

# Personal Choice 80

Excluding benefits for routine maternity and delivery services.



**BlueCross  
BlueShield**  
of North Dakota

An Independent licensee of the Blue Cross & Blue Shield Association

**PC 80 Individual**

# Save on out-of-pocket costs!

The Personal Choice deductible applies only to inpatient admissions and skilled nursing care. And because this plan has no maternity benefits, you'll like its lower premium, too.

## Benefits begin with the first office visit.

Unlike plans that require you to meet a deductible before receiving any benefits, Personal Choice allows benefits with the first office visit. After you pay the copayment, Personal Choice covers the physician's charge for an office visit at 80 percent, with no deductible.

## Well child care helps keep your child healthy.

This benefit plan provides coverage for the following well child care services as recommended by the Health Resources and Services Administration.

- Birth through 12 months: 7 visits
- 13 months through 35 months: 4 visits
- 36 months through 72 months: 1 visit per benefit period

## Immunizations.

Covered immunizations are those that have been published as policy by the Centers for Disease Control. In addition to certain preventive services, this plan pays 100 percent of the allowed charge for covered immunizations. Certain age restrictions may apply.

- |                           |                           |                                      |
|---------------------------|---------------------------|--------------------------------------|
| • Hepatitis               | • Pneumococcal Disease    | • MMR (Measles/Mumps/Rubella)        |
| • Hemophilus Influenza B  | • Chicken Pox (Varicella) | • DPT (Diphtheria/Pertussis/Tetanus) |
| • Influenza Virus Vaccine | • Polio                   | • HPV (Human Papillomavirus)         |
| • Meningococcal Disease   | • Tetanus                 |                                      |

## Wellness programs.

This plan offers two wellness programs:

**MyHealthCenter** is an online health tool to help members reach their goals, whether they want to lose weight, quit smoking or simply eat healthier and get fit.

**Health Club Credit** offers Blue Cross Blue Shield of North Dakota (BCBSND) members and their spouses up to a \$20 credit monthly for visiting a participating health club at least 12 days each month. BCBSND has partnered with the National Independent Health Club Association (NIHCA), a non-profit organization that represents independently owned health centers across the nation, to administer this program.

**NDWellnessCenter.com** is devoted to wellness and to improving the health of all North Dakotans.

## **Outpatient prescription drug benefits.**

To help offset the cost of today's prescription medications and drugs, this plan offers a benefit-rich prescription drug program. The program provides a number of advantages and benefits including:

### *Automatic claims filing*

Participating pharmacies submit your claim for you.

### *Network benefits*

Get the most from your benefits by using the preferred pharmacy network with participating pharmacies nationwide.

### *All-in-one ID card*

Your BCBSND identification card is also your prescription drug card.

To gain additional savings, the program also identifies ways to reduce your out-of-pocket prescription drug costs through the use of generic alternatives.

## **It's easy with a participating provider.**

More than 95 percent of all doctors, hospitals and other health care providers throughout North Dakota participate with BCBSND. They have entered into agreements with us to accept established negotiated rates, less cost sharing amounts, as payment-in-full for covered services. This negotiated rate is called the allowed charge.

When you need medical services, you won't have to worry about whether you've made all the proper phone calls to your insurance company for approval. This process is done by your participating provider, who has agreed to handle any preauthorization and other requirements on your behalf. And they'll file your claims for you.

## **How to know if a doctor or hospital is a participating or nonparticipating provider.**

To find out, you can call BCBSND or visit our website at [www.BCBSND.com](http://www.BCBSND.com). You can also contact the doctor or hospital you plan to receive services from and ask if they are a BCBSND participating provider.

If you seek covered services from a nonparticipating provider, you must notify BCBSND prior to receiving certain services. Before receiving these services, have the provider call BCBSND for authorization.

If you receive a covered service from a nonparticipating provider, and charges exceed our allowed charge, you will be responsible for paying the difference between the allowed charge and the amount you are billed. If services are received in North Dakota from a nonparticipating BCBSND provider, your benefits will be reduced an additional 20 percent.

## **This benefit plan covers these services and more.**

### **Who is eligible for benefits?**

If you have family coverage, benefits are available for you, your spouse and eligible children. If you have single plus dependent coverage, you and your eligible children are covered. Eligible children include:

- Children under age 26. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption, or children which you or your covered spouse have legal guardianship or are court ordered to provide health benefits.
- Grandchildren of yours or your covered spouse if:
  - The parent of the grandchild is unmarried.
  - The parent of the grandchild is a covered eligible dependent.
  - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children incapable of self-support because of mental retardation or a physical handicap that began before they reached 26 years of age and who are primarily dependent on you or your covered spouse.

### **Outpatient prescription drug benefits.**

Benefits are available nationwide at any pharmacy participating in the preferred pharmacy network. To locate a participating pharmacy, call the special toll-free number listed on the back of your ID card. When you use this national network, your claims are filed for you.

Prescription drugs are categorized as formulary, nonformulary, nonpayable or restricted-use drugs. A restricted-use drug may have a dispensing limit and/or require prior approval.

When a generic drug is available but not accepted, the member is responsible for the difference between the cost of the generic and brand name drug. Prescriptions filled at a nonparticipating pharmacy must be paid in full and a paper claim submitted. All costs above the allowance are the member's responsibility.

### **Preventive screening services.**

Well child care for members to the member's 6<sup>th</sup> birthday according to guidelines supported by the Health Resources and Services Administration.

Preventive screening services for members age 6 and older according to A or B Recommendations of the U.S. Preventive Services Task Force, including:

- One routine physical examination
- Routine diagnostic screenings
- Mammography screening (for members age 35 and older)
- Cervical cancer screening
- Colorectal cancer screening (for members age 50 through 75)
  - Fecal occult blood testing and
  - Colonoscopy or
  - Sigmoidoscopy
- Certain nutritional counseling
- Tobacco cessation services

Benefits other than those recommended by the U. S. Preventive Services Task Force will be subject to cost sharing amounts. Refer to the benefit plan for further details.

A health care provider will counsel members as to how often preventive services are needed based on the age, gender and medical status of the member.

*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.*

Description of Benefits	Copayment	Benefit Amount <small>with a participating BCBSND provider</small>		Special Conditions
	Amount you pay per visit	Before coinsurance maximum is met	After coinsurance maximum is met	
<b>Inpatient Hospital Services</b>		80%	100%	<b>Subject to the per admission deductible amount.</b> Preauthorization may be required.
<b>Outpatient Hospital Services</b>		80%	100%	
Physical Therapy	\$20	80%	100%	Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota.
Occupational & Speech Therapy	\$20	80%	100%	Maximum of 30 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition.
<b>Wellness Services</b>				
Immunizations		100%	100%	
Well Child Care <small>(to member's 6th birthday)</small>		100%	100%	
Preventive Screening Services <small>(members 6 and older)</small>		100%	100%	
Colonoscopy or Sigmoidoscopy		100%	100%	Benefits other than those recommended by the U.S. Preventive Services Task Force will be subject to cost sharing amounts. The number of visits for these services may vary by age group. Refer to the benefit plan for details.
Mammography, Pap Smear & Fecal Occult Blood Testing		100%	100%	
Tobacco Cessation Services		100%	100%	Prescription and payable over-the-counter tobacco cessation medications or drugs must be obtained with a prescription order.
Related Office Visit		100%	100%	
<b>Home &amp; Office Visits</b>	\$25	80%	100%	
<b>Diagnostic Services</b>				
Lab, X-ray, MRI & Allergy Testing		80%	100%	
<b>Radiation Therapy, Chemotherapy &amp; Dialysis</b>		80%	100%	
<b>Psychiatric &amp; Substance Abuse Services</b>		100% / 80%	100%	<b>Inpatient services are subject to the per admission deductible amount.</b> Out-of-state admissions require prior approval. Preauthorization may be required. Refer to the benefit plan for details.
Inpatient, Ambulatory Behavioral Health Care, Residential Treatment & Outpatient Services				
<b>Emergency Services</b>	\$75	80%	100%	Preauthorization is not required.
<b>Ambulance Services</b>		80%	100%	
<b>Skilled Nursing Facility Services</b>		80%	100%	<b>Subject to the per admission deductible amount.</b> Preauthorization is required.
<b>Home Health Care Services</b>		80%	100%	Preauthorization is required.
<b>Hospice Services</b>		80%	100%	Preauthorization is required.
<b>Chiropractic Services</b>				
Home & Office Visits	\$25	80%	100%	
Therapy & Manipulations	\$20	80%	100%	
Diagnostic Services		80%	100%	
<b>Medical Supplies &amp; Equipment</b>		80%	100%	

**Benefits for Routine Maternity and Delivery Services are not included with this plan.**

Description of Benefits	Copayment	Benefit Amount		Special Conditions
		Before prescription drug coinsurance maximum is met	After prescription drug coinsurance maximum is met	
<b>Outpatient Prescription Medications or Drugs</b>				One copayment amount per prescription order or refill for a 1–34 day supply. Two copayment amounts per prescription order or refill for a 35–100 day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount.
Formulary	\$15	70%	100%	
Nonformulary	\$15	50% sanction	50% sanction	



# It is the mission of Blue Cross Blue Shield of North Dakota to provide the best value in health insurance to our members.

## Who is Blue Cross Blue Shield of North Dakota?

We're a homegrown, North Dakota company whose employees may be your neighbors, your friends and, perhaps, even your family. We are people committed to delivering the health coverage you need, supported by the service you expect. For more than 60 years, we've been providing superior health coverage, financial security and peace of mind to our members.

## Go worldwide with BlueCard®.

The BlueCard program allows you the freedom to choose a Blue Cross Blue Shield provider anywhere in the world—an important advantage if you receive services outside North Dakota. In the U.S. alone, more than 85 percent of all hospitals and health care providers are participating with a Blue Cross Blue Shield Plan.

## Managing your health care dollars.

We are proud that our administration costs are among the lowest per member in the nation when compared with all other independent Blue Cross and Blue Shield Plans. Less than eight cents of every premium dollar is spent on administrative services. The remainder is returned to our members in benefits.

Our managed benefits team works closely with BCBSND participating providers to ensure the health care program between you and your physician is handled appropriately, efficiently and honestly.

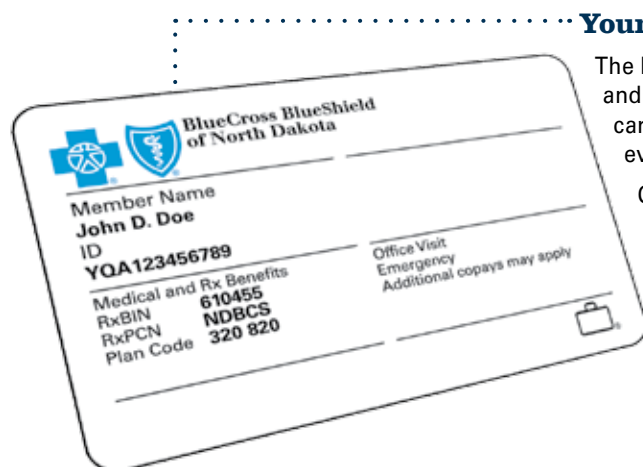
Included in this effort is our Case Management program to assist members with high-dollar cases. This program explores options for care and treatment and helps identify the most appropriate, cost-effective care.

## Service—nearby and personal.

We realize that members sometimes prefer to meet face-to-face with a member services representative. For this reason we have located our member services offices throughout the state. No matter where you live in North Dakota, you'll find a BCBSND office generally within an hour's drive from your home or office. And we're just a toll-free call away at 1-800-342-4718 or visit our website at [www.BCBSND.com](http://www.BCBSND.com).

## Less paperwork.

Because your claims are submitted for processing directly to us by participating hospitals, clinics, physicians and other health care providers, you'll notice a lot less paperwork. You will receive an Explanation of Benefits (EOB), explaining what was paid, not paid and why.



## Your ID card.

The Blue Cross Blue Shield identification card, with its distinctive cross and shield symbols, is the most recognized and respected health care card in the world, allowing easy access to medical services practically everywhere.

Once you enroll, you will receive a BCBSND identification card displaying your benefit plan number and other information regarding your health care coverage. Carry your card with you at all times; it is a legal document only you and your eligible dependents can use. Our toll-free number appears on the back of your card.

## Personal Choice 80

### Per Admission Deductible Amount

Plan 350	\$350
Plan 500	\$500
Plan 1000	\$1,000
Plan 2000	\$2,000
Plan 3000	\$3,000
Plan 5000	\$5,000

### Coinsurance Maximum Per Benefit Period

Single Coverage <i>Or an individual family member</i>	\$2,000
Single Plus Dependent Coverage <i>Individual plus eligible children</i>	\$3,000
Family Coverage	\$4,000

Outpatient prescription drug cost sharing amounts do not apply to the coinsurance maximum.

### Outpatient Prescription Drug Coinsurance Maximum Amount \$1,000 per member per benefit period

When the prescription drug coinsurance maximum amount has been met, copayment amounts will continue to apply, and formulary drugs will be covered at 100% of the allowed charge for the remainder of the benefit period. Copayment amounts and the nonformulary sanction do not apply to this coinsurance maximum.

### Monthly Rates

	Plan 350	Plan 500	Plan 1000	Plan 2000	Plan 3000	Plan 5000
Single Coverage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Single Plus Dependent Coverage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Family Coverage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

These rates available until: \_\_\_\_\_

### Benefits for Routine Maternity and Delivery Services are not included with this plan.

#### Waiting period for pre-existing conditions.

This plan applies a waiting period of 365 days to services, supplies or charges for the care or treatment a member receives for a pre-existing condition. A pre-existing condition is a condition, disease, illness or injury for which the member received medical advice or treatment within the 6-month period immediately preceding the individual member's enrollment date under the benefit plan. Members under age 19 will not be subject to a waiting period.

#### Qualifying previous coverage.

Days of continuous coverage under qualifying previous coverage will apply toward the waiting period if continuous to a date within 63 days prior to the individual member's enrollment date under the benefit plan.

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, see your Individual Benefits Consultant or write to Blue Cross Blue Shield of North Dakota.

**Further facts on coverage and enrollment are available from:**

**Home Office**

4510 13th Avenue South  
Fargo, ND 58121  
(701) 277-2227  
(800) 342-4718

**Fargo District Office**

4510 13th Avenue South  
Fargo, ND 58121  
(701) 282-1149

**Bismarck District Office**

1415 Mapleton Avenue  
Bismarck, ND 58503-5371  
(701) 223-6348

**Grand Forks District Office**

American Office Park  
2810 19th Avenue South  
Grand Forks, ND 58201-5957  
(701) 795-5340

**Minot District Office**

1308 20th Avenue SW  
Minot, ND 58701-6452  
(701) 858-5000

**Jamestown Service Office**

300 2nd Avenue NE, Suite 132  
Jamestown, ND 58401-3376  
(701) 251-3180

**Dickinson Service Office**

150 West Villard, Suite 2  
Dickinson, ND 58601-5155  
(701) 225-8092

**Devils Lake Service Office**

425 College Drive South, Suite 13  
Devils Lake, ND 58301-3537  
(701) 662-8613

**Williston Service Office**

1137 2nd Avenue West, Suite 105  
Williston, ND 58801-4168  
(701) 572-4535

**This brochure presents a brief explanation of the 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.**



**BlueCross BlueShield  
of North Dakota**

An independent licensee of the Blue Cross & Blue Shield Association

**Call toll-free 1-800-342-4718**

**Fargo area call 277-2227**

**[www.BCBSND.com](http://www.BCBSND.com)**