

Benefit	NDPERS GF PPO Plan	NDPERS HDHP Plan (ACA PLAN)																		
Deductibles	Single: \$500 Family: \$1,500 Deductibles are the same regardless of PPO or Basic provider.	Single: \$2,000 Family: \$4,000 Deductibles are the same regardless of PPO or Basic provider.																		
Coinsurance coverage	PPO Provider: 80/20 Basic Provider: 75/25	PPO Provider: 80/20 Basic Provider: 75/25																		
Coinsurance Maximum	<table border="0"> <thead> <tr> <th></th> <th>PPO</th> <th>Basic</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$1,000</td> <td>\$1,500</td> </tr> <tr> <td>Family:</td> <td>\$2,000</td> <td>\$3,000</td> </tr> </tbody> </table>		PPO	Basic	Single:	\$1,000	\$1,500	Family:	\$2,000	\$3,000	<table border="0"> <thead> <tr> <th></th> <th>PPO</th> <th>Basic</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$1,500</td> <td>\$2,000</td> </tr> <tr> <td>Family:</td> <td>\$3,000</td> <td>\$4,000</td> </tr> </tbody> </table>		PPO	Basic	Single:	\$1,500	\$2,000	Family:	\$3,000	\$4,000
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Copayments	Do NOT accumulate towards Out- of-Pocket Maximum	Do accumulate towards Out-of- Pocket Maximum https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xxvii.pdf																		
Outpatient Sterilization for Women	Subject to medical cost-sharing	Covered at 100%																		
Well Child Care	Office visit copay applies. Visit coverage goes to age 6: <ul style="list-style-type: none"> • 7 visits birth through 1 year • 3 visits 13-24 months • 1 visit a year 25-72 month 	Covered at 100%. Visit coverage goes to age 18: Limits in accordance with American Academy of Bright Futures Pediatric schedule																		
Vaccines Covered for Children	<ul style="list-style-type: none"> • DPT (Diphtheria-Pertussis- Tetanus) • MMR (Measles-Mumps- Rubella) • Hemophilus • Influenza B • Hepatitis • Polio • Varicella (Chicken Pox) • Pneumococcal Disease • Influenza Virus 	Everything recommended by: <ul style="list-style-type: none"> • Centers for Disease Control (CDC) • Prevention Advisory Committee on Immunization Practices (ACIP) • Health Resources and Services Administration (HRSA) 																		

Preventative Screening for Adults	Office visit copay applies	Covered at 100%
Tobacco Cessation Services	Not covered	<ul style="list-style-type: none"> • 8 Counseling sessions • 180-day medication coverage
Physical Therapy for Members aged 65 and older at risk for falls	Not mentioned, normal medical benefits apply: <ul style="list-style-type: none"> • Office visit copay applies for PT evaluation • Copay reduced by \$5 for therapy sessions, no visit limit 	Covered at 100%
Contraceptive Services	Subject to medical cost-shares	Covered at 100%
Breast Pumps	Not mentioned, non-covered	Covered at 100%. Allowed one non-hospital grade pump per pregnancy.
Routine Prenatal and Postnatal Care	Copays and deductible waived, services subject to coinsurance (not counting healthy pregnancy program)	Covered at 100%
Aspirin to prevent cardiovascular disease	Not mentioned, non-covered	Covered at 100%
Routine Diagnostic Screenings	<p>Mammogram covered at 100% for ages 40 and above</p> <p>All other routine diagnostic screenings subject to medical cost-shares:</p> <ul style="list-style-type: none"> • \$200 Benefit Allowance for Screenings recommended with a rating of "A" or "B" by the United States Preventative Services Task Force 	<p>Screenings covered at 100% include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Anemia screening - Hemoglobin or Hematocrit (one or the other) • Cholesterol Screening; coverage for frequency of Lipid Profile is dependent on Member age • Lung Cancer Screening • Basic Metabolic Panel; one (1) per Member per year • Hepatitis B virus infection screening • Hepatitis C virus infection screening • Diabetes Screening; benefit allowance of one (1) per Member per year • Osteoporosis Screening • Sexually Transmitted Disease (STD) Screening • Genetic counseling and evaluation for BRCA Testing and BRCA lab screening

Cervical Cancer Screening	Routine pap smear covered at 100% per calendar year. Related office visit applies copay.	Covered at 100% per calendar year
Colorectal Cancer Screening for Members ages 45 and older	<p>Covered at 100%:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test per calendar year • Fecal Immunochemical Test per CY • Stool DNA testing (cologuard) one per 3 years <hr/> <p>Colonoscopy subject to deductible and coinsurance. Eligible for \$200 Routine Screening Benefit Allowance</p>	<p>Covered at 100%:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test per calendar year • Fecal Immunochemical Test per calendar year • Stool DNA testing (cologuard) one per 3 years • Sigmoidoscopy • Colonoscopy one per 10 years
Prostate Cancer Screening	Deductible waived, subject to coinsurance	Covered at 100%
Folic Acid Supplements	Not mentioned, non-covered	Covered at 100% for women
Pre-Natal Vitamins	Normal pharmacy benefits apply if prescribed by Physician, otherwise non-covered. (Pharmacy cost-shares waived through enrollment with Healthy Pregnancy Program)	Covered at 100% for women
Vitamin D Supplements	Not mentioned, non-covered	Covered at 100% for 65 and older
Formulary breast cancer preventive medication	Not mentioned, non-covered	Covered at 100% for 65 and older

*Go to the Certificate of Insurance found on the NDPERS website for a full description of the benefits listed above.