



ND

SimplyBlueSM

A budget friendly plan,
ideal for North Dakotans
who stay close to home for
their care.



Most Americans are required to have health insurance and SimplyBlue from Blue Cross Blue Shield of North Dakota (BCBSND) keeps you compliant with that law.

This budget-friendly plan also has the advantage of being supplied by North Dakota's most preferred health insurance company.

Explore all the BCBSND plan options and see if you're eligible for a tax credit at BCBSND.com/shop.

SimplyBlue

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. If you or a family member seeks certain covered services received outside of the PPO network or outside of North Dakota, services are paid at a lower benefit or no benefit amount and will increase out-of-pocket expenses. 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.



Locate pharmacies by using the "RX Tools" link at BCBSND.com.

SimplyBlue includes prescription coverage at in-network pharmacies. 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.

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

**Generic drugs are covered for a \$40 copay without having to meet your deductible.

Value and generic drugs are subject to the copayment application in the benefit plan. Other prescriptions are subject to deductible and coinsurance. There is no coverage for drugs when using an out-of-network pharmacy.



Be sure to use your policy for preventive care, which is covered at 100% even before you've met your deductible, as long as you stay in network.

For your first sick care office visit, you only pay a \$40 copay without having to meet your deductible.

For other services you pay out of pocket until you've met your deductible. And even though you're paying on your own at this point, you receive discounts from participating providers because you are a BCBSND member.

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.

What's Covered

Medical	In Network	Out of Network
Preventive care/screening/immunizations	You pay \$0	No Coverage
Doctor visits	\$40 copay for first office visit Subsequent visits subject to Deductible and Coinsurance	Deductible and Coinsurance
Emergency room services All in-patient hospital services Specialist visit	Deductible and Coinsurance	Deductible and Coinsurance
Rehabilitative and habilitative therapy	Deductible and Coinsurance	Deductible and Coinsurance
Drugs	In Network	Out of Network
Value Drug (A prescription medication or drug listed on the value based design drug list.)	\$5 copay**	No Coverage
Generic Preferred drugs Generic Nonpreferred drugs	\$40 copay** \$40 copay**	No Coverage
Brand Name Preferred Brand Name Nonpreferred	Deductible and Coinsurance Deductible and Coinsurance	No Coverage
Specialty Preferred Specialty Nonpreferred	Deductible and Coinsurance Deductible and Coinsurance	No Coverage

Cost sharing	In Network		Out of Network	
	Individual	Family	Individual	Family
Deductible	\$6,800	\$13,600	\$13,600	\$27,200
Out-of-pocket maximum	\$8,700	\$17,400	\$17,400	\$34,800
Coinsurance	BCBSND pays 60% and you pay 40%		BCBSND pays 50% and you pay 50%	

Cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network. The SimplyBlue plan prescription drug coverage is not 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

Here's an example of what cost sharing looks like. Chris has a SimplyBlue individual plan. By staying in-network, Chris pays a \$6,800 deductible and an out-of-pocket maximum of \$8,700.



Early in the year, Chris breaks her arm and goes to an in-network emergency room. The visit and services received at the emergency room cost \$3,000. The expenses apply to her deductible and Chris pays \$3,000.



Later, Chris' arm requires surgery, which she has done with an in-network provider. Chris pays \$3,800, meeting her deductible. After that Chris pays 40% of the expenses (coinsurance) and insurance pays 60%.



Eventually, Chris reaches her \$8,700 out-of-pocket maximum. At this point, insurance pays the full cost of covered health care services, including drugs, for the rest of the calendar year, provided she stays in-network.

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?

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

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 Strong, Local Company

- Members and health care providers in North Dakota appreciate the fact that they can rely on us
- A strong and stable North Dakota-based company
- 75+ 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
- BlueEssential
- BlueCare
- BluePrimeSM

Get a Quote

-  [BCBSND.com/shop](https://www.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](https://www.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.



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).

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 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 språkassistanstjenester 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, kojí' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)