eligible to participate if the employee is employed at least 20 hours a week and at least 20 weeks each year of employment. Coverage will be effective the first of the month following date of employment. If application is not made within the first 31 days, the provisions of the Special Enrollment Periods will apply.

Enrollment Period

You have an initial enrollment period of 31 days from your date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you and any eligible dependents. Coverage will be effective the first of the month following your hire date.

If you do not enroll during the initial 31 day eligibility period when hired or do not enroll within 31 days of a qualifying event, you may apply for coverage during the designated Annual Enrollment Season with coverage effective the following January 1, however, you may be subject to a 12 month pre-existing condition period.

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.

Rate Information: Contact your human resource/payroll office to obtain health insurance rate information.

<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
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.

DEDUCTIBLE AND COINSURANCE

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

DISEASE MANAGEMENT PROGRAM

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

MEMBER REBATE ACCOUNTS

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

<u>Prescription Drug Coverage:</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 34–100 day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply

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 on the NDPERS Website.

GROUP HEALTH INSURANCE



HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Permanent state employees, university system employees and district health unit employees are eligible to participate in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Participation in the HDHP/HSA is optional. Temporary employees and employees of political subdivisions are not eligible to participate in the HDHP/HSA at this time.

The HDHP/HSA option has higher annual deductibles and larger out-of-pocket costs for medical services. However, the higher initial out-of-pocket costs are partially offset by an employer contribution to an HSA created in the member's name. The NDPERS HDHP/HSA has a cap on how much you will pay out-of-pocket during a year, and covers preventive services (as designated by the Affordable Care Act (ACA) with no out-of-pocket costs to you.

The HSA helps cover medical expenses until your annual deductible and copayment are met. NDPERS will contribute to your HSA for each month you participate as follows:

	Month	Annual
Single	\$58.84	\$658.08
Family	\$132.74	\$1,592.88

In addition, you may contribute to your HSA on an after-tax basis, and claim those contributions when you file your annual tax return.

Please see the NDPERS High Deductible Health Plan summary for more details on benefits and services provided by this plan, the Health Savings Account (HSA) FAQ for Participants information sheet to learn more on how an HSA works and the PPO vs. HDHP – Which type is right for you? chart to help you decide which plan may be best for you.

Additional information about the HDHP/HSA is available on the NDPERS website.

NDPERS PPO/BASIC & HDHP Plan

MAIL ORDER PRESCRIPTION DRUGS

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

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.

HealthyBlue:

Covered members and their eligible spouse can earn points to apply toward incentive prizes in this online program. HealthyBlue provides personal coaching, nutrition and fitness challenges, food and water trackers.

You will receive a wellness packet with your new health ID cards which will include a letter that explains both programs in detail, as well as, the member's enrollment process.



**NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM**

NDPERS High Deductible Health Plan

This overview describes a high deductible health plan designed to comply with Section 223 of the Internal Revenue Code and intended for use with a Health Savings Account (HSA). Blue Cross Blue Shield of North Dakota (BCBSND) is not authorized to provide legal or tax advice to members. BCBSND expressly disclaims responsibility for, and makes no representation or warranty regarding: (1) the eligibility of any member to establish or contribute to an HSA; or (2) the suitability of this product in all circumstances for use with HSAs.

An overview of benefits and services provided by this plan.



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This benefit plan covers these services and more.

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 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 and grandchild are primarily dependent on you or your covered spouse for their support.
- Children incapable of self-support because of mental retardation 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.

Benefits are available nationwide at any pharmacy participating in the preferred pharmacy network. To locate a participating pharmacy, call the special toll-free number listed on the back of your ID card. When you use this national network, your claims are filed for you.

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

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.

Well child care for members to the member's 6th birthday according to guidelines supported by the Health Resources and Services Administration.

Preventive screening services for members age 6 and older according to A or B Recommendations of the U.S. Preventive Services Task Force, including:

- One 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.

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.

Description of Benefits	PPO		Basic Plan with a participating BCBSND provider		Special Conditions
	Benefit Amount as a % of the allowed charge after the deductible is met.				
	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 Hospital Services	80%	100%	75%	100%	Preauthorization may be required.
Outpatient Hospital Services	80%	100%	75%	100%	
Physical Therapy	80%	100%	75%	100%	Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota.
Occupational & Speech Therapy	80%	100%	75%	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.
Professional Health Care Provider Services					
Inpatient, Outpatient & Surgical Services	80%	100%	75%	100%	
Wellness Services					
Immunizations	100%	100%	100%	100%	Deductible does not apply.
Well Child Care <i>(to member's 6th birthday)</i>	100%	100%	100%	100%	Deductible does not apply.
Preventive Screening Services <i>(members 6 and older)</i>	100%	100%	100%	100%	Benefits other than those recommended by the U.S. Preventive Services Task Force 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%	
Mammography, Pap Smear & Fecal Occult Blood Testing	100%	100%	100%	100%	Deductible does not apply to these services.
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.
Home & Office Visits	80%	100%	75%	100%	
Diagnostic Services					
Lab, X-ray, MRI	80%	100%	75%	100%	
Allergy Testing	80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis	80%	100%	75%	100%	
Maternity Services	80%	100%	75%	100%	
Inpatient, Outpatient, Pre & Postnatal Care					
Psychiatric & Substance Abuse Services	80%	100%	75%	100%	Out-of-state admissions require prior approval. Preauthorization may be required. Refer to the benefit plan for details.
Inpatient, Ambulatory Behavioral Health Care, Residential Treatment					
Outpatient Services	80%	100%	80%	100%	
Emergency Services	80%	100%	80%	100%	Preauthorization is not required.
Professional Health Care Provider Visit	80%	100%	80%	100%	
Emergency Room Charge	80%	100%	80%	100%	
Ambulance Services	80%	100%	75%	100%	
Skilled Nursing Facility Services	80%	100%	75%	100%	Preauthorization is required.
Home Health Care Services	80%	100%	75%	100%	Preauthorization is required.
Hospice Services	80%	100%	75%	100%	Preauthorization is required.
Chiropractic Services					
Home & Office Visits	80%	100%	75%	100%	
Therapy & Manipulations	80%	100%	75%	100%	
Diagnostic Services	80%	100%	75%	100%	
Medical Supplies & Equipment	80%	100%	75%	100%	

Description of Benefits	PPO/Basic Plan		Special Conditions
	Amounts are a % of the allowed charge after the deductible is met.		
	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Outpatient Prescription Medications or Drugs			
Formulary	80%	100%	
Nonformulary	50%	50%	

Cost Sharing Amounts

	PPO	Basic
Single Coverage		
Or an individual family member		
Deductible amount	\$1,500	\$1,500
Coinsurance maximum	\$1,500	\$2,000
Out-of-pocket maximum	\$3,000	\$3,500
Family Coverage		
Deductible amount	\$3,000	\$3,000
Coinsurance maximum	\$3,000	\$4,000
Out-of-pocket maximum	\$6,000	\$7,000

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly.

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.



BlueCross BlueShield
of North Dakota

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Call toll-free 1-800-223-1704
 Fargo area call 282-1400
www.BCBSND.com

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, see your Account Executive or write to Blue Cross Blue Shield of North Dakota.



Want to QUIT?

If YOU are a smoker or tobacco user and WANT to quit, THIS program is FOR YOU.

The North Dakota Public Employees Retirement System recently received a grant to help state employees and their dependents age 18 and older quit smoking or chewing tobacco. The grant will help pay for participating in one of more than 20 approved smoking cessation programs. Most of these programs are available through public health departments across the state of North Dakota. This project is administered by Blue Cross Blue Shield of North Dakota.

Who is eligible?

All current state employees and their dependents age 18 and older, have NDPERS health coverage, who smoke or chew tobacco and want to quit are eligible to participate. County, city and other members of the NDPERS group are not eligible through this project; however, smoking cessation funds may be available at the local level.

What will be provided?

An initial assessment will determine how ready you are to quit, your smoking or chewing triggers and what type of nicotine replacement therapy, such as patches or gum, and/or prescription medication you may need. If prescription medication is recommended, you will need to visit your doctor.

In addition, individual, group or telephone counseling will be provided. Your program provider will call you on a quarterly basis to monitor your progress the first year after you quit.

How long do the programs take?

Most of the approved programs are eight weeks.

How do I get started?

You may start anytime during the enrollment period: July 1, 2011 to April 30, 2013.

Grant money will reimburse the tobacco cessation participant for taking a class up to \$200 if a fee is charged after you complete the eight-week program. This covers the initial assessment, counseling and follow-up. If you decide to try the North Dakota Quitline, the program will reimburse you for the office visit, if you need to make one, and your prescription and over-the-counter medications.

The program **will pay 100 percent of your out-of-pocket expenses for your office visit and prescription and over-the-counter medication up to \$500**, for a total benefit of \$700 (see chart below). The program will end April 30, 2011.

Tobacco Cessation Counseling:	\$200.00 (If a fee is charged)
Office Visit, RX and over the counter medications:	100% up to \$500.00
Total	\$700.00

The program provider may charge additional fees for counseling services. Ask your program provider for details prior to enrolling.

Who do I contact to enroll or if I have questions?

Contact BCBSND at 1-800-223-1704 or (701) 282-1400 if calling from the Fargo area.

How do I enroll?

Find a provider in your area by visiting

https://www.bcbsnd.com/members/wellness/ndpers/ndpers_providers.html When you make your initial visit to the cessation program in your area, please contact BCBSND with your enrollment information at the phone number listed above. Once eligibility is verified, you will then receive a smoking cessation program identification card to use when you visit your doctor and when you buy medications. **Be sure to show this identification card to your health care professional.**

- Your doctor should submit the office visit claim to the address shown on the back of the identification card.
- Prescription and over-the-counter medications will require payment at the pharmacy. Keep your receipts and send them to BCBSND for reimbursement of your claims.

If you choose to enroll in the Quitline cessation program, please call BCBSND at the phone number listed above. Eligibility for the program will be verified and a smoking cessation identification card will be sent to you. **Use the identification card when you purchase medications.**

Prescription and over-the-counter medications will require payment at the pharmacy. Keep your receipts and send them to BCBSND at the address shown on the back of the identification card for reimbursement of your claims.