



**NextBlue**  
OF NORTH DAKOTA



## Summary of Benefits

**NextBlue of North Dakota Freedom PPO**  
**NextBlue of North Dakota Classic PPO**  
**NextBlue of North Dakota Premium PPO**

January 1, 2024 – December 31, 2024

To join a NextBlue of North Dakota PPO plan, you must meet all of the following requirements:

- Have both Medicare Part A and Medicare Part B
- Be a United States citizen or lawfully present in the United States.
- Live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

Our service area for **NextBlue of North Dakota PPO** includes these counties in North Dakota: Adams, Barnes, Benson, Billings, Bottineau, Bowman, Burke, Burleigh, Cass, Cavalier, Dickey, Divide, Dunn, Eddy, Emmons, Foster, Golden Valley, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McKenzie, McLean, Mercer, Morton, Mountrail, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Renville, Richland, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Ward, Wells, and Williams.

NextBlue of North Dakota PPO has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at [www.NextBlueND.com/find-a-doc](http://www.NextBlueND.com/find-a-doc).

Out-of-network/non-contracted providers are under no obligation to treat NextBlue of North Dakota PPO members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

[www.NextBlueND.com](http://www.NextBlueND.com)

*NextBlue of North Dakota is a PPO plan with a Medicare contract.  
Enrollment in NextBlue of North Dakota depends on contract renewal.*

# Premium/Cost-sharing Table

You must continue to pay your Medicare Part B premium.

<b>Monthly plan premiums, deductibles and limits on how much you pay for covered services</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<b>Premium</b>	\$0	\$0	\$69
<b>Deductible</b>	This plan does not have a deductible for hospital and medical services.  This plan does not include Part D prescription drug coverage.	This plan does not have a deductible for hospital and medical services.  No deductible on Part D prescription drugs in Tiers 1, 2, and 6. \$325 deductible for Part D prescription drugs in Tiers 3, 4, and 5. Deductible does not apply to insulins.	This plan does not have a deductible for hospital and medical services.  No deductible on Part D prescription drugs in Tiers 1, 2, and 6. \$200 deductible for Part D prescription drugs in Tiers 3, 4, and 5. Deductible does not apply to insulins.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<b>Combined In- and Out-of-Network</b> \$4,500 annually  The most you pay for copays, coinsurance and other costs for medical services for the year.  If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.  You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.	<b>Combined In- and Out-of-Network</b> \$5,500 annually	<b>Combined In- and Out-of-Network</b> \$3,750 annually

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<b>Note:</b> Services with * may require prior authorization.			
<p><b>Inpatient Hospital Coverage*</b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.</p>		
	<p><b>In- and Out-of-Network</b> \$350 per stay</p>	<p><b>In- and Out-of-Network</b> \$425 copay per day for days 1 through 4 \$0 copay per day for additional days</p>	<p><b>In- and Out-of-Network</b> \$350 per stay</p>
<p><b>Outpatient Hospital Coverage*</b></p> <ul style="list-style-type: none"> <li>• Non-surgical outpatient hospital services</li> <li>• Surgical outpatient hospital services</li> </ul>	<p><b>In- and Out-of-Network</b> \$200 copay</p>	<p><b>In- and Out-of-Network</b> \$200 copay for non-surgical services \$300 copay for surgical services</p>	<p><b>In- and Out-of-Network</b> \$200 copay</p>
<p><b>Ambulatory Surgical Center (ASC) Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered arthroplasty hip and knee surgical services in an ambulatory surgical center</li> <li>• Ambulatory surgical center</li> </ul>	<p><b>In- and Out-of-Network</b> \$0 copay</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p>
	<p><b>In- and Out-of-Network</b> \$150 copay</p>	<p><b>In- and Out-of-Network</b> \$200 copay</p>	<p><b>In- and Out-of-Network</b> \$150 copay</p>



<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Preventive Care</b></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p style="text-align: center;"><b>In- and Out-of-Network</b> \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Annual physical exam</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> <li>• COVID-19, flu, Hepatitis B, and pneumonia immunizations</li> <li>• Intensive behavioral therapy for obesity</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Prostate cancer screenings</li> <li>• Screening for lung cancer with low dose computed tomography</li> <li>• Screening for sexually transmitted infections and counseling to prevent STIs</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>		

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<p><b>Emergency Care</b></p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>If you need care when you’re outside of the U.S., you have coverage for emergency medical care, emergency transportation, and urgently needed services only.</p> <p>Urgent care, emergency care, and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>	<p><b>In- and Out-of-Network</b> \$90 copay</p> <p><b>Worldwide</b> \$90 copay</p>	<p><b>In- and Out-of-Network</b> \$100 copay</p> <p><b>Worldwide</b> \$100 copay</p>	<p><b>In- and Out-of-Network</b> \$90 copay</p> <p><b>Worldwide</b> \$90 copay</p>

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Urgently Needed Services</b></p> <p>If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation, and urgently needed services only.</p> <p>Urgent care, emergency care, and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p> <p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine services, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p> <p><b>Worldwide</b> \$55 copay</p>	<p><b>In- and Out-of-Network</b> \$50 copay</p> <p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine services, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p> <p><b>Worldwide</b> \$55 copay</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p> <p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine services, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p> <p><b>Worldwide</b> \$55 copay</p>

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<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Outpatient services, including:</p> <ul style="list-style-type: none"> <li>• Diagnostic mammograms</li> <li>• Diagnostic colonoscopies</li> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• High-tech Medicare-covered diagnostic radiological services, such as CT, MRI, MRA, and PET</li> <li>• X-rays and low-tech diagnostic radiological services such as ultrasounds</li> <li>• Therapeutic radiological services</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$150-\$325 copay</p> <p>\$0 copay</p> <p>\$150-\$325 copay</p> <p>\$15 copay</p> <p>20% coinsurance</p>	<p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$150-\$350 copay</p> <p>\$15 copay</p> <p>\$150-\$350 copay</p> <p>\$20 copay</p> <p>20% coinsurance</p>	<p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$150-\$325 copay</p> <p>\$0 copay</p> <p>\$150-\$325 copay</p> <p>\$15 copay</p> <p>20% coinsurance</p>



<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Hearing Services</b></p> <p><b>Original Medicare covers limited hearing services</b></p> <p>Hearing exam to diagnose and treat hearing and balance issues</p> <p><b>Enhanced hearing services, beyond Original Medicare</b></p> <ul style="list-style-type: none"> <li>• Routine hearing exam once every year</li> <li>• Hearing aid fitting evaluation once every year</li> <li>• Hearing aids</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>\$5 copay for primary care provider visit \$25 copay for specialist visit</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay up to a \$1,250 (per ear) allowance once every year</p>	<p><b>In- and Out-of-Network</b></p> <p>\$10 copay for primary care provider visit \$40 copay for specialist visit</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay up to a \$1,000 (per ear) allowance once every year</p>	<p><b>In- and Out-of-Network</b></p> <p>\$5 copay for primary care provider visit \$25 copay for specialist visit</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay up to a \$1,250 (per ear) allowance once every year</p>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Hearing Services</b> (continued)</p>	<p><b>Hearing aid warranty</b> Every hearing aid purchased through NationsHearing comes with:</p> <ul style="list-style-type: none"> <li>• 60-day, money-back guarantee</li> <li>• 3-year manufacturer warranty</li> <li>• 3-year supply of batteries (does not apply to rechargeable hearing aids)</li> <li>• One-time loss, stolen, or damage prorated replacement coverage available for 3 years from the fitting date</li> </ul> <p>You may pay less if you use an in-network provider. Locate an in-network NationsHearing provider at <b>NextBlueND.NationsBenefits.com/hearing</b> or call 1-877-617-6863, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.</p> <p>If you pay out-of-pocket, you can submit receipts from a non-NationsHearing provider for reimbursement up to plan benefit allowance. Learn more by calling NationsHearing.</p>		
<p><b>Dental Services</b></p> <p><b>Original Medicare covers limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p>	<p><b>In- and Out-of-Network</b> \$25 copay for Medicare-covered services</p>	<p><b>In- and Out-of-Network</b> \$40 copay for Medicare-covered services</p>	<p><b>In- and Out-of-Network</b> \$25 copay for Medicare-covered services</p>

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<p><b>Preventive dental services, beyond Original Medicare</b></p> <ul style="list-style-type: none"> <li>• Cleaning - twice per year</li> <li>• Dental X-rays - one set of up to four bitewing X-rays, or one set of up to six periapical films every year)</li> <li>• Vertical bitewing X-rays, intraoral complete series, or panoramic image - every 3 years</li> <li>• Oral exam - twice per year</li> <li>• Fluoride treatments - once per year</li> <li>• Brush biopsies - unlimited</li> </ul>	\$0 copay	\$0 copay	\$0 copay
	<p>To find a provider, visit <b><a href="http://www.NextBlueND.com/find-a-dentist">www.NextBlueND.com/find-a-dentist</a></b> or call 1-800-685-0603, 8 a.m. to 8 p.m. Central time, Monday to Friday. TTY users call 711.</p> <p>A provider who does not agree to accept the Usual and Customary Fee Schedule (our approved amount) may also charge you the difference between the approved amount and the charged amount.</p>		

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<p><b>Enhanced comprehensive dental services</b></p> <ul style="list-style-type: none"> <li>• Palliative emergency treatments</li> <li>• Periodontal scaling and root planing - once every 36 months</li> <li>• Fillings (amalgam and resin) - once per tooth every 48 months</li> <li>• Root canals - once per lifetime per tooth</li> <li>• Simple and surgical extractions</li> <li>• Crowns - once every 84 months</li> <li>• Crown repairs</li> <li>• Dentures and bridges are covered once every 84 months</li> </ul>	<p>Enhanced comprehensive dental: \$1,000 maximum annual dental benefit</p> <p><b>25% coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Palliative emergency treatments</li> <li>• Periodontal scaling and root planing</li> <li>• Fillings</li> <li>• Root canals</li> <li>• Simple and surgical extractions</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Dentures and bridges</li> </ul>	<p>Enhanced comprehensive dental: \$750 maximum annual dental benefit</p> <p><b>25% coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Palliative emergency treatments</li> <li>• Periodontal scaling and root planing</li> <li>• Fillings</li> <li>• Root canals</li> <li>• Simple and surgical extractions</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Dentures and bridges</li> </ul>	<p>Enhanced comprehensive dental: \$1,200 maximum annual dental benefit</p> <p><b>25% coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Palliative emergency treatments</li> <li>• Periodontal scaling and root planing</li> <li>• Fillings</li> <li>• Root canals</li> <li>• Simple and surgical extractions</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Dentures and bridges</li> </ul>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Enhanced comprehensive dental services</b> (continued)</p>	<p>The allowance goes toward the approved amount of each service, and you are responsible for the cost above the plan's maximum benefit allowance.</p> <p>A provider who does not agree to accept the Usual and Customary Fee Schedule (our approved amount) may also charge you the difference between the approved amount and the charged amount.</p> <p>You can submit receipts for reimbursement by calling the number above.</p> <p>Coverage restrictions apply. Ask your provider to confirm coverage prior to receiving services.</p>		
<p><b>Vision Services Original Medicare covers limited vision services</b></p> <ul style="list-style-type: none"> <li>• Glaucoma screening</li> <li>• Diabetic retinopathy screening</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> </ul>	<p><b>In- and Out-of-Network</b> \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b> \$30 copay, depending on the service provider</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b> \$40 copay, depending on the service provider</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p><b>In- and Out-of-Network</b> \$30 copay, depending on the service provider</p>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Enhanced vision benefits, beyond Original Medicare</b></p> <ul style="list-style-type: none"> <li>Routine eye exam every 12 months</li> <li>Elective contacts every 12 months <i>OR</i> one complete pair of eyeglasses (lenses and frames) every 12 months</li> </ul>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$200 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$200 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's benefit allowance.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$100 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$100 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's benefit allowance.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$200 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$200 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's benefit allowance.</p>
	<p>You get lower copays when you receive your enhanced vision care in network from a VSP Choice Network provider.</p> <p>You have access to VSP vision discounts and a broad vision network, including Costco, Walmart, Sam's Club, and Visionworks.</p> <p>To locate a VSP Choice Network provider, visit <a href="http://www.vsp.com">www.vsp.com</a> or call 1-855-492-9028 from 8 a.m. to 8 p.m., 7 days a week. TTY users call 1-800-428-4833.</p> <p>To submit receipts for reimbursement from a non-VSP provider that participates with Medicare visit <a href="http://www.vsp.com/claims/submit-oon-claim">www.vsp.com/claims/submit-oon-claim</a>.</p>		

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<p><b>Mental Health Services</b> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital.</p> <p>A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care.</p> <p>No prior hospital stay is required. Copays restart as new benefit period begins.</p>		
<ul style="list-style-type: none"> <li data-bbox="224 730 479 800">• Inpatient mental health</li> <li data-bbox="224 1129 456 1199">• Outpatient therapy visit</li> </ul>	<p><b>In- and Out-of-Network</b> \$350 copay per stay</p>	<p><b>In- and Out-of-Network</b> \$425 copay per day for days 1 through 4 \$0 copay per day for additional days until lifetime limitation is exhausted</p>	<p><b>In- and Out-of-Network</b> \$350 copay per stay</p>
	<p><b>In- and Out-of-Network</b> \$25 copay for outpatient group/individual visit</p>	<p><b>In- and Out-of-Network</b> \$40 copay for outpatient group/individual visit</p>	<p><b>In- and Out-of-Network</b> \$25 copay for outpatient group/individual visit</p>

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<p><b>Mental Health Services</b> (continued)</p> <ul style="list-style-type: none"> <li>• Telemedicine therapy visit</li> </ul> <p>Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time.</p>	<p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine service. For more information or to make an appointment, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p>	<p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine service. For more information or to make an appointment, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p>	<p><b>In-Network</b> \$0 copay for urgent care services delivered through Teladoc Health®, an independent company and telemedicine service. For more information or to make an appointment, visit <b>www.teladochealth.com</b> or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>.</p>
<p><b>Skilled Nursing Facility (SNF)*</b></p> <p>Our plan covers up to 100 days in a SNF.</p>	<p><b>In- and Out-of-Network</b> \$0 copay per day for days 1 through 20 \$125 copay per day for days 21 through 48 \$0 copay per day for days 49 through 100</p>	<p><b>In- and Out-of-Network</b> \$0 copay per day for days 1 through 20 \$150 copay per day for days 21 through 55 \$0 copay per day for days 56 through 100</p>	<p><b>In- and Out-of-Network</b> \$0 copay per day for days 1 through 20 \$125 copay per day for days 21 through 48 \$0 copay per day for days 49 through 100</p>



<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<b>Physical Therapy</b>	<b>In- and Out-of-Network</b> \$25 copay	<b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$25 copay
<p><b>Ambulance</b></p> <p>Copay is for each one-way trip for Medicare-covered services.</p> <p>Medicare-covered non-emergency ambulance transport must be medically required.</p> <p>*Authorization required for non-emergency air ambulance.</p> <p>You are covered for emergency transportation worldwide.</p> <p>Worldwide urgent care, emergency care, and emergency transportation is subject to a combined \$50,000 lifetime maximum benefit.</p>	<p><b>In- and Out-of-Network</b> \$150 copay</p> <p><b>Worldwide</b> \$90 copay</p>	<p><b>In- and Out-of-Network</b> \$250 copay</p> <p><b>Worldwide</b> \$100 copay</p>	<p><b>In- and Out-of-Network</b> \$150 copay</p> <p><b>Worldwide</b> \$90 copay</p>
<b>Transportation</b>	Non-emergency transportation is not covered.		

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Medicare Part B Drugs*</b></p> <ul style="list-style-type: none"> <li>• Part B Insulin drugs</li> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>	<p><b>In- and Out-of-Network</b> \$35 copay maximum for a 30-day supply of insulin</p> <p><b>In-Network</b> 20% coinsurance for all other Part B drugs</p> <p><b>Out-of-Network</b> 20% coinsurance for chemotherapy drugs 30% coinsurance for all other Part B drugs</p>	<p><b>In- and Out-of-Network</b> \$35 copay maximum for a 30-day supply of insulin</p> <p><b>In-Network</b> 20% coinsurance for all other Part B drugs</p> <p><b>Out-of-Network</b> 20% coinsurance for chemotherapy drugs 35% coinsurance for all other Part B drugs</p>	

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Medicare Part B Immunizations</b></p> <p>Covered Medicare Part B services include:</p> <ul style="list-style-type: none"> <li>• Pneumonia vaccine</li> <li>• Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary</li> <li>• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B</li> <li>• COVID-19 vaccine</li> <li>• Other vaccines if you are at risk and they meet Medicare Part B coverage rules</li> </ul> <p>We also cover some vaccines under our Part D prescription drug benefit.</p>	<p><b>In- and Out-of-Network</b></p> <p>0% coinsurance for pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p> <p><b>In-Network</b></p> <p>0% coinsurance for other Medicare-covered Part B vaccines.</p> <p><b>Out-of-Network</b></p> <p>30% coinsurance for other Medicare-covered Part B vaccines.</p>	<p><b>In- and Out-of-Network</b></p> <p>0% coinsurance for pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p> <p><b>In-Network</b></p> <p>0% coinsurance for other Medicare-covered Part B vaccines.</p> <p><b>Out-of-Network</b></p> <p>35% coinsurance for other Medicare-covered Part B vaccines.</p>	

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Rehabilitation Services</b></p> <ul style="list-style-type: none"> <li>• Cardiac rehabilitation</li> <li>• Intensive cardiac rehabilitation services</li> <li>• Pulmonary rehabilitation</li> <li>• Occupational therapy visit</li> <li>• Speech and language therapy</li> </ul>	<p><b>In- and Out-of-Network</b> \$15 copay</p> <p><b>In- and Out-of-Network</b> \$40 copay</p> <p><b>In- and Out-of-Network</b> \$15 copay</p> <p><b>In- and Out-of-Network</b> \$25 copay</p> <p><b>In- and Out-of-Network</b> \$25 copay</p>	<p><b>In- and Out-of-Network</b> \$30 copay</p> <p><b>In- and Out-of-Network</b> \$45 copay</p> <p><b>In-Network</b> \$15 copay</p> <p><b>Out-of-Network</b> \$30 copay</p> <p><b>In- and Out-of-Network</b> \$40 copay</p> <p><b>In- and Out-of-Network</b> \$40 copay</p>	<p><b>In- and Out-of-Network</b> \$15 copay</p> <p><b>In- and Out-of-Network</b> \$40 copay</p> <p><b>In-Network</b> \$15 copay</p> <p><b>Out-of-Network</b> \$20 copay</p> <p><b>In- and Out-of-Network</b> \$25 copay</p> <p><b>In- and Out-of-Network</b> \$25 copay</p>
<p><b>Foot Care (podiatry services)</b></p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/ or meet certain conditions</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p>

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Medical Equipment/Supplies*</b></p> <ul style="list-style-type: none"> <li>• Durable medical equipment (for example, wheelchairs, oxygen)</li> <li>• Medical supplies (for example, bandages and catheter tips)</li> <li>• Home infusion therapy</li> </ul>	<p><b>In- and Out-of-Network</b> 20% coinsurance for Medicare-covered durable medical equipment</p> <p><b>In- and Out-of-Network</b> 20% coinsurance of the cost for Medicare-covered medical supplies</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered home infusion therapy</p>	<p><b>In-Network</b> 20% coinsurance for Medicare-covered durable medical equipment</p> <p><b>Out-of-Network</b> 35% coinsurance for Medicare-covered durable medical equipment</p> <p><b>In-Network</b> 20% coinsurance of the cost for Medicare-covered medical supplies</p> <p><b>Out-of-Network</b> 50% coinsurance of the cost for Medicare-covered medical supplies</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered home infusion therapy</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance for Medicare-covered durable medical equipment</p> <p><b>In- and Out-of-Network</b> 20% coinsurance of the cost for Medicare-covered medical supplies</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered home infusion therapy</p>

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Medical Equipment/Supplies*</b> (continued)</p> <ul style="list-style-type: none"> <li>Prosthetics (for example, braces, artificial limbs)</li> <li>Diabetic monitoring supplies</li> <li>Diabetic shoes or inserts</li> </ul>	<p><b>In- and Out-of-Network</b> 20% coinsurance for Medicare-covered prosthetics</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered diabetic monitoring supplies</p> <p>20% coinsurance for Medicare-covered diabetic shoes or inserts</p>	<p><b>In-Network</b> 20% coinsurance for Medicare-covered prosthetics</p> <p><b>Out-of-Network</b> 35% coinsurance for Medicare-covered prosthetics</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered diabetic monitoring supplies</p> <p>20% coinsurance for Medicare-covered diabetic shoes or inserts</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance for Medicare-covered prosthetics</p> <p><b>In- and Out-of-Network</b> \$0 copay for Medicare-covered diabetic monitoring supplies</p> <p>20% coinsurance for Medicare-covered diabetic shoes or inserts</p>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Health Fitness Program</b></p>	<p>This benefit is built into the plan at no additional cost. Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> <li>• Use of exercise equipment, classes, and other amenities at thousands of participating locations</li> <li>• SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness</li> <li>• SilverSneakers On-Demand™ online library with hundreds of workout videos</li> <li>• SilverSneakers GO™ mobile app with on-demand videos and live classes</li> <li>• SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks)</li> <li>• Online fitness tips and healthy eating information</li> <li>• Social connections through events such as shared meals, holiday celebrations, and class socials</li> <li>• GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place</li> </ul> <p>Go to <b>www.silversneakers.com</b> to learn more or call 1-888-313-5674, 7 a.m. to 7 p.m. Central time or 6 a.m. to 6 p.m. Mountain time. Monday through Friday. TTY users call 711.</p> <p>Tivity Health is an independent corporation retained by North Dakota Insurance Company to provide health and fitness services to its NextBlue members. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers On-Demand and SilverSneakers LIVE are trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</p>		

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<b>Caregiver Support</b>	<p>This benefit is built into the plan at no additional cost.</p> <p><b>MyCareAdvocate™</b> On-demand, personalized guidance from expert Care Advocates providing caregivers with information, coaching, assistance, and emotional support to reduce caregiver stress. Topics can include healthcare, living arrangements, financial concerns, legal resources and more. To access MyCareAdvocate, call 1-877-960-1002, 7 a.m. to 6 p.m. Central time or 6 a.m. to 5 p.m. Mountain time, Monday through Friday. TTY users call 711.</p> <p><b>MyCareDesk®</b> Online comprehensive caregiver support, with resources and guidance to empower caregivers navigating complex topics like senior living, in-home care, health, finances, legal topics and healthy living. To access MyCareDesk visit <b>NextBlueND.mycaredesk.com</b></p>		
<p><b>Chiropractic services</b> Covered services include:</p> <ul style="list-style-type: none"> <li>• Unlimited manual manipulation of the spine to correct subluxation</li> <li>• Unlimited maintenance visits per year</li> <li>• One set of X-rays (up to 3 views)</li> </ul>	<p><b>In- and Out-of-Network</b> \$20 copay for each Medicare-covered visit</p> <p><b>In- and Out-of-Network</b> \$20 copay for each maintenance care visit</p> <p><b>In- and Out-of-Network</b> \$0 copay for one annual set of X-rays</p>		



<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Home Health Care</b> Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p>		
<p><b>Nurse Advice Line</b> Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at <b>1-833-968-1765</b>. TTY users call <b>711</b>.</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p>		

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Telemedicine</b> Use your smartphone, computer, or tablet anywhere in the United States to meet with doctors and behavioral health care providers when it's convenient for you. Prescriptions can be sent to your local pharmacy.</p>	<p>\$0 copay for telemedicine visits through Teladoc Health®, an independent company and our plan-approved vendor.</p> <p>This service is separate from any telehealth care your personal doctor might offer.</p> <p>Get urgent general medical services from U.S. board-certified doctors without an appointment for:</p> <ul style="list-style-type: none"> <li>• Sore throat, coughs, fevers</li> <li>• Ear and sinus infections</li> <li>• Pink eye</li> <li>• Bronchitis</li> <li>• Allergies</li> <li>• Headache</li> </ul> <p>Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time.</p> <p>Use Teladoc Health® to access telemedicine services at <b>www.teladochealth.com</b> for more information or call <b>1-800-Teladoc (835-2362)</b>, available 24 hours a day, 7 days a week, 365 days a year. TTY users call <b>1-855-636-1578</b>. Providers will contact members directly. Appointments are not conducted through the numbers above.</p>		
<p><b>Outpatient Substance Abuse</b> Individual or group therapy visit</p>	<p><b>In- and Out-of-Network</b> \$25 copay</p>	<p><b>In- and Out-of-Network</b> \$40 copay</p>	<p><b>In- and Out-of-Network</b> \$25 copay</p>
<p><b>Renal Dialysis</b></p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p>

<b>Benefits</b>	<b>NextBlue Freedom PPO</b> Medical coverage only	<b>NextBlue Classic PPO</b> Medical & Part D drug coverage	<b>NextBlue Premium PPO</b> Medical & Part D drug coverage
<p><b>Supervised Exercise Therapy (SET)</b></p> <p>SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p>	<p><b>In- and Out-of-Network</b></p> <p>\$25 copay</p>	<p><b>In-Network</b></p> <p>\$25 copay</p> <p><b>Out-of-Network</b></p> <p>\$30 copay</p>	

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Over-the-Counter Items</b> (from authorized vendor only)</p> <p>We offer certain drugs and health related products that do not need a prescription. More than 300 OTC items are available under this benefit. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p>	<p>This benefit is built into the plan at no additional cost.</p> <p>Benefits are available each quarter (January, April, July, October). Unused OTC amounts do not roll over to the next quarter or to the next calendar year.</p> <p>There is a limit on the total dollar amount we contribute each quarter. However, you can order more than that amount, and you will be asked to pay the difference. All orders must be placed through the plan’s approved vendor. Benefit can’t be used on hearing aids. Items can’t be obtained from any other vendor or retailer. Benefit can’t be used on hearing aids. Direct member reimbursement is not available.</p> <p>There are three ways to use your benefit:</p> <ol style="list-style-type: none"> <li><b>1. Online.</b> Beginning Jan. 1, 2024, you can go to <b>NextBlueND.NationsBenefits.com</b> and follow the prompts to place the order using the online catalog.</li> <li><b>2. Phone.</b> Select items using the NationsOTC catalog and place an order by calling 1-877-617-6863, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711. Items will be mailed to you.</li> <li><b>3. Mail.</b> Complete and mail the order form included with the NationsOTC catalog that you’ll receive in the mail.</li> </ol>		
	<p>You get up to \$60 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p>You get up to \$35 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p>You get up to \$60 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Personal Emergency Response Services (PERS)</b></p> <p>NextBlue Freedom PPO and NextBlue Premium PPO cover personal Emergency Response Services (PERS) to give you added security and protection with a medical alert system that offers two-way connectivity to a live agent and around-the-clock monitoring. For more information, visit <b>NextBlueND.NationsBenefits.com/PERS</b> or call 1-877-617-6863, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.</p>	<p>This benefit is built into the plan at no additional cost.</p>	<p>Not covered</p>	<p>This benefit is built into the plan at no additional cost.</p>

Benefits	NextBlue Freedom PPO Medical coverage only	NextBlue Classic PPO Medical & Part D drug coverage	NextBlue Premium PPO Medical & Part D drug coverage
<p><b>Worldwide Emergency Coverage</b></p> <ul style="list-style-type: none"> <li>Worldwide emergency medical coverage</li> <li>Worldwide emergency transportation (ambulance)</li> <li>Worldwide urgent coverage</li> </ul>	<p>\$90 copay</p> <p>\$90 copay</p> <p>\$55 copay</p>	<p>\$100 copay</p> <p>\$100 copay</p> <p>\$55 copay</p>	<p>\$90 copay</p> <p>\$90 copay</p> <p>\$55 copay</p>
<p>If you need care when you're outside of the U.S. you have coverage for emergency medical care, emergency transportation and urgently needed services.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p>	<p>Urgent care, emergency care, and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>		

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to [www.NextBlueND.com/member-resources](http://www.NextBlueND.com/member-resources) or contact Customer Service at 1-844-753-8038 from 8 a.m. to 8 p.m., local time, 7 days a week from October 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

# NextBlue of North Dakota Freedom PPO

## Outpatient Prescription Drugs

This plan does not cover Part D prescription drugs.

## NextBlue of North Dakota Classic PPO

<b>Stage 1: Deductible</b>	No deductible for Tiers 1, 2, and 6. \$325 total deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulins.		
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 30-day supply</b>	<b>Mail-order 30-day supply</b>	<b>Long-term care 31-day supply</b>
Tier 1: Preferred Generic	\$2	\$2	\$2
Tier 2: Generic	\$8	\$8	\$8
Tier 3: Preferred Brand	\$39	\$39	\$39
Tier 4: Non-Preferred	\$100	\$100	\$100
Tier 5: Specialty	28%	28%	28%
Tier 6: Select Care Drugs	\$0	\$0	\$0
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 100-day supply</b>	<b>Mail-order 100-day supply</b>	<b>Long-term care 100-day supply</b>
Tier 1: Preferred Generic	\$6	\$0	Not offered
Tier 2: Generic	\$24	\$0	Not offered
Tier 3: Preferred Brand	\$117	\$98	Not offered
Tier 4: Non-Preferred	\$300	\$250	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs	\$0	\$0	Not offered
<b>Stage 3: Coverage Gap</b>	25% for generic and brand drugs. You pay no more than \$35 for a 30-day or \$105 for a 100-day supply of insulins.		
<b>Stage 4: Catastrophic Coverage</b>	\$0		



You won't pay more than \$35 for a 30-day supply of each insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **[www.NextBlueND.com/member-resources](http://www.NextBlueND.com/member-resources)**.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**[www.NextBlueND.com/formularies](http://www.NextBlueND.com/formularies)**).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website (**[www.NextBlueND.com/pharmacies](http://www.NextBlueND.com/pharmacies)**).

## NextBlue of North Dakota Premium PPO

<b>Stage 1: Deductible</b>	No deductible for Tiers 1, 2, and 6. \$200 total deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulins.		
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 30-day supply</b>	<b>Mail-order 30-day supply</b>	<b>Long-term care 31-day supply</b>
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$6	\$6	\$6
Tier 3: Preferred Brand	\$39	\$39	\$39
Tier 4: Non-Preferred	\$100	\$100	\$100
Tier 5: Specialty	30%	30%	30%
Tier 6: Select Care Drugs	\$0	\$0	\$0
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 100-day supply</b>	<b>Mail-order 100-day supply</b>	<b>Long-term care 100-day supply</b>
Tier 1: Preferred Generic	\$0	\$0	Not offered
Tier 2: Generic	\$18	\$0	Not offered
Tier 3: Preferred Brand	\$117	\$98	Not offered
Tier 4: Non-Preferred	\$300	\$250	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs	\$0	\$0	Not offered
<b>Stage 3: Coverage Gap</b>	25% for generic and brand drugs. You pay no more than \$35 for a 30-day or \$105 for a 100-day supply of insulins.		
<b>Stage 4: Catastrophic Coverage</b>	\$0		

You won't pay more than \$35 for a 30-day supply of each insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **[www.NextBlueND.com/member-resources](http://www.NextBlueND.com/member-resources)**.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**[www.NextBlueND.com/formularies](http://www.NextBlueND.com/formularies)**).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website (**[www.NextBlueND.com/pharmacies](http://www.NextBlueND.com/pharmacies)**).



NextBlue  
OF NORTH DAKOTA

For more information, or to enroll online,  
please visit us at [www.NextBlueND.com](http://www.NextBlueND.com).

If you are not a member of this plan, call toll-free  
**1-844-753-5678**. TTY: **711**.

If you are a member of this plan, call toll-free  
**1-844-753-8038**. TTY: **711**.

From October 1 to March 31, you can call us  
7 days a week from 8 a.m. to 8 p.m. local time.

From April 1 to September 30, you can call  
us Monday through Friday from 8 a.m. to 8 p.m.  
local time.

This document is available in other formats such as  
audio CD and large print. This document may be  
available in a non-English language. For additional  
information, call us at **1-844-753-8038**. TTY: **711**.

You can order a copy of the “Medicare & You”  
handbook at [www.medicare.gov](http://www.medicare.gov), or you can call  
Medicare at **1-800-MEDICARE (1-800-633-4227)**,  
24 hours a day, 7 days a week. TTY: **1-877-486-2048**.

*NextBlue of North Dakota Insurance Company is an independent  
licensee of the Blue Cross Blue Shield Association.*