



This Amendment is effective July 1, 2025, 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.

Introduction
 HOW TO CONTACT SANFORD HEALTH PLAN

| Method | Sanford Health Plan Contact Information |
|------------------|-----------------------------------------------------------------------------|
| PHYSICAL ADDRESS | Sanford Health Plan 4800 W 57 th St. Sioux Falls, SD 57108 |
| HOURS | 7:30 a.m. to 5 p.m. Central Time, Monday-Friday |

Section 2 How You Get Care
 2.14 ONGOING (CONCURRENT) PREAUTHORIZATION REQUESTS (CERTIFICATION) OF HEALTH CARE SERVICES

MODIFIED

Prior Authorization (Certification) of Inpatient health care stays will terminate on the date the Member is to be discharged from the Hospital or Facility (as ordered by the attending Physician) or when the Member's coverage is terminated. Hospital/Facility days accumulated beyond ordered discharge date will not be certified unless the continued stay criteria continue to be met. Charges by Practitioner and/or Providers associated with these non-certified days will be considered non-covered.

Section 3 Covered Services Overview
 3.4.1 MENTAL HEALTH BENEFITS

REMOVED

- For outpatient treatment services, the first five (5) visits of treatment of any calendar year will be covered at 100% (no charge). For Members enrolled in a High Deductible Health Plan (HDHP), coverage of the first five (5) hours will not apply when you elect an HSA.

3.5 OUTPATIENT PRESCRIPTION DRUG BENEFITS

ADDED

- Specialty Medications can be filled to a 30-day supply per copay (or less, if prescribed) at one time (unless otherwise approved by the Plan).

REMOVED

- Aspirin to prevent cardiovascular disease for male Members ages 45 through 79 and female Members ages 55 through 79 who are at risk for developing cardiovascular disease

Section 4 Limited and Non-Covered Services

MODIFIED

- Cosmetic Services and/or supplies to repair or reshape a body structure not Medically Necessary and/or primarily for the improvement of a Member's appearance or psychological well-being or self-esteem, including but not limited to, breast augmentation, treatment of gynecomastia and any related reduction services, skin disorders, rhinoplasty, liposuction, scar revisions, cosmetic dental services, body contouring procedures, and body lifting procedures with the exception of WHCRA for coverage related to breast cancer
- Personal comfort items (telephone, television, guest meals and guest beds)

REMOVED

- Dialysis services received by Non-Participating Providers when traveling out of the service area

Section 5 How Services are Paid for Under this Certificate of Insurance

5.5 Health Care Services Received Outside of the United States

MODIFIED

Deductible and applicable cost-share will apply for Medically Necessary emergency and urgent care services received in a foreign country. There is no coverage for elective or preventive Health Care Services if a Member or their dependent(s) travels to another country for the purpose of seeking medical treatment outside the United States. There is no coverage for any non-emergent Health Care Services if a Member or their dependent(s) resides in another country.

Section 6 Coordination of Benefits

6.7 COORDINATION OF BENEFITS WITH MEDICARE

MODIFIED

When MSP Rules Apply to COB:

Medicare Coordination of Benefits provisions apply when a Member has health coverage under this Certificate of Insurance and is eligible enrolled for insurance under Medicare, Parts A and B, (whether or not the Member has applied or is enrolled in Medicare). This provision applies before any other Coordination of Benefits Provision of this Certificate of Insurance.

6.8 MEMBERS WITH END STATE RENAL DISEASE (ESRD)

MODIFIED

How Primary vs. Secondary is Determined:

The Plan will pay first for thirty (30) months after the Member becomes eligible to join Medicare, starting with the first dialysis month or transplant month. This applies regardless of employment status and includes COBRA or retirement plan coverage. After the 30-month coordination period where the Member should enroll in Medicare, Medicare is the primary payer for a Member's claims under ESRD.

Section 8 How Coverage Ends

8.6 CONTINUATION OF COVERAGE FOR CONFINED MEMBERS

REMOVED

Any Member who is an inpatient in a Hospital or other Facility on the date of coverage termination under this Benefit Plan will be covered in accordance with the terms of this Certificate until they are discharged from such Hospital or other Facility. Applicable charges for coverage that was in effect prior to termination of this Certificate will apply.

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