

Blue Saver[®] 100

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.

An overview of benefits and services provided by this plan.



**BlueCross
BlueShield**
of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

**BS 100
Individual
PPACA10**

Blue Saver[®] is a unique approach to health care.

This consumer-driven health plan is designed with an option for you to take advantage of tax-favored funds to pay for out-of-pocket health care costs. This allows you more control of your choices and promotes greater personal investment.

What is a high deductible health plan?

A High Deductible Health Plan transfers more of the cost sharing responsibility to the member in exchange for lower-cost premiums. The plan provides security for catastrophic health events while encouraging the members to become more informed about their health and lifestyle choices. Blue Saver is a high deductible health plan designed to comply with Section 223 of the Internal Revenue Code and is intended for use with a Health Savings Account (HSA). An HSA is an account owned by an individual where contribution to the account pay for current and future medical expenses.

Notice: Since HSAs are personal health care savings vehicles, Blue Cross Blue Shield of North Dakota (BCBSND) is unable to provide legal or tax advice as to whether you are eligible to establish or contribute to an HSA in any tax year. In addition, although you must be covered by a high deductible health plan in order to contribute to an HSA, additional rules apply. You may not contribute to an HSA, for example, if you can be claimed as a dependent on someone else's tax return or you have other health coverage (other than high deductible coverage), including Medicare, coverage through a spouse or coverage under a cafeteria plan that provides reimbursement of medical expenses. You are solely responsible for determining the legal and tax implications of: (1) establishing an HSA; (2) eligibility for an HSA; (3) the amount of contributions made to an HSA; (4) the deductibility of contributions made to an HSA; and (5) withdrawals from an HSA and related taxation. BCBSND encourages all individuals to consult with an accountant, lawyer or other qualified tax adviser about how the rules apply to their own situations.

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 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. 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 6th 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	Benefit Amount with a participating BCBSND provider	Special Conditions
Amounts are a % of the allowed charge after the deductible is met.		
Inpatient Hospital Services	100%	Preauthorization may be required.
Outpatient Hospital Services	100%	
Physical Therapy	100%	Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota.
Occupational & Speech Therapy	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary.
Professional Health Care Provider Services		
Inpatient, Outpatient & Surgical Services	100%	
Wellness Services		
Immunizations	100%	Deductible does not apply.
Well Child Care <i>(to member's 6th birthday)</i>	100%	Deductible does not apply.
Preventive Screening Services <i>(members 6 and older)</i>	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. Deductible does not apply.
Colonoscopy or Sigmoidoscopy	100%	
Mammography, Pap Smear & Fecal Occult Blood Testing	100%	Deductible does not apply.
Tobacco Cessation Services	100%	Prescription and payable over-the-counter tobacco cessation medications or drugs must be obtained with a prescription order. Deductible does not apply.
Related Office Visit	100%	Deductible does not apply.
Home & Office Visits	100%	
Diagnostic Services		
Lab, X-ray, MRI & Allergy Testing	100%	
Radiation Therapy, Chemotherapy & Dialysis	100%	
Maternity Services	100%	
Inpatient, Outpatient, Pre & Postnatal Care		
Psychiatric & Substance Abuse Services	100%	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		
Emergency Services	100%	Preauthorization is not required.
Ambulance Services	100%	
Skilled Nursing Facility Services	100%	Preauthorization is required.
Home Health Care Services	100%	Preauthorization is required.
Hospice Services	100%	Preauthorization is required.
Chiropractic Services		
Home & Office Visits	100%	
Therapy & Manipulations	100%	
Diagnostic Services	100%	
Medical Supplies & Equipment	100%	
Hearing Aids <i>(for members under age 18)</i>	100%	Maximum benefit allowance of \$3,000 per member every 3 years. Prior approval is required.
Outpatient Prescription Medications or Drugs		
Formulary	100%	
Nonformulary	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.

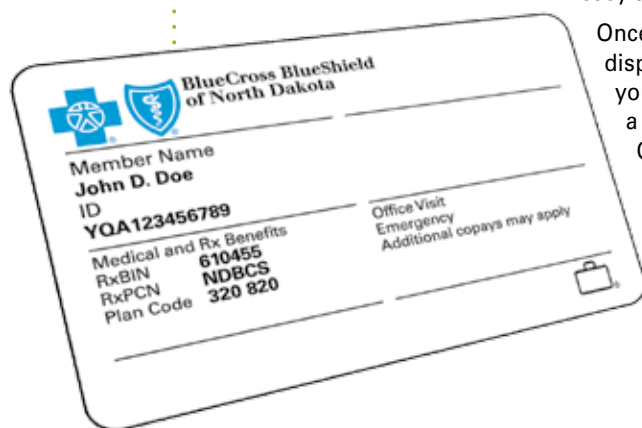
Less paperwork.

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.



Single Coverage

Or an individual family member

Deductible amount	\$2,500
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Single Plus Dependent Coverage

Individual plus eligible children

Deductible amount	\$3,750
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Family Coverage

Deductible amount	\$5,000
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This chart reflects the cost sharing amounts for each benefit period.

Monthly Rates

Single Coverage	\$ _____
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Single Plus Dependent Coverage	\$ _____
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Family Coverage	\$ _____
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These rates available until: _____

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.

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

1411 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.



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Fargo area call 277-2227

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