

NEW EMPLOYEE COVERAGE BECOMES EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING YOUR DATE OF EMPLOYMENT

AN EPO SELECTION FORM MUST BE COMPLETED IF THE EPO OPTION IS SELECTED

NDPERS OUT-OF-POCKET HEALTH COSTS

Plan Features	BASIC and EPO Self-Referral	PPO	EPO
CO-PAY	Amount paid by member for each and every visit. Health care providers may request payment at time of service.		
Physician Office Visits	\$30	\$25	\$20
Emergency Room Visits	\$50	\$50	\$50
Prescription Drugs			
Generic	\$5	\$5	\$5
Brand Name	\$20	\$20	\$20
Non-formulary	\$25	\$25	\$25
CO-INSURANCE	Percentage of allowed charge that is member responsibility. This is in addition to co-pay. Physician Office visits not subject to co-insurance		
All covered Services	25%	20%	15%
Prescription Drugs			
Generic	15%	15%	15%
Brand Name	25%	25%	25%
Non-formulary	50%	50%	50%
Individual Maximum (per calendar year)	\$1,250	\$750	\$500
Family Maximum (per calendar year)	\$2,500	\$1,500	\$1,000
DEDUCTIBLE	Maximum Amount paid by member during calendar year for specified services. Office visits, ER co-pay, preventive screening, maternity care and delivery, newborn care and prescription drugs are not included.		
NON-Physician Services (incl lab & xray)			
Per Person	\$400	\$400	\$200
Per Family	\$1,200	\$1,200	\$600
OUT OF POCKET MAXIMUM	Deductible and Co-Insurance maximum amount paid by member during calendar year. Office visits, ER co-pay and Prescription drug co-pay and prescription drug co-insurance are additional.		
Per Person	\$1,650	\$1,150	\$700
Per family	\$3,700	\$2,700	\$1,600