



# Sanford TRUE

Individual and Family Plans  
**2024**





# Getting to know our Sanford TRUE plans

## Who can purchase Sanford TRUE individual plans?

Individuals that reside in approved counties of South Dakota and North Dakota. Your eligibility and rates will depend on the state and county in which you reside.

**South Dakota counties:** Brown, Lincoln, Minnehaha

**North Dakota counties:** Burleigh, Morton, Oliver, Cass, Traill.

## Network

The Sanford TRUE plans are offered to individuals in counties where we have ensured a robust provider network is available. The focused network consists of 7,000 providers, including access to our large care system of Sanford Health providers and facilities, plus some additional independent providers across the Dakotas, Minnesota and Iowa. You can choose to see any licensed Sanford Health provider for covered services without a referral for in-network coverage. This plan does not have out-of-network coverage, except for urgent and emergent situations.

## The Sanford TRUE advantage

- Focused 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
- \*\$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
- 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
- Behavioral health assistance

*\*HSA-qualified High Deductible Health Plans (HDHP) are not eligible for \$0 video visits but do qualify for discounted visits for which Health Savings Account (HSA) dollars may be used.*





Plan Name: Sanford TRUE Provider Network: FOCUSED		Sanford TRUE \$2,800*	Sanford TRUE \$1,750*	Sanford TRUE Standardized \$1,500*	Sanford TRUE 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%	50%	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	Not Covered	Not Covered	Not Covered	Not Covered
	Out-of-network coinsurance percentage	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-network coinsurance percentage	Out-of-network providers	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-network maximum out-of-pocket	Individual	Not Covered	Not Covered	Not Covered	Not Covered
	Family	Not Covered	Not Covered	Not Covered	Not Covered
Office visits	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	\$0 Copay	\$0 Copay	\$30 Copay	Deductible/coinsurance
	Specialty visit	\$20 Copay	\$25 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	\$15 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	\$0 Copay/office visit and 50% 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	\$0 Copay	\$30 Copay	Deductible/coinsurance
Laboratory and x-ray outpatient and professional services		\$0 Copay	\$0 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	65% 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. 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](https://www.healthcare.gov).**

**Plan Name: Sanford TRUE  
Provider Network: FOCUSED**
**Sanford TRUE  
Standardized  
\$5,900\***
**Sanford TRUE  
\$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	Not Covered	Not Covered
	Out-of-network coinsurance percentage	Not Covered	Not Covered
<b>Out-of-network coinsurance percentage</b>	Out-of-network providers	Not Covered	Not Covered
<b>Out-of-network maximum out-of-pocket</b>	Individual	Not Covered	Not Covered
	Family	Not Covered	Not Covered
<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

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SILVER

Sanford TRUE 4,750**	Sanford TRUE Enhanced Diabetes and Asthma/COPD HDHP HSA \$3,700**	Sanford TRUE \$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
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
\$45 Copay	Deductible/coinsurance	\$45 Copay
\$65 Copay	Deductible/coinsurance	\$65 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
\$60 Copay	Deductible/coinsurance	\$60 Copay
Deductible/coinsurance	Deductible/coinsurance	Deductible/coinsurance
\$45 Copay/office visit and 50% coinsurance after deductible for other outpatient services	Deductible/coinsurance	\$45 Copay/office visit and 50% coinsurance after deductible for other outpatient services
\$45 Copay	Deductible/coinsurance	\$45 Copay
\$45 Copay	Deductible/coinsurance	\$45 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: Sanford TRUE**  
**Provider Network: FOCUSED**

**Sanford TRUE**  
**\$9,450\***

**Sanford TRUE**  
**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	Not Covered	Not Covered
	Out-of-network coinsurance percentage	Not Covered	Not Covered
<b>Out-of-network coinsurance percentage</b>	Out-of-network providers	Not Covered	Not Covered
<b>Out-of-network maximum out-of-pocket</b>	Individual	Not Covered	Not Covered
	Family	Not Covered	Not Covered
<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

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EXPANDED BRONZE

Sanford TRUE \$7,100 HSA Qualified*	Sanford TRUE \$7,000*	Sanford TRUE \$6,000*
\$7,100	\$7,000	\$6,000
\$14,200	\$14,000	\$12,000
0%	50%	50%
\$7,100	\$9,400	\$9,450
\$14,200	\$18,800	\$18,900
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Deductible	\$50 Copay	\$50 Copay
Deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	\$65 Copay	\$65 Copay
Deductible	Deductible/coinsurance	Deductible/coinsurance
Deductible	\$50 Copay/office visit and 50% coinsurance after deductible for other outpatient services	\$50 Copay/office visit and 50% coinsurance after deductible for other outpatient services
Deductible	\$50 Copay	\$50 Copay
Deductible	\$50 Copay	\$50 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

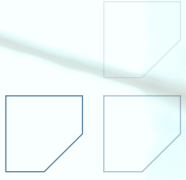
With coverage from Sanford Health Plan, your benefits go beyond health insurance – with discounts for dental, vision, hearing and weight loss services. Under certain plans, we also offer no-cost virtual care and monthly gym reimbursements at participating facilities. With a plan that includes perks and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

(605) 333-1089 | (888) 535-4831 | [sanfordhealthplan.com](https://sanfordhealthplan.com)