

# Comprehensive Major Medical

Health Coverage for Individuals



CMM  
Individual  
PPACA10

# Enjoy freedom of choice,

but gain the highest level of benefits by choosing a provider participating with Blue Cross Blue Shield of North Dakota. Comprehensive Major Medical offers a full list of benefits including a 100 percent benefit amount paid on preventive screening services.

## Coverage that means peace of mind.

When it comes to health coverage, Blue Cross Blue Shield of North Dakota (BCBSND) can provide a genuine feeling of security for you and your family. You can choose from three Comprehensive Major Medical plans, each with nominal cost sharing amounts (deductibles and coinsurance).

## 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](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	Benefit Amount		Special Conditions
	with a participating BCBSND provider		
	Amounts are a % of the allowed charge after the deductible is met.		
	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Inpatient Hospital Services	80%	100%	Preauthorization may be required.
Outpatient Hospital Services	80%	100%	Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota.  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.
Physical Therapy	80%	100%	
Occupational & Speech Therapy	80%	100%	
Wellness Services			
Immunizations	100%	100%	Deductible does not apply.
Well Child Care (to member's 6th birthday)	100%	100%	Deductible does not apply.
Preventive Screening Services (members 6 and older)	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. Deductible does not apply.
Colonoscopy or Sigmoidoscopy	100%	100%	
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. Deductible does not apply.
Related Office Visit	100%	100%	Deductible does not apply.
Home & Office Visits	80%	100%	
Diagnostic Services			
Lab, X-ray, MRI & Allergy Testing	80%	100%	
Radiation Therapy, Chemotherapy & Dialysis	80%	100%	
Maternity Services	80%	100%	No waiting period applies for prenatal care. A waiting period does apply to delivery and postnatal care.
Inpatient, Outpatient, Pre & Postnatal Care			
Psychiatric & Substance Abuse Services	100% / 80%	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	80%	100%	Preauthorization is not required.
Ambulance Services	80%	100%	
Skilled Nursing Facility Services	80%	100%	Preauthorization is required.
Home Health Care Services	80%	100%	Preauthorization is required.
Hospice Services	80%	100%	Preauthorization is required.
Chiropractic Services			
Home & Office Visits	80%	100%	
Therapy & Manipulations	80%	100%	
Diagnostic Services	80%	100%	
Medical Supplies & Equipment	80%	100%	
Hearing Aids (for members under age 18)	80%	100%	Maximum benefit allowance of \$3,000 per member every 3 years. Prior approval is required.

Description of Benefits	Copayment	Benefit Amount		Special Conditions
		Before prescription drug coinsurance maximum is met	After prescription drug coinsurance maximum is met	
Outpatient Prescription Medications or Drugs				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.

## 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).

## 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.

## 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.

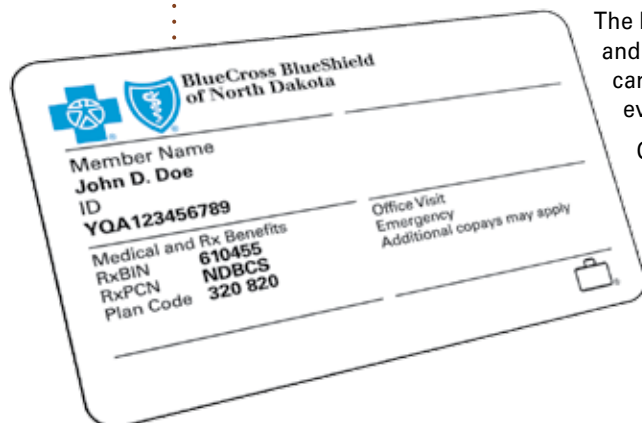
## Go worldwide with BlueCard®.

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.

## Prenatal Plus program.

Prenatal Plus is a voluntary pregnancy screening program to help identify and periodically monitor women at risk for complications such as premature birth and low birth weight infants. After a Preterm Labor Risk Assessment is completed, participants will receive important health tips and information concerning their pregnancy and prenatal care.

## 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.

## Cost Sharing Amounts

	Plan 500	Plan 1000	Plan 2000
<b>Single Coverage</b>			
Or an individual family member			
Deductible amount	\$500	\$1,000	\$2,000
Coinsurance maximum	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>
Out-of-pocket maximum	\$2,500	\$3,000	\$4,000
<b>Single Plus Dependent Coverage</b>			
Individual plus eligible children			
Deductible amount	\$750	\$1,500	\$3,000
Coinsurance maximum	<u>\$3,000</u>	<u>\$3,000</u>	<u>\$3,000</u>
Out-of-pocket maximum	\$3,750	\$4,500	\$6,000
<b>Family Coverage</b>			
Deductible amount	\$1,000	\$2,000	\$4,000
Coinsurance maximum	<u>\$4,000</u>	<u>\$4,000</u>	<u>\$4,000</u>
Out-of-pocket maximum	\$5,000	\$6,000	\$8,000

This chart reflects the cost sharing amounts for each benefit period. Outpatient prescription drug cost sharing amounts do not apply to the out-of-pocket 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 500	Plan 1000	Plan 2000
Single Coverage	\$ _____	\$ _____	\$ _____
Single Plus Dependent Coverage	\$ _____	\$ _____	\$ _____
Family Coverage	\$ _____	\$ _____	\$ _____

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.

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**

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

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**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)**