ATTN: NDPERS PO Box 91110 Sioux Falls, SD 57109 Ph: (800) 499-3416 (toll-free) TTY/TDD: 711 (toll-free) Fax: (701) 234-4570 sanfordhealthplan.com/ndpers





### This Amendment is effective July 1, 2023, and applies to coverage to the North Dakota Public Employees Retirement System (NDPERS) Non-Grandfathered High Deductible Plan Certificate of Insurance. You should keep this Plan Amendment with your Certificate of Insurance.

#### Help understanding this document is free.

If you would like this policy in another format (for example, a larger font size or a file for use with assistive technology, like a screen reader), please call us at (800) 499-3416 (*toll-free*) | TTY/TDD: 711 (*toll-free*).

#### Help in a language other than English is also free.

Please call (800) 752-5863 (toll-free) to connect with us using free translation services.

## 3.8 Outline of Covered Services

### PRESCRIPTION DRUG AND DIABETES SUPPLIES BENEFITS

PPO Plan After Deductible Amount	Basic Plan After Deductible Amount
lin desing and administration	
and daministration	
nulary Insulin only: Deductib	le amount is waived
25 copayment	\$25 copayment
50 copayment	\$50 copayment
75 copayment	\$75 copayment
and Syringes Formulary and Non-F	ormulary
eductible then 20% coinsurance ith maximum of \$25	Deductible then 20% coinsurance with maximum of \$25
eductible then 20% coinsurance ith maximum of \$50	Deductible then 20% coinsurance with maximum of \$50
eductible then 20% coinsurance ith maximum of \$75	Deductible then 20% coinsurance with maximum of \$75
	25 copayment 50 copayment 75 copayment and Syringes Formulary and Non-F eductible then 20% coinsurance ith maximum of \$25 eductible then 20% coinsurance ith maximum of \$50 eductible then 20% coinsurance

# All other terms and provisions of your Certificate of Insurance, including any amendments we may have previously issued, remain unaltered and in effect.