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 Dakota PPO/Basic 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

	PROVIDER OF SERVICE	
	PPO Plan	Basic Plan
Covered Services	After Deductible Amount	After Deductible Amount
Insulin and medical supplies for insulin dosing and administration		
Insulin and Glucagon Formulary or Non-Formulary		
1-30 day supply	\$25 copayment	\$25 copayment
31-60 day supply	\$50 copayment	\$50 copayment
61-100 day supply	\$75 copayment	\$75 copayment
Testing Supplies Formulary		
1-30 day supply	25% coinsurance with maximum of \$25	25% coinsurance with maximum of \$25
31-60 day supply	25% coinsurance with maximum of \$50	25% coinsurance with maximum of \$50
61-100 day supply	25% coinsurance with maximum of \$75	25% coinsurance with maximum of \$75
Testing Supplies Non-Formulary		
1-30 day supply	50% coinsurance with maximum of \$25	50% coinsurance with maximum of \$25
31-60 day supply	50% coinsurance with maximum of \$50	50% coinsurance with maximum of \$50
61-100 day supply	50% coinsurance with maximum of \$75	50% coinsurance with maximum of \$75
Insulin pen needles and syringes Formulary or Non-Formulary		
1-30 day supply	12% coinsurance with maximum of \$25	12% coinsurance with maximum of \$25
31-60 day supply	12% coinsurance with maximum of \$50	12% coinsurance with maximum of \$50
61-100 day supply	12% coinsurance with maximum of \$75	12% coinsurance with maximum of \$75

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