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.