



ND

## BlueEssential

A high deductible health insurance plan that protects you from financial ruin if you experience a serious accident or illness.

BlueEssential is available to individuals under age 30.



Health care reform has changed some things about insurance plans. First, most Americans are required to have health insurance.

BlueEssential from Blue Cross Blue Shield of North Dakota (BCBSND) meets all the government requirements, costs less than other insurance plans and has the advantage of being supplied by North Dakota's most preferred health insurance company.

Explore all your BCBSND plan options, including some that allow you to use federal tax credits to help pay for your health insurance. Learn more and find out if you are eligible for a tax credit at [BCBSND.com/shop](https://BCBSND.com/shop)

# BlueEssential

## 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](https://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](https://BCBS.com) and click Find A Doctor. Providers who are not Preferred Blue or BlueCard PPO health 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.

### **Locate pharmacies by using the "RX Tools" link at [BCBSND.com](https://BCBSND.com).**

You can locate pharmacies anywhere in the United States by visiting [BCBSND.com](https://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.



Be sure to use your policy for preventive care, which is covered at 100%. There is no requirement to meet your deductible for preventive care.

For your first three office visits, you only pay a copay for each visit without meeting your deductible. For other services, you pay out-of-pocket. And even though you're paying on your own at this point, you receive discounts from participating providers because you are a BCBSND member.





Once you've spent \$8,700 for an individual plan (or \$17,400 for a family plan), BCBSND pays all your covered expenses for the remainder of the calendar year.

**HealthyBlue**  
Powered by WebMD

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

Get a Quote  [BCBSND.com/shop](https://BCBSND.com/shop)

 800-280-BLUE (2583)

 Contact your local agent



## What's Covered

<b>Preventive care</b>	You pay <b>\$0</b>
<b>Doctor visits</b>	You pay a \$50 copay amount for each of your first three office visits. You pay for subsequent visits until you have met your out-of-pocket maximum.
<b>Chiropractic care</b> <b>Emergency room visits</b> <b>Hospitalization</b> <b>Prescription drugs</b> <b>Physical, speech and occupational therapy</b>	<ol style="list-style-type: none"> <li>1. You first pay for health care services out of your own pocket until you have met your out-of-pocket maximum.</li> <li>2. After that, BCBSND pays all covered expenses for the rest of the year.</li> </ol>
<b>Deductible</b>	<b>\$8,700 Individual plan; \$17,400 Family plan</b>
<b>Coinsurance</b>	100/0 (BCBSND pays 100%; you pay 0%)
<b>Out-of-pocket maximum</b>	<p>The most you would pay per year: <b>\$8,700 Individual plan; \$17,400 Family plan</b></p> <p>For a family plan, when an individual on the plan meets the individual deductible and out-of-pocket maximum, their covered expenses will be paid for the rest of the year, even if the family deductible and out-of-pocket maximum has not been met.</p>

Cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network. To locate a listing of participating providers, visit [BCBSND.com](http://BCBSND.com) and click on FIND A DOCTOR.

The BlueEssential plan prescription drug coverage is considered creditable coverage.

## A Few Terms You Should Know

### Premium

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

### Deductible

The amount you owe for health care services before your insurance begins to pay. Some services, such as preventive services, are paid right away, before you meet your 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 year before your health insurance begins to pay 100% of the allowed amount. The out-of-pocket maximum amount doesn't include your premium and charges that are over and above the allowed amount.

## Cost-sharing Example

Under the new health reform law, here's an example of what cost sharing looks like. Chris has a BlueEssential family plan. With this plan Chris pays a \$17,400 deductible and an out-of-pocket maximum of \$17,400.

January 1st  
Beginning of calendar year

December 31st  
End of calendar year



Early in the year, Chris' son Charlie requires surgery due to a sports injury and begins physical therapy.

Chris pays the entire bill of \$8,550, which goes toward the family deductible.

Chris breaks her arm and goes into the Emergency Room.

Chris pays the entire bill of \$2,000 which continues to go toward the family deductible.



Charlie needs additional physical therapy which is covered 100% since he previously met the Individual deductible and out-of-pocket maximum.

Later, Chris' arm requires surgery.

Chris pays all expenses totaling \$6,850. The family deductible has been met.



Chris and Charlie reached the \$17,400 family 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 for all family members; Chris, Charlie and spouse.

**Note:** For a 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](http://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:



## 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

## 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
- Hassle-free claims
- Claims paid and questions answered here in North Dakota
- Online self-service center available 24/7

## A Strong, Local Company

- Members and health care providers in North Dakota 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

## A Variety of Options

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

- BlueDirect
- BlueCare
- SimplyBlue<sup>SM</sup>
- BluePrime<sup>SM</sup>

## Get a Quote

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

## Do You Qualify for Help Paying Your Premium?

See how much your insurance will cost by answering a few questions.  
Visit [BCBSND.com/shop](http://BCBSND.com/shop)



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

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.

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.

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



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](mailto: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).

## 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).

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

## 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 सेवाहरु 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'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)