



# Sanford *Simplicity*

Individual and Family Plans

**2024**

**SANFORD**  
HEALTH PLAN

# Getting know our *Simplicity* plans

## Who can purchase *Simplicity* Individual Plans?

*Simplicity* Individual Plans can be purchased by individuals who are South Dakota or North Dakota residents. Your eligibility and rates will depend on the state and county where you reside.

## What is the BROAD provider network?

Sanford Health Plan's *Simplicity* broad network is grouped into two tiers. Member cost share (copayments, deductibles, and coinsurance) is based on the tier of the provider from whom they receive care. Tier 1 Preferred (which has the lowest member cost-share) includes our large care system of Sanford Health providers and facilities. Tier 2 Affiliated (which has a higher member cost-share) includes a broad network that expands beyond the Sanford Health system for providers and facilities within the Sanford Health Plan service area. To receive in-network benefits, see providers in this directory. Prior authorization for certain services is still required, regardless of where you receive care. If you cover a college student who resides outside of the Sanford Health Plan service area complete an Out-of-Area Form to request access to the nationwide network. If access is approved, nationwide network providers and facilities will process under Tier 2 benefits.

By using Sanford Health providers, you are not only receiving high quality care, but paying less for primary and specialty care visits. These are known as **Tier 1 providers**.

*Simplicity* gives you the freedom to choose the providers that work best for you and your health care needs, including non-Sanford providers that are currently in our broad network. These are referred to as **Tier 2 providers**.

*Standard Enhanced Care plans do not include tiered access.*

## The *Simplicity* advantage

- Broad Network
- Worldwide emergency coverage, 24-hours a day
- Flexibility to choose your own in-network providers, including specialists, without a referral
- Access to over 60,000 pharmacies nationwide
- Fast, accurate and friendly customer service
- Reduce costs for office visits by seeing Sanford Health providers
- Behavioral health assistance
- \*\$0 24/7 virtual care for acute and non-emergent care through **sanfordvideovisits.com**. Certain restrictions may apply.
- Coverage included for pediatric dental and vision
- In and Out of Network Benefits
- Access to urgent and emergent coverage at an in-network level while traveling outside of the service area
- Discounts from local and national retailers through +Perks

## Save more, do more

Use +Perks and start saving with:

- Discounts and cash back at over 2,000 local and national retailers
- Sanford Health exclusive discounts from Sanford Wellness Centers and Great Shots
- Fitness center reimbursements

Plan Name: <b>SIMPLICITY</b> Provider Network: <b>BROAD</b>		Sanford <i>Simplicity</i> \$2,800*	Sanford <i>Simplicity</i> \$1,750*	Sanford <i>Simplicity</i> Standardized \$1,500*	Sanford <i>Simplicity</i> Enhanced Diabetes and Asthma/COPD \$1,250*
In-network medical deductible	Individual	\$2,800	\$1,750	\$1,500	\$1,250
	Family	\$5,600	\$3,500	\$3,000	\$2,500
In-network coinsurance percentage	In-network providers	25%	30%	25%	25%
In-network maximum out-of-pocket	Individual	\$8,450	\$8,450	\$8,700	\$5,500
	Family	\$16,900	\$16,900	\$17,400	\$11,000
Out-of-network medical deductible	Individual	\$5,600	\$3,500	\$3,000	\$2,500
	Out-of-network coinsurance percentage	\$11,200	\$7,000	\$6,000	\$5,000
Out-of-network coinsurance percentage	Out-of-network providers	45%	50%	45%	45%
Out-of-network maximum out-of-pocket	Individual	\$16,900	\$16,900	\$17,400	\$11,000
	Family	\$33,800	\$33,800	\$34,800	\$22,000
Office visits	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	Tier 1: \$0 Copay Tier 2: \$20 Copay	Tier 1: \$15 Copay Tier 2: \$35 Copay	\$30 Copay	Deductible/coinsurance
	Specialty visit	Tier 1: \$20 Copay Tier 2: \$40 Copay	Tier 1: \$25 Copay Tier 2: \$45 Copay	\$60 Copay	Deductible/coinsurance
Emergency/urgent Care	Emergency room services	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
	Urgent care office visit	\$15 Copay	\$30 Copay	\$45 Copay	Deductible/coinsurance
	Ambulance/emergency transport	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
Mental and behavioral health	Outpatient services	\$0 Copay/office visit and 25% coinsurance after deductible for other outpatient services	\$15 Copay/office visit and 30% coinsurance after deductible for other outpatient services	\$30 Copay/office visit and 25% coinsurance after deductible for other outpatient services	Deductible/coinsurance
Chiropractic care		\$0 Copay	\$15 Copay	\$30 Copay	Deductible/coinsurance
Laboratory and x-ray outpatient and professional services		\$0 Copay	\$15 Copay	Deductible/coinsurance	Deductible/coinsurance
Diagnostic imaging (CT/PET scans, MRIs)		Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
Pediatric vision	Routine eye exams — child	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
	Eye glasses — child	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
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	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Orthodontia	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Pharmacy benefits	Generic drugs under \$6	\$0 Copay	\$0 Copay	Not Available	Not Available
	Generic drugs	\$15 Copay	\$15 Copay	\$15 Copay	Deductible/coinsurance
	Preferred brand drugs	\$30 Copay	\$30 Copay	\$30 Copay	Deductible/coinsurance
	Non-preferred brand drugs	\$125 Copay	\$125 Copay	\$60 Copay	Deductible/coinsurance
	Generic Specialty drugs	\$15 Copay	\$15 Copay	Not Available	Deductible/coinsurance
	Preferred Specialty drugs	Deductible/coinsurance	Deductible/coinsurance	\$250 Copay	Deductible/coinsurance
	Non-Preferred Specialty drugs	45% Coinsurance after deductible	50% Coinsurance after deductible	Not Available	Deductible/coinsurance

\* Plan available on and off exchange

This outline is a summary of benefits for in-network coverage only. Your most affordable avenue for care is always in-network. For out-of-network coverage, the deductible and out-of-pocket maximum amounts are higher than the in-network amounts. Note: This information is a summary of coverage. Please refer to your Summary of Benefits and Coverage for actual benefits. You can refer to your policy for limitations and exclusions. **The 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.**



**Plan Name: *SIMPLICITY***  
**Provider Network: BROAD**

**Sanford *Simplicity***  
**Standardized**  
**\$5,900\***

**Sanford *Simplicity***  
**\$5,250**  
**HSA Qualified\*\*\***

<b>In-network medical deductible</b>	Individual	\$5,900	\$5,250
	Family	\$11,800	\$10,500
<b>In-network coinsurance percentage</b>	In-network providers	40%	0%
<b>In-network maximum out-of-pocket</b>	Individual	\$9,100	\$5,250
	Family	\$18,200	\$10,500
<b>Out-of-network medical deductible</b>	Individual	\$11,800	\$10,500
	Out-of-network coinsurance percentage	\$23,600	\$21,000
<b>Out-of-network coinsurance percentage</b>	Out-of-network providers	60%	20%
<b>Out-of-network maximum out-of-pocket</b>	Individual	\$18,200	\$21,000
	Family	\$36,400	\$42,000
<b>Office visits</b>	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	\$40 Copay	Deductible
	Specialty visit	\$80 Copay	Deductible
<b>Emergency/urgent Care</b>	Emergency room services	Deductible/coinsurance	Deductible
	Urgent care office visit	\$60 Copay	Deductible
	Ambulance/emergency transport	Deductible/coinsurance	Deductible
<b>Mental and behavioral health</b>	Outpatient services	\$40 Copay/office visit and 40% coinsurance after deductible for other outpatient services	Deductible
<b>Chiropractic care</b>		\$40 Copay	Deductible
<b>Laboratory and x-ray outpatient and professional services</b>		Deductible/coinsurance	Deductible
<b>Diagnostic imaging (CT/PET scans, MRIs)</b>		Deductible/coinsurance	Deductible
<b>Pediatric vision</b>	Routine eye exams — child	Covered at 100%	Covered at 100%
	Eye glasses — child	Deductible/coinsurance	Deductible
<b>Pediatric dental</b>	Preventive check-up	Covered at 100%	Covered at 100%
	Basic	Covered at 100%	Covered at 100%
	Major	Coinsurance	Deductible
	Orthodontia	Coinsurance	Deductible
<b>Pharmacy benefits</b>	Generic drugs under \$6	Not Available	Not Available
	Generic drugs	\$20 Copay	Deductible
	Preferred brand drugs	\$40 Copay	Deductible
	Non-preferred brand drugs	\$80 Copay after deductible	Deductible
	Generic Specialty drugs	Not Available	Deductible
	Preferred Specialty drugs	\$350 Copay after deductible	Deductible
	Non-Preferred Specialty drugs	Not Available	Deductible

This outline is a summary of benefits for in-network coverage only. Your most affordable avenue for care is always in-network. For out-of-network coverage, the deductible and out-of-pocket maximum amounts are higher than the in-network amounts. Note: This information is a summary of coverage. Please refer to your Summary of Benefits and Coverage for actual benefits. You can refer to your policy for limitations and exclusions. **The 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).**

SILVER

Sanford <i>Simplicity</i> 4,750**	Sanford <i>Simplicity</i> Enhanced Diabetes and Asthma/COPD HDHP HSA \$3,700**	Sanford <i>Simplicity</i> \$3,500**
\$4,750	\$3,700	\$3,500
\$9,500	\$7,400	\$7,000
50%	15%	50%
\$9,100	\$7,050	\$9,100
\$18,200	\$14,100	\$18,200
\$9,500	\$7,400	\$7,000
\$19,000	\$14,800	\$14,000
70%	35%	70%
\$18,200	\$14,100	\$18,200
\$36,400	\$28,200	\$36,400
Tier 1: \$40 Copay Tier 2: \$60 Copay	Deductible/coinsurance	Tier 1: \$40 Copay Tier 2: \$60 Copay
Tier 1: \$60 Copay Tier 2: \$75 Copay	Deductible/coinsurance	Tier 1: \$60 Copay Tier 2: \$75 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
\$55 Copay	Deductible/coinsurance	\$55 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
\$40 Copay/office visit and 50% coinsurance after deductible for other outpatient services	Deductible/coinsurance	\$40 Copay/office visit and 50% coinsurance after deductible for other outpatient services
\$40 Copay	Deductible/coinsurance	\$40 Copay
\$40 Copay	Deductible/coinsurance	\$40 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
Covered at 100%	Covered at 100%	Covered at 100%
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
Covered at 100%	Covered at 100%	Covered at 100%
Covered at 100%	Covered at 100%	Covered at 100%
Coinsurance	Deductible/coinsurance	Coinsurance
Coinsurance	Deductible/coinsurance	Coinsurance
\$0 Copay	Not Available	\$0 Copay
\$30 Copay	Deductible/coinsurance	\$30 Copay
\$40 Copay	Deductible/coinsurance	\$40 Copay
\$150 Copay	Deductible/coinsurance	\$150 Copay
\$30 Copay	Deductible/coinsurance	\$30 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
65% Coinsurance after deductible	Deductible/coinsurance	65% Coinsurance after deductible

\* Plan available on and off exchange

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

\*\*\*Plan available off exchange only.

# The coverage you need **+** **Wellness**

When life gets busy, it can be hard to prioritize your health and wellness. With your coverage from Sanford Health Plan, you have access to well-being tools and support for whole-person health – beyond exercising more and eating right.

## Why is your well-being so important?

Well-being is made up of six foundational areas, with each one affecting all other aspects of living well. At any time, there's a mix of these areas contributing to your health and wellness.



## Our wellness resources include:









- ✓ Personalized wellness programming based on each individual's needs and goals
- ✓ Virtual health and wellness coaching
- ✓ Digital health and well-being tools, apps, and trackers
- ✓ Support for preventing and managing chronic conditions



Learn more at [sanfordhealthplan.com/wellness](https://sanfordhealthplan.com/wellness)

# The coverage you need **+Perks**

With Sanford Health Plan, your health insurance comes with perks. Because when you're able to save more, you can do more of what you love. As a valued member, enjoy discounts from local and national retailers on products and services in a variety of categories, including:

-  Apparel
-  Auto
-  Dental
-  Electronics
-  Entertainment
-  Health and wellness
-  Restaurants
-  Vision



Learn more at [sanfordhealthplan.com/members/perks](https://sanfordhealthplan.com/members/perks)



**Plan Name: *SIMPLICITY***  
**Provider Network: BROAD**

*Sanford Simplicity*  
**\$9,450\***

*Sanford Simplicity*  
**Standardized \$7,500\***

<b>In-network medical deductible</b>	Individual	\$9,450	\$7,500
	Family	\$18,900	\$15,000
<b>In-network coinsurance percentage</b>	In-network providers	0%	50%
<b>In-network maximum out-of-pocket</b>	Individual	\$9,450	\$9,400
	Family	\$18,900	\$18,800
<b>Out-of-network medical deductible</b>	Individual	\$18,900	\$15,000
	Out-of-network coinsurance percentage	\$37,800	\$30,000
<b>Out-of-network coinsurance percentage</b>	Out-of-network providers	20%	70%
<b>Out-of-network maximum out-of-pocket</b>	Individual	\$37,800	\$18,800
	Family	\$75,600	\$37,600
<b>Office visits</b>	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	First 3 visits covered at 100% then subject to deductible	\$50 Copay
	Specialty visit	Deductible	\$100 Copay
<b>Emergency/urgent Care</b>	Emergency room services	Deductible	Deductible/coinsurance
	Urgent care office visit	Deductible	\$75 Copay
	Ambulance/emergency transport	Deductible	Deductible/coinsurance
<b>Mental and behavioral health</b>	Outpatient services	First 3 visits covered at 100% then subject to deductible	\$50 Copay/office visit and 50% coinsurance after deductible for other outpatient services
<b>Chiropractic care</b>		First 3 visits covered at 100% then subject to deductible	\$50 Copay
<b>Laboratory and x-ray outpatient and professional services</b>		Deductible	Deductible/coinsurance
<b>Diagnostic imaging (CT/PET scans, MRIs)</b>		Deductible	Deductible/coinsurance
<b>Pediatric vision</b>	Routine eye exams — child	Deductible	Covered at 100%
	Eye glasses — child	Deductible	Deductible/coinsurance
<b>Pediatric dental</b>	Preventive check-up	Deductible	Covered at 100%
	Basic	Deductible	Covered at 100%
	Major	Deductible	Coinsurance
	Orthodontia	Deductible	Coinsurance
<b>Pharmacy benefits</b>	Generic drugs under \$6	Not Available	Not Available
	Generic drugs	Deductible	\$25 Copay
	Preferred brand drugs	Deductible	\$50 Copay after deductible
	Non-preferred brand drugs	Deductible	\$100 Copay after deductible
	Generic Specialty drugs	Deductible	Not Available
	Preferred Specialty drugs	Deductible	\$500 Copay after deductible
	Non-Preferred Specialty drugs	Deductible	Not Available

This outline is a summary of benefits for in-network coverage only. All covered benefits must either be provided by a provider or authorized by Sanford Health Plan. **This plan has no out-of-network coverage, except for in emergencies.** Note: This information is a summary of coverage. Please refer to your Summary of Benefits and Coverage for actual benefits. You can refer to your policy for limitations and exclusions. **The 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.**



EXPANDED BRONZE

Sanford <i>Simplicity</i> \$7,100 HSA Qualified*	Sanford <i>Simplicity</i> \$7,000*	Sanford <i>Simplicity</i> \$6,000*
\$7,100	\$7,000	\$6,000
\$14,200	\$14,000	\$12,000
0%	50%	50%
\$7,100	\$9,100	\$9,450
\$14,200	\$18,200	\$18,900
\$14,200	\$14,000	\$12,000
\$28,400	\$28,000	\$24,000
20%	70%	70%
\$28,400	\$18,200	\$18,900
\$56,800	\$36,400	\$37,800
Deductible	Tier 1: \$50 Copay Tier 2: \$70 Copay \$90 Copay for OON	Tier 1: \$40 Copay Tier 2: \$60 Copay
Deductible	Tier 1: 35% Coinsurance after deductible Tier 2: 65% Coinsurance after deductible	Tier 1: 35% Coinsurance after deductible Tier 2: 65% Coinsurance after deductible
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	\$65 Copay	\$55 Copay
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	INN: \$50 Copay OON: \$90 Copay	\$40 Copay/office visit and 50% coinsurance after deductible for other outpatient services
Deductible	INN: \$50 Copay OON: \$90 Copay	\$40 Copay
Deductible	\$50 Copay	\$40 Copay
Deductible	Deductible/coinsurance	Deductible/coinsurance
Covered at 100%	Covered at 100%	Covered at 100%
Deductible	Deductible/coinsurance	Deductible/coinsurance
Covered at 100%	Covered at 100%	Covered at 100%
Covered at 100%	Covered at 100%	Covered at 100%
Deductible	Coinsurance	Coinsurance
Deductible	Coinsurance	Coinsurance
Not Available	\$0 Copay	\$0 Copay
Deductible	\$35 Copay	\$35 Copay
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	65% Coinsurance after deductible	65% Coinsurance after deductible
Deductible	\$35 Copay	\$35 Copay
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	65% Coinsurance after deductible	65% Coinsurance after deductible

\* Plan available on and off exchange

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

\*\*\*Plan available off exchange only.

# Your health insurance shopping checklist

As you start shopping for health insurance, keep these five items in mind to help you find the right plan for your needs, budget and lifestyle.



## Monthly premiums

Know what you will be required to pay monthly to maintain your coverage. You'll also want to know the monthly premium cost for your spouse's and qualifying dependents' coverage.



## Deductibles, copayments and coinsurance

These forms of cost-sharing only come into play when you receive medical care. You'll want to make sure they're affordable for you, both for regular medical care as well as for more serious or unexpected medical conditions.



## Provider networks

Understanding your provider network is important. Does the plan have the type of specialists you may need and does it partner with leading health professionals? Take this into consideration when choosing a plan.



## Prescription drug coverage

Depending on the plan, you may see differences in what prescription drugs are covered and how much your plan will pay toward them.



## Member perks and discounts

With coverage from Sanford Health Plan, your benefits go beyond health insurance – with discounts for dental, vision, hearing and weight loss services. Under certain plans, we also offer no-cost virtual care and monthly gym reimbursements at participating facilities. With a plan that includes perks and discounts, you can save more and do more.

## Where can you learn more about plan options, provider networks, rates and other information?

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







## Save even more with our Enhanced Diabetes and Asthma/COPD Plans

Our **enhanced plan options for diabetes, asthma and COPD** make it easier and more affordable for you to access the care and supplies you need to manage your condition and live healthier.



- Comprehensive medical assessments, labs and equipment
- Preventive care virtual visits
- Health education programs and benefits
- PLUS \$5 preventive drug benefit for HDHP plans

Learn more at [sanfordhealthplan.com/enhanced-plans](https://sanfordhealthplan.com/enhanced-plans)

**SANFORD**<sup>®</sup>  
HEALTH PLAN