

Simplicity Individual and Family Plans 2020



SANFORD HEALTH PLAN
MEMBERS SAVE MONEY WITH

\$0 Co-Pays*
for

 E-VISITS or  VIDEO VISITS
THROUGH SANFORD
HEALTH PROVIDERS.

Other contract providers may charge slightly higher rates.
*HSA qualified plan members costs will vary depending
on plan and services received. Availability may vary by state.

SANFORD
HEALTH PLAN

Plan Name: <i>Simplicity</i> Provider Network: BROAD		Sanford <i>Simplicity</i> \$8,150*	Sanford <i>Simplicity</i> \$7,000*	Sanford <i>Simplicity</i> \$6,000*	Sanford <i>Simplicity</i> \$5,000 HSA Qualified*
	Metal Level	Catastrophic	Bronze	Bronze	Bronze
	HSA Qualify (Yes or No)	No	No	No	Yes
IN-NETWORK Medical DEDUCTIBLE	Individual	\$8,150	\$7,000	\$6,000	\$5,000
	Family	\$16,300	\$14,000	\$12,000	\$10,000
IN-NETWORK - COINSURANCE %	In-Network Providers	0%	50%	50%	40%
IN-NETWORK Maximum Out of Pocket-MOOP	Individual	\$8,150	\$8,150	\$8,150	\$6,550
	Family	\$16,300	\$16,300	\$16,300	\$13,100
Out-of-Network Medical DEDUCTIBLE	Individual	\$16,300	\$14,000	\$12,000	\$10,000
	Family	\$32,600	\$28,000	\$24,000	\$20,000
Out-of-Network - COINSURANCE %	Out-of-Network Providers	50%	60%	60%	50%
Out-of-Network Maximum Out of Pocket-MOOP	Individual	\$32,600	\$16,300	\$16,300	\$13,100
	Family	\$65,200	\$32,600	\$32,600	\$26,200
Office Visits	Primary Care & Other Practitioner Office Visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	First 3 Covered 100% then Deductible	\$60 Copay	\$60 Copay	Deductible / Coinsurance
	Specialty Visit	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Emergency / Urgent Care	Emergency Room Services	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
	Urgent Care Office Visit	Deductible	\$60 Copay	\$60 Copay	Deductible / Coinsurance
	Ambulance/Emergency Transport	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Chiropractic Care		First 3 Covered 100% then Deductible	\$60 Copay	\$60 Copay	Deductible / Coinsurance
Laboratory Outpatient & Professional Services		Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
X-ray and Diagnostic Imaging (CT/PET scans, MRIs)		Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
PEDIATRIC - Vision & Dental		PEDIATRIC	PEDIATRIC	PEDIATRIC	PEDIATRIC
Pediatric Vision	Deductible	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Pediatric Eye	Routine Eye Exams - Child	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
	Eye Glasses - Child	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Pediatric Dental	Deductible	Integrated with Medical	\$0	\$0	\$0
Pediatric Dental	Preventive - Check-Up	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
	Basic	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
	Major	Deductible	Coinsurance	Coinsurance	Coinsurance
	Orthodontia	Deductible	Coinsurance	Coinsurance	Coinsurance
PHARMACY BENEFITS		PHARMACY	PHARMACY	PHARMACY	PHARMACY
IN-NETWORK Prescription Drug	Deductible	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
IN-NETWORK Prescription Drugs	Generics Under \$6	Deductible	\$40 Copay	\$40 Copay	Deductible / Coinsurance
	Generic Drugs	Deductible	\$40 Copay	\$40 Copay	Deductible / Coinsurance
	Preferred (on Formulary) Brand Drugs	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
	Non-Preferred (Non-Formulary) Brand Drugs	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
	Specialty Drugs	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance

The following outline is a summary of benefits for In-network coverage only. All covered benefits must either be provided by an In-network provider or authorized by Sanford Health Plan. Note: This information is a summary of coverage; please refer to your SBC for actual benefits. You can refer to your policy for limitations and exclusions.

\$8,150 Catastrophic Plan is only for individuals under the age of 30, or those who have received a financial hardship waiver from the Marketplace at [healthcare.gov](https://www.healthcare.gov)

Sanford Simplicity \$4,750**	Sanford Simplicity \$4,250 HSA Qualified***	Sanford Simplicity \$3,500**	Sanford Simplicity \$2,800**	Sanford Simplicity \$1,750*
Silver	Silver	Silver	Silver	Gold
No	YES	No	No	No
\$4,750	\$4,250	\$3,500	\$2,800	\$1,750
\$9,500	\$8,500	\$7,000	\$5,600	\$3,500
50%	0%	40%	45%	25%
\$8,150	\$4,250	\$8,150	\$8,150	\$6,250
\$16,300	\$8,500	\$16,300	\$16,300	\$12,500
\$9,500	\$8,500	\$7,000	\$5,600	\$3,500
\$19,000	\$17,000	\$14,000	\$11,200	\$7,000
60%	50%	60%	60%	45%
\$16,300	\$17,000	\$16,300	\$16,300	\$12,500
\$32,600	\$34,000	\$32,600	\$32,600	\$25,000
\$50 Copay	Deductible	\$50 Copay	\$50 Copay	\$20 Copay
\$75 Copay	Deductible	\$75 Copay	\$75 Copay	\$50 Copay
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
\$50 Copay	Deductible	\$50 Copay	\$50 Copay	\$20 Copay
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
\$50 Copay	Deductible	\$50 Copay	\$50 Copay	\$20 Copay
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
PEDIATRIC	PEDIATRIC	PEDIATRIC	PEDIATRIC	PEDIATRIC
Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
\$0	Integrated with Medical	\$0	\$0	\$0
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Coinsurance	Deductible	Coinsurance	Coinsurance	Coinsurance
Coinsurance	Deductible	Coinsurance	Coinsurance	Coinsurance
PHARMACY	PHARMACY	PHARMACY	PHARMACY	PHARMACY
Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
\$0 Copay	Deductible	\$0 Copay	\$0 Copay	\$0 Copay
\$25 Copay	Deductible	\$25 Copay	\$25 Copay	\$20 Copay
\$75 Copay	Deductible	\$75 Copay	\$75 Copay	\$50 Copay
\$125 Copay	Deductible	\$125 Copay	\$125 Copay	\$125 Copay
Deductible / Coinsurance	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance

* Plan available on and off exchange

**Plan available on and off exchange, but off exchange plan offers different rates

***Plan available off exchange only.

Getting to know our *Simplicity* Plans

Who can purchase *Simplicity* Individual Plans?

Individuals who are South Dakota or North Dakota residents. Your eligibility and rates will depend on the state and county in which you reside.

How does the BROAD provider network work?

Consists of over 25,000 providers within the Dakotas, Minnesota and Iowa. The network expands beyond the Sanford Health care system, including access to a nationwide network while traveling or for those residing outside the Sanford Health Plan service area. You can choose to see any licensed provider for covered services without a referral, whether the provider is in-network or out-of-network. Claims will pay according to the appropriate level of benefits.

Where can I find more information about your individual plan options, provider network, rates and other information?

We encourage you to work with your local insurance agent. You can also visit our website at sanfordhealthplan.com or call (605) 333-1089 or toll free at (888) 535-4831.

The *Simplicity* advantage

- Broad Network
- Worldwide emergency coverage, 24-hours a day
- Flexibility to choose your own providers, including specialists, without a referral
- Access to over 60,000 pharmacies nationwide
- Fast, accurate and friendly customer service
- Telehealth services (video visits and e-visits)
- Coverage included for pediatric dental and vision
- In and Out of Network Benefits
- Access to a nationwide network when traveling outside the service area

➤ ADVANTAGE Discounts card: Members receive discounted services through participating providers for:

- dental
- hearing
- vision
- Sanford Profile weight loss services

➤ Fitness center discounts and reimbursements

VALUE ADD

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