



Sanford Health Plan Large Group PY2024

Sanford PLUS Plan

NETWORK DESCRIPTIONS

TIERED NETWORK (Sanford PLUS): Sanford Health Plan's Broad network is grouped into two tiers. Member's cost share is based on the tier of the provider from where they receive care. Tier 1 (lowest member cost-share) includes our large care system of Sanford Health providers and facilities. Tier 2 (higher member cost-share) includes the broad network that expands beyond the Sanford Health system, including access to Multiplan's nationwide networks for urgent and emergent coverage while traveling or for employees residing outside the Sanford Health Plan service area.

DEDUCTIBLE*

| | | | | | | | | | |
|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|
| \$250 | \$300 | \$500 | \$750 | \$1000 | \$1250 | \$1500 | \$1750 | \$2000 | \$2500 |
| \$3000 | \$3500 | \$4000 | | | | | | | |

OUT-OF-POCKET MAXIMUM*

The Affordable Care Act annually publishes and allows a maximum OPM. SHP will not release a quote that exceeds the 2024 limits of \$9,450 single & \$18,900 family.

* Family Deductible are always 2x the Single Deductible amount.

For Plans with **\$1,000 deductible or lower**, choose from: 2.5x, 3x, 4x & 5x the deductible amounts for OPM limits.

For Plans with **\$1,500-\$3,000 deductible**, choose from: 1.5x, 2x & 3x the deductible amounts for OPM limits.

For Plans with **\$3,500 deductible or higher**, choose from: 1.5x & 2x the deductible amounts for OPM limits.

COINSURANCE (IN-NETWORK) %

| | |
|-----------------|-----------------|
| Tier 1 - 90/10% | Tier 1 - 80/20% |
| Tier 2 - 70/30% | Tier 2 - 60/40% |
| OON 50% | OON 50% |

OFFICE & ER VISITS

Copay: available office visit and ER cost share amounts below.

| | | | | | |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|
| Flat Office Visit | Tier 1 - \$10 | Tier 1 - \$15 | Tier 1 - \$20 | Tier 1 - \$25 | Tier 1 - \$30 |
| | Tier 2 - \$30 | Tier 2 - \$35 | Tier 2 - \$40 | Tier 2 - \$45 | Tier 2 - \$50 |
| | OON 50% |
| PCP/Specialty Office Visit | Tier 1 - \$10/35 | Tier 1 - \$15/40 | Tier 1 - \$20/45 | Tier 1 - \$25/50 | Tier 1 - \$30/55 |
| | Tier 2 - \$30/35 | Tier 2 - \$35/60 | Tier 2 - \$40/65 | Tier 2 - \$45/70 | Tier 2 - \$50/75 |
| | OON 50% |

Emergency Room Copay: \$50 \$75 \$100 \$150 \$200 \$250 \$300 Ded/Co

PRESCRIPTION DRUG RIDER*

| | | | | | |
|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|--------------|
| \$0-5/20/35 | \$0-5/20/40 | \$0-5/25/40 | \$0-5/25/50 | \$0-5/30/50 | \$0-5/35/50 |
| \$0-10/20/35 | \$0-10/20/40 | \$0-10/25/40 | \$0-10/25/50 | \$0-10/30/50 | \$0-10/35/50 |
| \$0-15/25/40 | \$0-15/30/50 | \$0-15/35/50 | \$0-15/40/75 | \$0-15/50/75 | |
| \$0-5/50/100 | \$0-10/50/100 | \$0-15/50/100 | \$0-20/50/100 | \$0-25/50/100 | |
| \$0-10/30/75/10/100/200 | \$0-15/30/90/15/150/300 | \$0-20/40/80/20/150/300 | \$0-15/50/100/15/250/500 | \$0-25/50/100/25/250/500 | |

| | |
|--|--|
| SBC & Formulary will reflect: | \$0-5/20/30 |
| Tier: 1 Generic | \$0 copay – cost less than \$6 \$5 copay – cost \$6 & above |
| Tier 2: Preferred brand | \$20 copay |
| Tier 3: Non-preferred brand | \$30 copay |

| | |
|--|---|
| SBC & Formulary will reflect: | \$0-10/30/75/10/100/200 |
| Tier: 1 Generic | \$0 copay – cost less than \$6 \$10 copay – cost \$6 & above |
| Tier 2: Preferred brand | \$30 copay |
| Tier 3: Non-preferred brand | \$75 copay |
| Tier 4: Generic Specialty | \$10 copay |
| Tier 5: Preferred Specialty | \$100 copay |
| Tier 6: Non-Preferred Specialty | \$200 copay |

*Refer to Pharmacy Benefits/Formulary to determine which benefit applies and for a list of drugs that may require certification (Prior Authorization). Specialty must be dispensed from designated specialty pharmacy.

AVAILABLE RIDERS

Lab & X-Ray (available with flat and split copay's) Vision

HSA-QUALIFIED PLANS - EMBEDDED *Plans cover certain preventive drugs at a \$5 copay

| | | |
|-------------------------|-------------------------|-------------------------|
| \$3250 80% (\$4250 OPM) | \$3500 100% | \$4000 80% (\$8000 OPM) |
| \$3250 80% (\$5250 OPM) | \$3750 80% (\$4750 OPM) | \$4000 100% |
| \$3250 80% (\$6500 OPM) | \$3750 80% (\$5750 OPM) | \$4500 100% |
| \$3250 100% | \$3750 80% (\$7500 OPM) | \$5000 100% |
| \$3500 80% (\$4500 OPM) | \$3750 100% | \$6000 100% |
| \$3500 80% (\$5500 OPM) | \$4000 80% (\$5000 OPM) | |
| \$3500 80% (\$7000 OPM) | \$4000 80% (\$6000 OPM) | |