

Blue Direct



BlueDirect is a Consumer-Directed Health Plan (CDHP)

Like most CDHPs, BlueDirect has lower premiums and higher deductibles than most traditional health insurance plans. It also gives you:

- Decision-making power about how and when you spend your health care dollars
- The largest network of doctors and hospitals in North Dakota, and protection when you travel
- Coverage to help prevent diseases and rewards for healthy living



Pair BlueDirect with a Health Savings Account (HSA)

BlueDirect is qualified to use with an HSA a fund you set aside to pay your medical expenses. Your HSA allows you to:

- Set aside money, tax free
- Build a fund to use for medical expenses now or in the future
- In many cases, earn interest on the money you have set aside

How it Works

When you go to the doctor, fill a prescription or are admitted to the hospital:



Choose a health care provider in the Preferred Provider Organization (PPO) network.

In North Dakota, the network is the Preferred Blue PPO. You can see in-network providers by visiting BCBSND.com, selecting Find A Doctor, choosing the Preferred Blue PPO before searching for providers in North Dakota. If a family member resides outside of North Dakota, their network is the BlueCard PPO/EPO. To find a provider outside of North Dakota, visit BCBS.com and click Find A Doctor. Providers who are not Preferred Blue or BlueCard PPO heath care providers are out-of-network. Certain covered services received out-of-network are paid at a lower benefit or no benefit amount and will increase out-of-pocket expenses.

You can locate pharmacies anywhere in the United States by visiting BCBSND.com, selecting RX Tools and choosing Locate a Pharmacy. 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.



Use funds from your HSA to pay for services. Even though you're paying on your own at this point, you receive a discount from providers because you are a BCBSND member.

Preventive care is covered at 100% from the beginning. There is no copay and no need to meet your deductible.



Once you meet your deductible, you and BCBSND will share the cost of covered expenses until you've reached your out-of-pocket maximum. After that, BCBSND pays all covered expenses for the rest of the calendar year.

Cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network.

Actively manage your health and prevent diseases



Earn rewards for taking active steps to improve your health and well being. Visit your BCBSND member portal to find out more.







800-280-BLUE (2583)



Contact your local agent

Health care reform has changed some things about health insurance plans. First, most Americans are required to have health insurance coverage*. Second, everyone must be accepted for coverage, regardless of health history. And third, the federal government requires all insurance plans to cover 10 essential health benefits (designated below).

BlueDirect from BCBSND meets all the government requirements, plus has the advantage of being provided by North Dakota's most preferred health insurance company.

10 Essential Heath Benefits

Defined by the federal government, every health insurance plan must cover these 10 items:

- 1. Preventive and wellness services as well as chronic disease management
- 2. Prescription drugs
- 3. Maternity and newborn care
- 4. Laboratory services
- 5. Outpatient services
- 6. Hospitalization
- 7. Emergency services
- 8. Pediatric services, including dental and vision care
- 9. Mental health and substance use disorder services
- 10. Rehabilitative and habilitative services and devices

A Few Cost-sharing Terms You Should Know

The amount you pay each month for your health insurance plan.

Deductible

The amount you pay for health care services before insurance begins to pay. For example, if the deductible is \$1,000, you will pay all expenses up to \$1,000. After that, the insurance company will share in the cost of covered services.

Some services, such as preventive services, are paid right away, before you meet your deductible.

BlueDirect Gold Plan This option is part of a category the federal government deems a Gold Plan.

Plan Options

If you've had insurance before, you'll notice the plans that meet the new government requirements may cost more. We offer you three ways to control your costs by choosing the level of coinsurance and deductible.

Coinsurance

Your share of the costs of a health care service covered in your plan after the deductible is met.

Out-of-pocket maximum

The most you would pay in a calendar year, including copays, before your health insurance begins to pay 100% of the allowed amount. The out-of-pocket maximum doesn't include your premium and charges that are over and above the allowed amount.



All BlueDirect plans include HealthyBlue:

\$4,300 Individual

\$8,600 Family

Earn rewards for actively managing your health.

You pay 10%)

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	Preventive care	Prescription drugs / Doctor visits / Physical, speech and occupational therapy / Chiropractic care / Emergency room visits / Hospitalization (Cost sharing amounts are illustrated for an Individual plan)	Deductible	Coinsurance	Out-of-pocket maximum		
Option 1: BlueDirect 90 2600	You pay \$0	1. Preventive Drug -\$5 copay, then 100% of allowed charge is covered. Deductible is waived.* 2. You first pay for health care services out of your own pocket or an HSA until you spend \$2,600.	\$2,600 Individual \$5,200 Family	90/10 (BCBSND pays 90%;	The most you would pay per year		

For a family plan, the entire family deductible must be met before coinsurance begins. The deductible can be met by one family member or all members. The Gold Plan prescription drug coverage is considered creditable coverage.

4. Once the amount you've paid reaches \$4,300, BCBSND pays all covered expenses for the rest of the year.

BlueDirect Silver Plans These options are part of a category the federal government deems a Silver Plan.

	Preventive care	Prescription drugs / Doctor visits / Physical, speech and occupational therapy / Chiropractic care / Emergency room visits / Hospitalization (Cost sharing amounts are illustrated for an Individual plan)	Deductible	Coinsurance	Out-of-pocket maximum
Option 2: BlueDirect 80 3500	You pay \$0	 Preventive Drug -\$5 copay, then 100% of allowed charge is covered. Deductible is waived.* You first pay for health care services out of your own pocket or an HSA until you spend \$3,500. After that, you pay 20% of the bills and BCBSND pays 80%. Once the amount you've paid reaches \$7,000, BCBSND pays all covered expenses for the rest of the year. 	\$3,500 Individual \$7,000 Family	80/20 (BCBSND pays 80%; You pay 20%)	The most you would pay per year \$7,000 Individual \$14,000 Family
**Option 3: BlueDirect 80 3000	You pay \$0	 Preventive Drug -\$5 copay, then 100% of allowed charge is covered. Deductible is waived.* You first pay for health care services out of your own pocket or an HSA until you spend \$3,000. After that, you pay 20% of the bills and BCBSND pays 80%. Once the amount you've paid reaches \$7,000, BCBSND pays all covered expenses for the rest of the year. 	\$3,000 Individual \$6,000 Family	80/20 (BCBSND pays 80%; You pay 20%)	The most you would pay per year \$7,000 Individual \$14,000 Family

3. After that, you pay 10% of the bills and BCBSND pays 90%.

	Preventive care	Prescription drugs / Doctor visits / Physical, speech and occupational therapy / Chiropractic care / Emergency room visits / Hospitalization (Cost sharing amounts are illustrated for an Individual plan)	Deductible	Coinsurance	Out-of-pocket maximum
Option 4: BlueDirect 100 7000	You pay \$0	 Preventive Drug -\$5 copay, then 100% of allowed charge is covered. Deductible is waived.* You first pay for health care services out of your own pocket or an HSA until you spend \$7,000. After that, BCBSND pays all covered expenses for the rest of the year. 	\$7,000 Individual \$14,000 Family	100/0 (BCBSND pays 100%; You pay 0%)	The most you would pay per year \$7,000 Individual \$14,000 Family

For a family plan, an individual on the plan must meet the individual deducible before coinsurance begins. The Bronze Plan prescription drug coverage is considered non-creditable coverage.

For a family plan, an individual on the plan must meet the individual deducible before coinsurance begins. The Silver Plan prescription drug coverage is considered creditable coverage.

Preventive drugs are subject to the copayment amount application in the benefit plan.

All cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network. Certain covered services received out-of-network are paid at a lower benefit or no benefit amount and will increase out-of-pocket expenses.

To locate a listing of participating providers, visit BCBSND.com and click on FIND A DOCTOR. **This is an off-exchange plan only and is not available for purchase within the federal exchange.



Get a Quote BCBSND.com/shop 800-280-BLUE (2583) Contact your local agent



^{*}Preventive drug is a prescription medication or drug listed on the preventive drug list. The drug list centers on preventive care and reduces your out-of-pocket costs when using the identified drugs. To view the preventive drug list, visit BCBSND.com/members/rx-tools.

Prescription medications or drugs not listed on the preventive drug list are subject to your out-of-pocket maximum.

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.

BlueDirect Gold Cost-sharing Example

Under the new health reform law, here's an example of what cost sharing looks like. Chris has BlueDirect 90 2600. With this gold plan Chris pays 10% coinsurance, and has a \$2,600 deductible and an out-of-pocket maximum of \$4,300.

January 1st Beginning of calendar year

December 31st End of calendar year



Early in the year, Chris breaks her arm and goes to the Emergency Room.

The expenses apply to her deductible and Chris pays \$600.



Later, Chris' arm requires surgery.

Chris pays \$2,000 meeting her deductible.

After that Chris pays 10% of the expenses (coinsurance): insurance pays 90%.



Now Chris has reached her \$4,300 out-of-pocket maximum.

At this point, **insurance pays** the full cost of covered health care services, including prescription drugs, for the rest of the calendar year.

If Chris has a Family BlueDirect 90 2600 and incurs high medical expenses. Chris could pay up to \$5,200 and the family deductible would be met. At this point, insurance pays 90% coinsurance and Chris plus the family pay 10% until the family out-of-pocket maximum of \$8,600 is met. When the family out-of-pocket maximum is met, insurance pays the full cost of covered services, including prescription drugs the rest of the calendar year for Chris, enrolled spouse and children.

Note: For a BlueDirect Gold family plan, the entire family deductible must be met before coinsurance begins. The deductible can be met by one family member or by all members.

BlueDirect Silver Cost-sharing Example

Under the new health reform law, here's an example of what cost sharing looks like. Chris has BlueDirect 80 3500. With this silver plan Chris pays 20% coinsurance, has a \$3,500 deductible and an out-of-pocket maximum of \$7,000.

lanuary 1st Beginning of calendar year

December 31st End of calendar year



Early in the year, Chris breaks her arm and goes to the Emergency Room.

The expenses apply to her deductible and Chris pays \$600.



Later, Chris' arm requires surgery.

Chris pays \$2,900 meeting her deductible.

After that **Chris pays** 20% of the expenses (coinsurance); insurance pays 80%.



Eventually, Chris reaches her \$7,000 out-of-pocket maximum.

At this point, **insurance pays** the full cost of covered health care services, including prescription drugs, for the rest of the calendar year.

If Chris has a Family BlueDirect 80 3500 and incurs high medical expenses, she will pay the individual deductible of \$3,500. Then Chris pays 20% (coinsurance) and insurance pays 80% until the individual out-of-pocket of \$7,000 is met. At this point, insurance pays the full cost of covered services for the rest of the calendar year for Chris. The rest of the family will meet the difference up to the family deductible of \$7,000 and out-of-pocket maximum of \$14,000. When the family out-of-pocket is met, insurance pays the full cost of covered services, including prescriptions drugs for the entire family (Chris, enrolled spouse and children) for the rest of the calendar year.

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

Why Choose Us for Your Health Insurance?

The Most Trusted Name in Health Insurance

- 98% of all doctors and 100% of all hospitals in North Dakota are BCBSND participating providers
- Enjoy protection when you travel within or outside of the U.S.
- 80% of all providers in the U.S. participate with Blue Cross Blue Shield

 To find nearby doctors and hospitals, call BlueCard Access at 1.800.810.BLUE (2583) or visit the Blue National Doctor & Hospital Finder at www.BCBS.com.

When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through this symbol:



- **Ease of Use**
 - Insurance that's easy to use is a top priority for our members, so we focus on convenience
 - Service from local offices throughout North Dakota

A Strong, Local Company

 Members and health care providers in North Dakota appreciate the fact that they can rely on us

- · Hassle-free claims
- Claims paid and questions answered here in North Dakota
- Online self-service center available 24/7
- Strong and stable North Dakotabased 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 you incorporate healthy choices into your everyday lives, we provide:

- HealthyBlue online wellness center with mobile app and incentive plan that rewards healthy behaviors like physical activity and setting and achieving goals.
- BlueAlliance, a partnership with North Dakota providers to improve quality, manage costs and enhance your experience
- Prenatal Plus to help facilitate healthy pregnancy

A Variety of Options

For individuals and families who don't purchase insurance from employers, BCBSND also offers:

- BlueCare
- BluePrimesM

- SimplyBluesM
- BlueEssential

Get a Quote

- BCBSND.com/shop
- 800-280-BLUE (2583)
- Contact your local agent



Blue Cross Blue Shield of North Dakota is an Independent licensee of the

Do You Qualify for Help Paying Your Premium?

See how much your insurance will cost by answering a few questions. Visit BCBSND.com/shop.

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.

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 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.

*Note: cost-sharing reduction health plans purchased through the health insurance exchange may not comply for use with HSAs.

Blue Cross Blue Shield of North Dakota has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at http://www.bcbsnd.com/report or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

4510 13th Avenue South, Fargo, North Dakota 58121

中文 (Chinese)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu - Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

(Arabic) العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8457-363-844-1 (رقم هاتف الصم والبكم: 848-360-845-1 (رقم هاتف الصم والبكم:

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę', t'áá jiik'eh, éí ná hólǫ́, kojį' hódíílnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)