

Enrollment Options



Individual

One individual
usually the
subscriber/employee



Parent & Child(ren)

Subscriber/employee
& child/children



Family

Subscriber/employee
& spouse
& child/children

Dependents are eligible until the end of the month of their 26th birthday.

Understanding Plan Milestones



Deductible

Amount you pay for health care services before insurance begins to pay



Copayment (copay)

Fixed amount you pay for certain services at the time of service

Deductible is waived



Coinsurance

Your share of the costs of health care services covered in your plan after the deductible is met



Out-of-Pocket Maximum

The most you would pay in a year before your health insurance begins to pay 100% of the allowed amount



Deductible

Amount you pay for health care services before insurance begins to pay



\$500

Individual/Employee Only



\$750

Employee/Parent & Child/Children



\$1,000

Employee/Spouse & Family



Copayment (copay)

Fixed amount you pay
for certain services at
the time of service

Deductible is waived

Office Visit	ER	Urgent Care	Chiropractic Care	Therapy
\$30	\$150	\$30	\$30	\$30



Coinsurance

Your share of the costs of health care services covered in your plan after the deductible is met

Inpatient Hospital Facility/Physician	Outpatient Physician	Outpatient Observation Room	Childbirth/delivery facility services	Childbirth/delivery professional
You Pay: 10% BCBSND Pays: 90%	You Pay: \$30 BCBSND Pays: 100% of allowed charge	You Pay: 10% BCBSND Pays: 90%	You Pay: 10% BCBSND Pays: 90%	You Pay: 10% BCBSND Pays: 90%



Out-of-Pocket Maximum

The most you would pay in a year before your health insurance begins to pay 100% of the allowed amount



\$2,000

Individual/Employee
Only



\$2,500

Employee/Parent &
Child/Children



\$3,000

Employee/Spouse &
Family

Pharmacy Copay Application

- **Retail/Mail Order** - One Copayment Amount per Prescription Order or refill for a 1-30 day supply.
- **Retail/Mail Order** - Two Copayment Amounts per Prescription Order or refill for a 31-60 day supply.
- **Retail/Mail Order** - Three Copayment Amounts per Prescription Order or refill for a 61-90 day supply.
- **Specialty** - One Copayment Amount per Prescription Order or refill for 30 day supply (cannot fill more than 30 days at a time).

****Deductible does not apply and copays go towards the \$2000/\$2500/\$3000 maximum out of pocket.**

Prescription Drug Benefit: NetResults 20

	Retail & Mail Order Pharmacy	Specialty Pharmacy
Dispensing Limits	One Copay per 30 days(90 day max)	One Copay per 30 days(30 day max)
Generic:		
Preferred \$20 copay	X	
Nonpreferred \$35 copay	X	
Brand Name:		
Preferred \$85 copay	X	
Nonpreferred \$150 copay	X	
Specialty:		
Preferred \$225 copay		X
Nonpreferred \$325 copay		X

Accredo Specialty Pharmacy

Specialty medicines are used to treat chronic, complex or rare conditions. These are generally high in cost and/or require special administration, limited availability, unique delivery and dispensing, or patient support or monitoring.

99%

**Of Specialty
Medicines**

24/7

**Specialty Pharmacy
Support**



**Communicate
Through Phone, Email,
Text and Web**

866-470-7315 or [Accredo.com/BCBSND](https://www.accredo.com/BCBSND)

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross Blue Shield of North Dakota.

Confidential and Proprietary

MedsYourWay™ at Amazon Pharmacy

Amazon Pharmacy Offers:

- Free home delivery for most medications with shipment tracking (2 day shipping-Prime member/5 day shipping-Non Prime) right to your door
- 24/7/365 access to pharmacist
- Refill reminder notices

Members have the option to choose their insurance price or the MedsYourWay™* drug discount price both of which may apply towards accumulators

.....
amazon.com/bcbsndmeds.com

Pharmacist Phone: 855-206-0372



**MedsYourWay™ is not insurance, however using it to purchase medicines covered by your plan may count toward your out-of-pocket maximum, unlike other discount cards*

Amazon Pharmacy is an independent company contracted to provide pharmacy home delivery services to Blue Cross Blue Shield of North Dakota

Value-Based Design Drug List

- Includes drugs that treat certain chronic or long-term conditions
- \$5 copay (34 day supply) then 100% covered

.....

Visit www.BCBSND.com/rx-tools to view the list

The Value Based Design (VBD) drug list reduces or eliminates out of pocket costs for members with certain health conditions who are taking a drug in any of Prime's focus VBD drug categories. VBD drug categories include Diabetes(insulin-medications & supplies), High Blood Pressure, High Cholesterol, and Respiratory.



Additional Savings on Specialty Medications

FlexAccess(Copayment assistance program) is built into your plan

- No need to carry a separate coupon or coupon card
- Copayments from \$0 - \$35
- Member Experience
 - Proactive outreach
 - Letter and phone calls(voicemails will be left)
- Savings through manufacturer coupons
 - Must be enrolled in the manufacturer assistance program

