

BlueSaver PPO HDHP 100/6000 with NetResults™

Large Group

| | In-network | Out-of-network |
|---------------------|------------|----------------|
| Deductibles | | |
| Individual | \$6,000 | \$12,000 |
| Parent + Child(ren) | \$9,000 | \$18,000 |
| Two-person/Family | \$12,000 | \$24,000 |

| | | |
|-------------------------------|----------|----------|
| Out-of-pocket maximums | | |
| Individual | \$6,000 | \$18,000 |
| Parent + Child(ren) | \$9,000 | \$27,000 |
| Two-person/Family | \$12,000 | \$36,000 |

Service costs paid by member after deductible is met.

| | | |
|----------------------------------|-------------------------|------------------------------|
| Virtual visits/check-ins | \$0 (Deductible waived) | 20% |
| Primary/Specialist office visit | 0% | 20% |
| Hospital in/outpatient | 0% | 20% |
| Emergency room visit | 0% | In-network deductible and 0% |
| Lab, X-ray, CT/PET, MRI | 0% | 20% |
| Preventive care (see definition) | \$0 (Deductible waived) | Not covered |

Prescription drug costs paid by member after in-network deductible is met.
\$10 preventive drug is not subject to deductible.

| | |
|--------------------|------|
| Preferred drug | 0% |
| Non-preferred drug | 0% |
| Preventive drug | \$10 |



To check which medications are covered and their costs, visit www.bcbsnd.com/rx-tools or scan the QR code. Click the blue “Find drugs and estimates” button. Follow the prompts until you reach the “Choose your drug list” drop-down. Select “NetResults Performance” from the list. BlueSaver PPO drug coverage is considered creditable.

BlueSaver PPO is a high deductible health plan (HDHP)

BlueSaver PPO is qualified for use with a Health Savings Account (HSA). An HSA is a tax-free fund used to pay medical expenses now or in the future. Members enjoy broad network access which includes 99% of doctors and 100% of hospitals in North Dakota, 85% of providers in the U.S. and 190 countries.



To find a specific doctor, visit www.bcbsnd.com/find-a-doctor or scan the QR code.

Definitions

Deductible

This is the out-of-pocket amount you must pay for certain covered health services and prescription drugs before your insurance plan starts sharing the cost.

Out-of-pocket maximum

This is the most you'll pay for covered services in a calendar year (Jan. 1 - Dec. 31). Once this limit is reached, your plan covers 100% of eligible expenses for the rest of the year.

Coinsurance (%) and Copays (\$)

Coinsurance is the percentage of costs you pay for covered services after reaching your deductible.

Copays are fixed amounts you pay for certain covered services or medications at the time you receive care. The deductible does not apply to most copays.

Both count toward your out-of-pocket maximum.

Preventive care

Visit nd.blue_DBPreventiveCare or scan the QR code to see the most recent preventive care guidelines for your gender and age.



Formulary: preferred and non-preferred drugs

This is a list of prescription drugs covered by your health plan. Preferred drugs cost less. Non-preferred drugs cost more.



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Where to get care

Get the right care at the right time and place. Knowing where to go for medical attention helps you get the right treatment based on how serious your symptoms are. This guide outlines your care options, from virtual visits to emergency services, so you can make informed decisions and get help quickly and effectively.

Virtual Care Visits¹

See a doctor or therapist without leaving your home



Flu | Rash | Earache | Strep throat
Allergies | Fever | Sinus infections
Diarrhea | Pink eye | Skin infection



Doctor's Office

Your primary care provider is always a good place to begin



Mild asthma | Eye issues | Vaccinations
Minor fever/burns | Allergic reactions
Ear/throat pain | Preventive care visits
Chronic condition management



Walk-in Clinic

The place for non-life-threatening but urgently needed care



Sprains/strains | Persistent diarrhea
Painful urination | Allergic reactions
Mild abdominal pain | Animal bites
Small cuts that may require stitches
Rashes without fever



Emergency Room (ER)

Care for urgent, critical or life-threatening illness



Serious injuries | Severe allergic reactions
Life-threatening situations | Chest pain
Severe abdominal pain | Severe bleeding
Difficulty breathing



988 Suicide & Crisis Lifeline

24/7 support for mental health-related distress



Thoughts of suicide | Substance use issues
Mental health concerns | Any other kind of emotional distress



Call 911 or go to the ER if you think you are having a life-threatening emergency or if your health is at serious risk by delaying care.

If you or someone you know is experiencing thoughts of suicide, mental health concerns or substance use disorder or any other kind of emotional distress, call 988 to speak to a trained crisis counselor.



Find providers, virtual care options and care support programs using the Find Care tool located within BCBSND.me

¹Many doctor and urgent care offices offer virtual visits. Talk with your provider about available options.

This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether health care expenses will be paid. Refer to benefit plan book for more information.

For further details of the coverage, including definitions; exclusions; criteria for medically appropriate and necessary care; credentialing process; confidentiality policy; description of experimental drugs, medical devices or treatments; grievance and appeals process; provider listings; drugs eligible for coverage; reductions or limitations; and the terms under which this benefit plan may be continued, call, write or visit Blue Cross Blue Shield of North Dakota.



Scan the QR code to view the non-discrimination notice or visit nd.blue/non-discrimination-notice