

BluePartnerSM

Small Group Benefits Overview

By partnering with a single provider network, your company receives comprehensive benefits at an attractive price.



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BluePartner Platinum Plan: This option is part of a category the federal governments deems a Platinum Plan.

Copay Plan	Doctor visit, chiropractic care, physical, speech and occupational therapy	Preventive care	Prescription drugs	Specialist visit	Emergency Room visit	Hospitalization	Deductible	Coinsurance	Out-of-pocket maximum
BluePartner 90 500	Employee pays \$20	Employee pays \$0	Employee pays Value - \$5* Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$20 Brand Name Nonpreferred - \$40 Specialty Preferred - 20% of total cost*** Specialty Nonpreferred - 50% of total cost***	Employee pays \$20	Employee pays 10%***	Employee pays 10%***	\$500 Individual \$1,000 Family	90/10 (BCBSND pays 90%; Employee pays 10%)	\$1,800 Individual \$3,600 Family

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

The Platinum Plan prescription drug coverage is considered creditable coverage.

BluePartner Silver Plan: This option is part of a category the federal governments deems a Silver Plan.

Copay Plan	Doctor visit, chiropractic care, physical, speech and occupational therapy	Preventive care	Prescription drugs	Specialist visit	Emergency Room visit	Hospitalization	Deductible	Coinsurance	Out-of-pocket maximum
BluePartner 60 3000	Employee pays \$45	Employee pays \$0	Employee pays Value - \$5* Generic Preferred - \$20 Generic Nonpreferred - \$20 Brand Name Preferred - \$150 Brand Name Nonpreferred - \$200 Specialty Preferred - 50% of total cost*** Specialty Nonpreferred - 50% of total cost***	Employee pays \$45	Employee pays 40%***	Employee pays 40%***	\$3,000 Individual \$6,000 Family	60/40 (BCBSND pays 60%; Employee pays 40%)	\$9,400 Individual \$18,800 Family

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

The Silver Plan prescription drug coverage is considered creditable coverage.

BluePartner Gold Plan: This option is part of a category the federal governments deems a Gold Plan.

High Deductible Health 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
BluePartner 100 3200	Employee pays \$0	<ol style="list-style-type: none"> Preventive Drug - \$5 copay, then 100% of allowed charge is covered. Deductible is waived.** An employee first pays for health care services out of his or her own pocket or from an HSA until they have spent \$3,200. After that, BCBSND pays all covered expenses for the rest of the year. 	\$3,200 Individual \$6,400 Family	100/0 (BCBSND pays 100%; Employee pays 0%)	\$3,200 Individual \$6,400 Family

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

The Gold Plan prescription drug coverage is considered creditable coverage.

BluePartner Bronze Plan: This option is part of a category the federal governments deems a Bronze Plan.

High Deductible Health 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
BluePartner 50 5500	Employee pays \$0	<ol style="list-style-type: none"> Preventive Drug - \$5 copay, then 100% of allowed charge is covered. Deductible is waived.** An employee first pays for health care services out of his or her own pocket or from an HSA until they spend \$5,500. After that, the employee pays 50% of the bills and BCBSND pays 50%. Once the amount paid by the employee during year has reached \$7,800, BCBSND pays all covered expenses for the rest of the year. 	\$5,500 Individual \$11,000 Family	50/50 (BCBSND pays 50%; Employee pays 50%)	\$7,800 Individual \$15,600 Family

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

The Bronze Plan prescription drug coverage is considered non-creditable coverage.

*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 employee's out-of-pocket costs when using the identified drugs. To view the value-based design drug list, visit BCBSND.com/members/rx-tools.

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

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

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

All outpatient prescription medications and drugs are subject to the copayment amount application in the benefit plan.

Medical cost sharing amounts shown apply to covered services you receive within the Sanford 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. Prescription drug cost sharing amounts when received through Prime network.

To locate a listing of participating Sanford providers within the BluePartner network, visit BCBSND.com and click on FIND A DOCTOR.

*** After deductible is met.

[Get a Quote](#)

BCBSND.com/smallgroup

[Contact your local agent](#)

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 providers
- Coverage when traveling—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:



Ways to Stay Healthy and Active

BCBSND believes in a preventive approach to health and wellness. To help your employees incorporate healthy choices into your everyday lives, we provide:

- Disease prevention and management programs
- HealthyBlue online wellness center with mobile app
- Free materials to start a wellness program in your workplace
- 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 this state appreciate the fact that they can rely on us
- Strong and stable North Dakota-based company
- 75+ years in North Dakota's unique health care market

Plan Options

In addition to offering a narrow network plan, BCBSND provides a variety of other plans widely accepted by 98% of all doctors and 100% of all hospitals in North Dakota, plus coverage when traveling outside the state or outside the county.



[Get a Quote](#)

[BCBSND.com/smallgroup](https://www.BCBSND.com/smallgroup)

[Contact your local agent](#)

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.

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.

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 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.)