



BluePrimeSM

Benefits Overview

A unique health insurance plan for families and individuals with a lower deductible and separate prescription deductible.



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BluePrime

How it Works

With this unique health insurance plan from Blue Cross Blue Shield of North Dakota (BCBSND), you:

- Pay the same copayment (copay) each time you visit the doctor or pharmacy
- Share costs with BCBSND with the deductible, separate prescription deductible, and coinsurance
- Can better predict your health care expenses



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 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. 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.



When you go to the doctor or a specialist

You pay a copay for the visit. You may have to pay additional for extra tests, lab work or other medical services resulting from that visit.

The exception is preventive care, which is covered at 100%. There is no copay and no requirement to meet your deductible.



When you get prescription drugs

You pay a copay for your prescription drug, after the separate outpatient prescription medications or drug deductible has been met.

The value drug benefit is available without having to meet a deductible. Save money on value drugs listed on the value-based design drug list located at BCBSND.com/members/rx-tools.



When you’re admitted to the hospital

You pay toward the hospital costs until your deductible is met.

After that, you and BCBSND share the medical costs (coinsurance) until your out-of-pocket maximum is met. Then BCBSND pays all your covered expenses.

Cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network. For a family plan, an individual on the plan must meet the individual deductible before coinsurance begins.

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.

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).

BluePrime 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 Health 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

Get a Quote



BCBSND.com/shop



800-280-BLUE (2583)



Contact your local agent

*Find out if you qualify for help paying your premiums. Go to BCBSND.com/shop.

BluePrime Plan Option

BluePrime has two separate deductibles. The first deductible applies to specific medical services. The second deductible applies to outpatient prescription medications or drugs. Neither deductible applies to the value drug benefit.

HealthyBlue

Powered by WebMD

The BluePrime plan includes HealthyBlue:

Earn rewards for actively managing your health.

BluePrime Gold Plan This option is part of a category the federal government deems a Gold Plan.									
	Doctor visit chiropractic care physical, speech & occupational therapy	Preventive care	Outpatient prescription medications or drug deductible	Prescription drugs	Emergency Room visit	Hospitalization/ exams/etc.	Deductible	Coinsurance	Out-of-pocket maximum
BluePrime 70 500	You pay \$25	You pay \$0	\$2,500 Individual \$5,000 Family	You pay Value – \$5* Generic Preferred - \$10 Generic Nonpreferred - \$10 Brand Name Preferred - \$60 Brand Name Nonpreferred - \$150 Specialty Preferred - 40% Specialty Nonpreferred - 50%	You pay 30% of total cost**	You pay 30% of total cost**	\$500 Individual \$1,000 Family	70/30 (BCBSND pays 70%; You pay 30%)	The most you would pay per year \$8,000 Individual \$16,000 Family

*\$5 copayment amount, then 100% of allowed charge. Deductible amount is waived. The copayment amount applies to the out-of-pocket maximum.

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.

The following prescription drugs are subject to the outpatient prescription medications or drugs deductible amount:

- Generic Preferred
- Generic Nonpreferred
- Brand Name Preferred
- Brand Name Nonpreferred
- Specialty Preferred
- Specialty Nonpreferred

All outpatient prescription medications and drugs are subject to the copayment 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.

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


To locate a listing of participating providers, visit BCBSND.com and click on FIND A DOCTOR.


The BluePrime prescription drug coverage is considered creditable coverage.

**After deductible is met.

Get a Quote

 BCBSND.com/shop

 800-280-BLUE (2583)

 Contact your local agent



Health Insurance is about Sharing Costs

Health insurance is a cost-sharing arrangement. Like your 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.

The cost-sharing terms you should know are defined below.

A Few Cost-sharing Terms You Should Know

Premium

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

Deductible

The amount you owe for health care services before your insurance begins to pay. For example, if your deductible is \$1,000, you will pay all your 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.

Copayment (copay)

A fixed amount you pay for a covered health care service, typically paid at the time of the service. The amounts vary depending upon the service you receive.

Coinsurance

Your share of the costs of a health care service covered in your plan after the deductibles 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.

Outpatient prescription medications or drug deductible amount

A specified dollar amount payable by the member for prescription medications or drugs received during the benefit period.

Cost-sharing Example

Under the new health reform law, here's an example of what cost sharing looks like. Chris has BluePrime 70 500. With this plan Chris pays 30% coinsurance, has a \$500 deductible and an out-of-pocket maximum of \$8,000.

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.

Chris pays \$500 (copayment); insurance pays the remaining amount.



Later, Chris' arm requires surgery.

Chris pays all expenses up to \$500 (her deductible).

For the remaining amount, Chris pays 30% of the expenses (coinsurance); insurance pays 70%.



Eventually, Chris reaches her \$8,000 out-of-pocket maximum.

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

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 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:



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, 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
- BlueEssential
- BluePrimeSM
- SimplyBlueSM
- DakotaBlue
- BlueValue

Get a Quote



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



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 provides pharmacy benefit management services for Blue Cross Blue Shield of North Dakota.

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



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