NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM | SANFORD HEALTH PLAN

Benefit	NDPERS Grandfathered PPO Plan	NDPERS Non-grandfathered HDHP Plan *Includes Health Savings Account (HSA) for eligible employees of the state, university system, and district health units*
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	**PPO** **Basic** Single: $1,000 $1,500 Family: $2,000 $3,000	**PPO** **Basic** Single: $1,500 $2,000 Family: $3,000 $4,000
Out of Pocket Maximum	**PPO** **Basic** Single: $1,500 $2,000 Family: $3,500 $4,500	**PPO** **Basic** Single: $3,500 $4,000 Family: $7,000 $8,000
Prescription Drug Coverage	**Copay** **Coinsurance** Formulary Generic $7.50 12% Formulary Brand $25 25% Nonformulary $30 50% Coinsurance maximum $1,200 per covered individual per benefit period (formulary only)	**Coinsurance** Formulary 80% Nonformulary 50%
Insulin & Glucagon: Formulary & Non-Form. 1-30 day supply 31-60 day supply 61-100 day supply	Deductible is waived $25 Copayment $50 Copayment $75 Copayment	Deductible is waived $25 Copayment $50 Copayment $75 Copayment
Testing Supplies: Formulary 1-30 day supply 31-60 day supply 61-100 day supply	Coinsurance applies to $1,200 Out-of-Pocket Max 25% coinsurance with maximum of $25 25% coinsurance with maximum of $50 25% coinsurance with maximum of $75	Subject to Deductible 20% coinsurance with maximum of $25 20% coinsurance with maximum of $50 20% coinsurance with maximum of $75
Testing Supplies: Non-Formulary 1-30 day supply 31-60 day supply 61-100 day supply	50% coinsurance with maximum of $25 50% coinsurance with maximum of $50 50% coinsurance with maximum of $75	Subject to Deductible 20% coinsurance with maximum of $25 20% coinsurance with maximum of $50 20% coinsurance with maximum of $75
Insulin pen needles/syringes: Formulary/Non-formulary 1-30 day supply 31-60 day supply 61-100 day supply	Coinsurance applies to $1,200 Out-of-Pocket Maximum for Formulary only. 12% coinsurance with maximum of $25 12% coinsurance with maximum of $50 12% coinsurance with maximum of $75	Subject to Deductible 20% coinsurance with maximum of $25 20% coinsurance with maximum of $50 20% coinsurance with maximum of $75

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: • 7 visits birth through I 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	• DPT (Diphtheria-Pertussis- Tetanus) • MMR (Measles-Mumps- Rubella) • Hemophilus • Influenza B • Hepatitis • Polio • Varicella (Chicken Pox) • Pneumococcal Disease • Influenza Virus	Everything recommended by: • 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	• 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: • 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	Mammogram covered at 100% for ages 40 and above All other routine diagnostic screenings subject to medical cost-shares: $200 Benefit Allowance for Screenings recommended with a rating of "A" or "B" by the United States Preventative Services Task Force	Screenings covered at 100% include, but are not limited to the following: • 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 (I) 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	Covered at 100%: • Fecal Occult Blood Test per calendar year • Fecal Immunochemical Test per CY • Stool DNA testing (cologuard) one per 3 years Colonoscopy subject to deductible and coinsurance. Eligible for $200 Routine Screening Benefit Allowance	Covered at 100%: • 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

This is a summary only. Refer to the Certificate of Insurance found on the NDPERS website for a full description of the benefits listed above.