

AffordaBlue

[You can afford health insurance.]



AB Individual
PPACA12

Age and deductible level impact the actual premium amount.

Protect yourself from financial hardship...affordably.

With AffordaBlue, you can get health insurance at rates so low they may surprise you.

AffordaBlue limits your financial exposure to high-cost claims resulting from health care expenses due to an accident or illness. It also covers routine and preventive care with very low out-of-pocket costs.

Who can buy AffordaBlue?

Any North Dakota resident ages 19 to 64. It is available as single coverage only. BCBSND offers other health plans to those who need single plus dependent coverage or family coverage.

Healthy now? Health insurance can help you, too.

None of us know when a life-altering health condition will occur. Did you know the average cost to care for a broken leg is over \$23,000*? Protecting your financial well-being with health insurance is a smart thing to do.

In addition, AffordaBlue covers preventive services – like cancer screenings and immunizations – at 100%. When you do see a doctor, the first three office visits per benefit period only require a \$30 copayment as the deductible does not apply. These features provide access to doctors and other health care providers for important health care services needed to keep you well, or when an occasional illness results in an office visit.

*Dollar amount based on average cost per episode from 2009 Blue Cross Blue Shield of North Dakota RX, Hospital, and Clinic claims.

Still the exceptional customer service you expect.

With eight offices located throughout the state, BCBSND is close by when you want friendly, face-to-face service. Need some information in a hurry? Member services are available by phone or online. We're here when you need us.

When you're hospitalized or need outpatient care.

AffordaBlue is designed to help pay for many of the costs you would incur when admitted to a hospital or require outpatient services. But it doesn't pay for everything. You select from one of four deductible levels to keep your out-of-pocket expenses at more manageable amounts. While these expenses may be significant, the goal is to protect you from financial ruin as a result of being hospitalized.

Finding a participating provider is easy.

More than 95% of all doctors, hospitals and other health care providers throughout North Dakota participate with BCBSND. That means 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. Your participating provider takes care of this, handling any preauthorization and other requirements on your behalf. And they'll file your insurance claims for you, too.

To find out if your clinic or doctor participates with BCBSND, you can view the provider directory online at www.BCBSND.com/doctor or call our Member Services Department at 800-342-4718.

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 can use. Our toll-free number appears on the back of your card.



This benefit plan covers these services and more.

Covered immunizations.

Immunizations covered by AffordaBlue are those published as policy by the Centers for Disease Control. In addition to certain preventive services, this plan pays 100% 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

Preventive screening services.

Preventive screening services according to A or B Recommendations of the U.S. Preventive Services Task Force and issued by the Health Resources and Services Administration, including:

- Routine physical examination
- Routine diagnostic screenings
- Mammography screening (for members age 35 through 64)
- Cervical cancer screening
- Colorectal cancer screening (for members age 50 through 64)
- Fecal occult blood testing and Colonoscopy or Sigmoidoscopy
- Certain nutritional counseling
- Tobacco cessation services

Outpatient prescription drug benefits.

To help offset the cost of today's prescription medications and drugs, this plan offers a prescription drug program with lower copayments for generic drugs. 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.

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
		<small>Amounts are a % of the allowed charge.</small>		
	<small>Amount you pay per visit</small>	<small>Before coinsurance maximum is met</small>	<small>After coinsurance maximum is met</small>	
Inpatient Hospital & Medical Services				
Hospital Services		70%	100%	Subject to the inpatient admission deductible amount. Preauthorization may be required.
Professional Health Care Provider Services		70%	100%	Subject to the annual deductible amount.
Outpatient Hospital & Medical Services				
Physical Therapy		70%	100%	Subject to the annual deductible amount. Benefits are based on the medical guidelines established by Blue Cross Blue Shield of North Dakota.
Occupational & Speech Therapy		70%	100%	Subject to the annual deductible amount. Maximum of 30 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition.
Wellness Services				
Immunizations		100%	100%	Deductible does not apply.
Preventive Screening Services		100%	100%	
Colonoscopy or Sigmoidoscopy		100%	100%	Benefits other than those recommended by the U.S. Preventive Services Task Force and issued by the Health Resources and Services Administration 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%	
Related Office Visit		100%	100%	Prescription and payable over-the-counter tobacco cessation medications or drugs must be obtained with a prescription order.
Contraceptive Services				
Related Office Visits		100%	100%	Prescription contraceptives obtainable with a prescription order are paid under the Outpatient Prescription Medications or Drugs benefit below. Annual deductible does not apply.
Home & Office Visits				
First 3 Office Visits Per Benefit Period	\$30	100%	100%	Deductible does not apply.
Additional Office Visits		70%	100%	Subject to the annual deductible amount.
Diagnostic Services				
Lab, X-ray, MRI & Allergy Testing		70%	100%	Subject to the annual deductible amount.
Radiation Therapy, Chemotherapy & Dialysis				
		70%	100%	Subject to the annual deductible amount.
Psychiatric & Substance Abuse Services				
Hospital Services		70%	100%	Out-of-state admissions require prior approval. Preauthorization may be required.
Professional Health Care Provider Services		100% / 70%	100%	Subject to the inpatient admission deductible amount.
Emergency Services				
		70%	100%	Subject to the annual deductible amount. Preauthorization is not required.
Ambulance Services				
		70%	100%	Subject to the annual deductible amount.
Skilled Nursing Facility Services				
Hospital Services		70%	100%	Subject to the inpatient admission deductible amount. Preauthorization may be required.
Professional Health Care Provider Services		70%	100%	Subject to the annual deductible amount.
Home Health Care Services				
		70%	100%	Subject to the annual deductible amount. Preauthorization is required.
Hospice Services				
		70%	100%	Subject to the annual deductible amount. Preauthorization is required.
Chiropractic Services				
Office Visits (see Home & Office Visits heading above)				
Therapy & Manipulations		70%	100%	Subject to the annual deductible amount.
Diagnostic Services		70%	100%	Subject to the annual deductible amount.
Medical Supplies & Equipment				
		70%	100%	Subject to the annual deductible amount.

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

Description of Benefits	Copayment	Benefit Amount	Special Conditions
Outpatient Prescription Medications or Drugs			
Formulary Generic Drug	\$20	100%	Formulary generic contraceptive drugs, or formulary brand name contraceptive drugs without a generic equivalent, obtainable with a prescription order are paid at 100% of the allowed charge. Copayment amounts do not apply. Annual deductible does not apply.
Formulary Brand Name Drug	\$100	100%	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.
Nonformulary Prescription Medications or Drugs are not covered.			
			Two copayment amounts per prescription order or refill for a 2-month or 3-month supply of formulary brand name oral contraceptives. Annual deductible does not apply.

Understanding some benefit plan terms.

Annual deductible amount

A specified dollar amount paid by the member for certain covered services received during the benefit period. The deductible amount renews on January 1 of each consecutive benefit period. Copayment amounts do not apply towards the deductible.

Inpatient deductible amount

A specified dollar amount paid by the member per each inpatient admission for inpatient hospital services. This deductible amount does not apply towards the annual deductible amount.

Annual coinsurance amount

A percentage of the allowed charge for covered services that is a member's responsibility.

Benefit period

A specified period of time when benefits are available for covered services under the benefit plan. All benefits are determined on a calendar year (January 1 through December 31) benefit period.

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 effective date under the benefit plan.

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.

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

Cost sharing amounts

Annual Deductible Amount	\$1,000	\$2,500	\$5,000	\$7,500
Annual Coinsurance Maximum	\$2,500	\$2,500	\$2,500	\$2,500
Inpatient Deductible Amount (Per Admission)	\$2,500	\$2,500	\$2,500	\$2,500

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

AffordaBlue monthly premium rates

Age	Annual Deductible			
	\$1,000	\$2,500	\$5,000	\$7,500
19-24	\$60.80	\$52.20	\$45.00	\$40.90
25-29	\$63.90	\$54.90	\$47.20	\$42.80
30-34	\$84.30	\$72.30	\$62.10	\$56.20
35-39	\$104.50	\$89.70	\$76.80	\$69.50
40-44	\$125.00	\$107.00	\$91.60	\$82.90
45-49	\$145.30	\$124.40	\$106.50	\$96.20
50-54	\$179.30	\$153.30	\$131.20	\$118.60
55-59	\$219.90	\$188.00	\$160.80	\$145.30
60-64	\$260.60	\$222.60	\$190.40	\$172.00

Rates effective August 1, 2012—April 30, 2013.

We're here to help you

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



Call toll-free 1-800-342-4718
Fargo area call 277-2227



www.BCBSND.com



ND

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.