

DakotaBlue | Trinity

Small Group Benefits Overview

A plan that offers lower out-of-pocket costs and highest benefit levels through a partnership with Trinity Health System in select counties.



ND



Bottineau, Burke, Divide, McHenry, McKenzie, McLean, Mountrail, Pierce, Renville, Rolette, and Ward

Plan Options

We offer you ways to control your costs by choosing the level of deductible.

Preferred Network	DakotaBlue 90 Trinity Platinum Plan	DakotaBlue 80 Trinity Gold Plan	DakotaBlue 60 Trinity Silver Plan
Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
Out-of-pocket maximum	The most you would pay per year \$1,800 Individual \$3,600 Family	The most you would pay per year \$8,250 Individual \$16,500 Family	The most you would pay per year \$9,400 Individual \$18,800 Family
Coinsurance	90/10 (BCBSND pays 90%; You pay 10%)	80/20 (BCBSND pays 80%; You pay 20%)	60/40 (BCBSND pays 60%; You pay 40%)
Preventive care	You pay \$0	You pay \$0	You pay \$0
Doctor visit, chiropractic care physical, speech and occupational therapy	You pay \$5	You pay \$10	You pay \$20
Prescription drugs	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$20 Brand Name Nonpreferred - \$40 Specialty Preferred - 20% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$50 Brand Name Nonpreferred - \$150 Specialty Preferred - 30% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$20 Generic Nonpreferred - \$20 Brand Name Preferred - \$150 Brand Name Nonpreferred - \$200 Specialty Preferred - 50% of total cost** Specialty Nonpreferred - 50% of total cost**
Emergency room visit	You pay 10% of total cost**	You pay 20% of total cost**	You pay 40% of total cost**
Hospitalization/exams/etc.	You pay 10% of total cost**	You pay 20% of total cost**	You pay 40% of total cost**

*Value drug is a prescription medication or drug listed on the value-based design drug list. The drug list centers on preventive care and reduces your out-of-pocket costs when using the identified drugs. To view the value-based design drug list, visit [BCBSND.com/members/rx-tools](https://www.bcsnd.com/members/rx-tools).

**After deductible is met.

All outpatient prescription medications and drugs are subject to the copayment amount application in the benefit plan.

All cost sharing amounts apply to covered services you receive within the Preferred Blue PPO network. Certain covered services received out-of-network are paid at a lower benefit or no benefit amount and will increase out-of-pocket expenses.

For a family plan, an individual on the plan must meet the individual deductible before coinsurance begins.

To locate a listing of participating providers, visit [BCBSND.com](https://www.bcsnd.com) and click on FIND A DOCTOR.

The BlueCare prescription drug coverage is considered creditable coverage.

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[BCBSND.com/smallgroup](https://www.bcsnd.com/smallgroup)

[Contact your local agent](#)

Enhanced Network	DakotaBlue 90 Trinity Platinum Plan	DakotaBlue 80 Trinity Gold Plan	DakotaBlue 60 Trinity Silver Plan
Deductible	\$3,500 Individual \$7,000 Family	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$12,000 Family
Out-of-pocket maximum	The most you would pay per year \$9,100 Individual \$18,200 Family	The most you would pay per year \$9,250 Individual \$18,500 Family	The most you would pay per year \$9,400 Individual \$18,800 Family
Coinsurance	70/30 (BCBSND pays 70%; You pay 30%)	60/40 (BCBSND pays 60%; You pay 40%)	50/50 (BCBSND pays 50%; You pay 50%)
Preventive care	You pay \$0	You pay \$0	You pay \$0
Doctor visit, chiropractic care physical, speech and occupational therapy	You pay 30% of total cost**	You pay 40% of total cost**	You pay 50% of total cost**
Prescription drugs	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$20 Brand Name Nonpreferred - \$40 Specialty Preferred - 20% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$50 Brand Name Nonpreferred - \$150 Specialty Preferred - 30% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$20 Generic Nonpreferred - \$20 Brand Name Preferred - \$150 Brand Name Nonpreferred - \$200 Specialty Preferred - 50% of total cost** Specialty Nonpreferred - 50% of total cost**
Emergency room visit	You pay 10% of total cost** <i>Preferred network deductible applies</i>	You pay 20% of total cost** <i>Preferred network deductible applies</i>	You pay 40% of total cost** <i>Preferred network deductible applies</i>
Hospitalization/exams/etc.	You pay 30% of total cost**	You pay 40% of total cost**	You pay 50% of total cost**

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Standard Network	DakotaBlue 90 Trinity Platinum Plan	DakotaBlue 80 Trinity Gold Plan	DakotaBlue 60 Trinity Silver Plan
Deductible	\$4,500 Individual \$9,000 Family	\$2,500 Individual \$5,000 Family	\$7,000 Individual \$14,000 Family
Out-of-pocket maximum	The most you would pay per year \$15,000 Individual \$30,000 Family	The most you would pay per year \$20,375 Individual \$40,750 Family	The most you would pay per year \$22,750 Individual \$45,500 Family
Coinsurance	50/50 (BCBSND pays 50%; You pay 50%)	50/50 (BCBSND pays 50%; You pay 50%)	50/50 (BCBSND pays 50%; You pay 50%)
Preventive care	You pay \$0	You pay \$0	You pay \$0
Doctor visit, chiropractic care physical, speech and occupational therapy	You pay 50% of total cost**	You pay 50% of total cost**	You pay 50% of total cost**
Prescription drugs	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$20 Brand Name Nonpreferred - \$40 Specialty Preferred - 20% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$5 Generic Nonpreferred - \$5 Brand Name Preferred - \$50 Brand Name Nonpreferred - \$150 Specialty Preferred - 30% of total cost** Specialty Nonpreferred - 50% of total cost**	You pay Value* - \$5 Generic Preferred - \$20 Generic Nonpreferred - \$20 Brand Name Preferred - \$150 Brand Name Nonpreferred - \$200 Specialty Preferred - 50% of total cost** Specialty Nonpreferred - 50% of total cost**
Emergency room visit	You pay 10% of total cost** <i>Preferred network deductible applies</i>	You pay 20% of total cost** <i>Preferred network deductible applies</i>	You pay 40% of total cost** <i>Preferred network deductible applies</i>
Hospitalization/exams/etc.	You pay 50% of total cost**	You pay 50% of total cost**	You pay 50% of total cost**

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Nonparticipating	DakotaBlue 90 Trinity Platinum Plan	DakotaBlue 80 Trinity Gold Plan	DakotaBlue 60 Trinity Silver Plan
Deductible	\$6,750 Individual \$13,500 Family	\$3,750 Individual \$7,500 Family	\$10,000 Individual \$20,000 Family
Out-of-pocket maximum	The most you would pay per year \$22,500 Individual \$45,000 Family	The most you would pay per year \$30,500 Individual \$61,000 Family	The most you would pay per year \$34,125 Individual \$68,250 Family
Coinsurance	50/50 (BCBSND pays 50%; You pay 50%)	50/50 (BCBSND pays 50%; You pay 50%)	50/50 (BCBSND pays 50%; You pay 50%)
Preventive care	No Coverage	No Coverage	No Coverage
Doctor visit, chiropractic care physical, speech and occupational therapy	You pay 50% of total cost**	You pay 50% of total cost**	You pay 50% of total cost**
Prescription drugs	No Coverage	No Coverage	No Coverage
Emergency room visit	You pay 10% of total cost** <i>Preferred network deductible applies</i>	You pay 20% of total cost** <i>Preferred network deductible applies</i>	You pay 40% of total cost** <i>Preferred network deductible applies</i>
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Health Insurance is about Sharing Costs

Health insurance is a cost-sharing arrangement. Like your auto insurance, you pay a premium. Then if you need to use the insurance, you pay a portion of the expenses and the insurance company pays a portion.

The cost-sharing terms you should know are defined below.

A Few Cost-sharing Terms You Should Know

Premium

The amount you pay each month for your health insurance plan.

Deductible

The amount you owe for health care services before your insurance begins to pay. For example, if your deductible is \$1,000, you will pay all your expenses up to \$1,000. After that, the insurance company will share in the cost of covered services. Some services, such as preventive services, are paid right away, before you meet your deductible.

Copayment (copay)

A fixed amount you pay for a covered health care service, typically paid at the time of the service. The amounts vary depending upon the service you receive.

Coinsurance

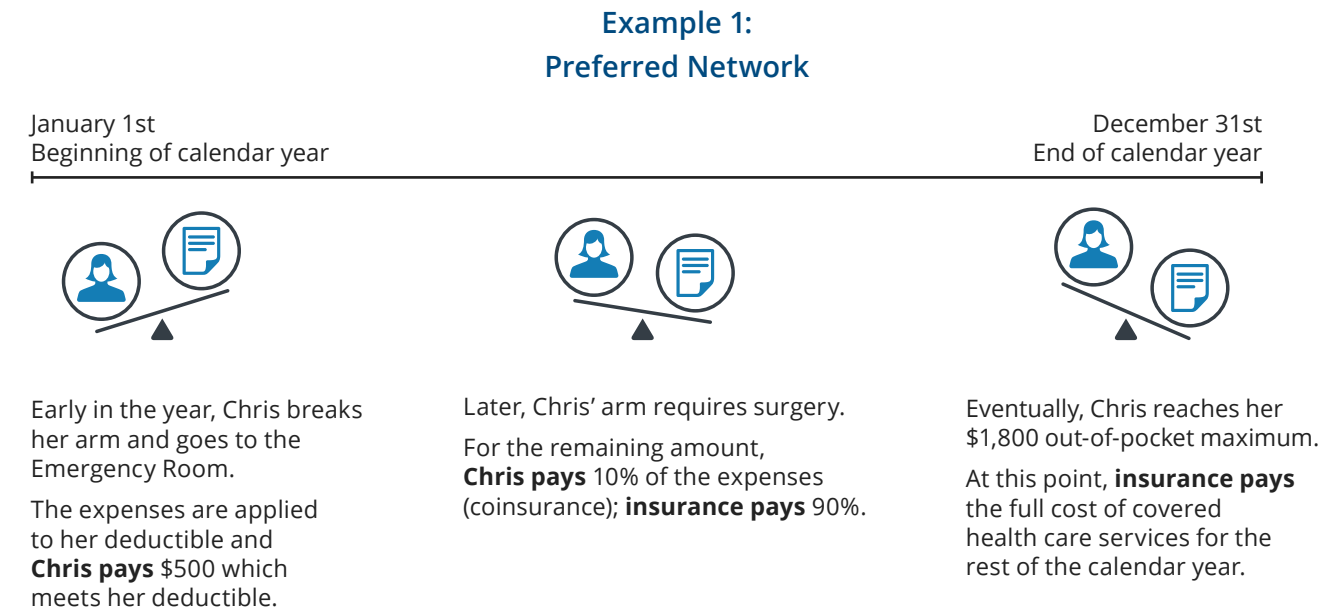
Your share of the costs of a health care service covered in your plan after the deductibles met.

Out-of-pocket maximum

The most you would pay in a calendar year, including copays, before your health insurance begins to pay 100% of the allowed amount. The out-of-pocket maximum doesn't include your premium and charges that are over and above the allowed amount.

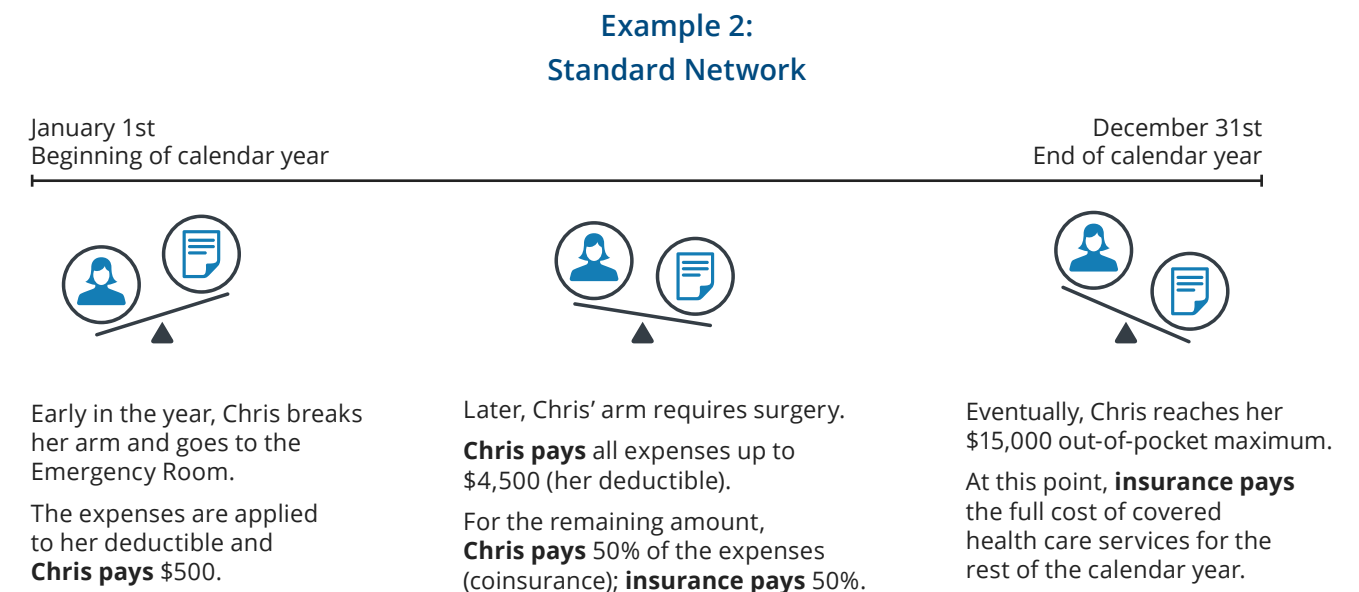
Cost-sharing Example 1

Here is an example of what cost sharing looks like when receiving services on a **DakotaBlue 90 | Trinity Platinum Plan** in a **Preferred Network**. With this plan Chris pays 10% coinsurance, has a \$500 deductible and an out-of-pocket maximum of \$1,800.



Cost-sharing Example 2

Here is a second example of what cost sharing looks like when receiving services on a **DakotaBlue 90 | Trinity Platinum Plan** in a **Standard Network**. With this plan Chris pays 50% coinsurance, has a \$4,500 deductible and an out-of-pocket maximum of \$15,000.



Why Choose Us for Your Health Insurance?

The Most Trusted Name in Health Insurance

- 98% of all doctors and 100% of all hospitals in North Dakota are BCBSND participating providers
- Enjoy protection when you travel – within or outside the U.S.
- 80% of all providers in the U.S. participate with Blue Cross Blue Shield
- To find nearby doctors and hospitals, call BlueCard Access at 1.800.810.BLUE (2583) or visit the Blue National Doctor & Hospital Finder at www.BCBS.com

Ways to Stay Healthy and Active

BCBSND believes in a preventive approach to health and wellness. To help you incorporate healthy choices into your everyday, we provide:

- HealthyBlue online wellness center with mobile app and incentive plan that rewards healthy behaviors like physical activity and setting and achieving goals
- BlueAlliance, a partnership with North Dakota providers to improve quality, manage costs and enhance your experience
- Prenatal Plus to help facilitate healthy pregnancy

Ease of Use

- Insurance that's easy to use is a top priority for our members, so we focus on convenience
- Service from local offices throughout North Dakota
- Hassle-free claims
- Claims paid and questions answered here in North Dakota
- Online self-service center available 24/7

A Strong, Local Company

- Members and health care providers in North Dakota appreciate the fact that they can rely on us
- Strong and stable North Dakota-based company
- 70+ years in North Dakota's unique health care market

A Variety of Options

For individuals and families who don't purchase insurance from employers, BCBSND also offers:

- BlueDirect
- BluePrimeSM
- BlueCare
- BlueEssential
- SimplyBlueSM
- BlueValue



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[Contact your local agent](#)

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan governs the benefits available.

For premium rates and 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.

Blue Cross Blue Shield of North Dakota has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.

Prime Therapeutics LLC is an independent company that provides pharmacy benefit management services for Blue Cross Blue Shield of North Dakota.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

Trinity is an independent healthcare organization partnering with BCBSND to provide the lowest out-of-pocket costs to members through the DakotaBlue | Trinity preferred network.



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)