

Sanford TRUE Small Employer Plans



2024 - Minnesota

SANFORD
HEALTH PLAN

Give your employees better coverage for better health.

Our plans come with benefits that support the health of your employees and business every day – not just when your team is feeling under the weather.



Affordable premiums



Fitness incentives



Access to top doctors



Behavioral health assistance



24/7 \$0 video visit copays*



Prescription coverage



Personalized wellness programs



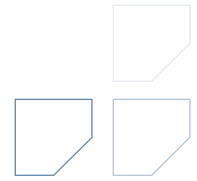
Preventive screenings



**Request a quote today at (888) 851-2408
or sanfordhealthplan.com/employers.**

SANFORD[®]
HEALTH PLAN

Getting to know our Sanford TRUE plans



Who can purchase Sanford TRUE small group plans?

Sanford TRUE small group plans can be purchased by employers with 50 or fewer employees who reside in approved counties in South Dakota, North Dakota, Minnesota and Iowa. Your eligibility and rates will depend on the state and zip code where you reside.

South Dakota counties: Brown, Lincoln, Minnehaha
North Dakota counties: Burleigh, Cass, Morton, Oliver, Traill
Minnesota: Beltrami, Clay, Clearwater, Cottonwood, Hubbard, Jackson, Murray, Nobles, Pennington (TRF), Red Lake, Rock
Iowa: Lyon, O'Brien, Sioux

Network

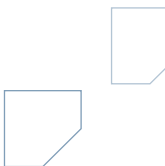
The Sanford TRUE plans are offered to employers in counties where we have ensured a robust provider network is available. The Focused Network consists of 7,000 providers, including access to our large care system of Sanford Health providers and facilities, plus some additional independent providers across 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.

Is there a limit to how many plan options I can offer my employees?

Yes. Sanford Health Plan offers small employers the flexibility to choose up to three of our small group Simplicity plan options side-by-side with our TRUE plans depending on group size. We understand that when it comes to health insurance, one plan doesn't fit all. Your employees deserve a choice and we are here to meet those needs. Only employees who are domiciled in the approved counties or expanded zip codes are eligible for the Sanford TRUE plans.

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
- Interactive online enrollment platform
- COBRA Administration provided at no additional cost
- HRA , HSA, FSA Services
- Coverage included for pediatric dental and vision
- *\$0 24/7 virtual care for acute and non-emergent care through sanfordvideovisits.com. Certain restrictions may apply.
- Access to a 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
- \$5 preventive drug benefit for HDHP plans



Plan Name: Sanford TRUE
Provider Network: FOCUSED
SMALL GROUP
Sanford TRUE
\$7,050
HSA Qualified
SMALL GROUP
Sanford TRUE
\$6,000
SMALL GROUP
Sanford TRUE
\$5,250
SMALL GROUP
Sanford TRUE
\$5,150
HSA Qualified

In-network medical deductible	Individual	\$7,050	\$6,000	\$5,250	\$5,150
	In-network coinsurance percentage	\$14,100	\$12,000	\$10,500	\$10,300
In-network coinsurance percentage	In-network providers	0%	40%	40%	0%
In-network maximum out-of-pocket	Individual	\$7,050	\$9,450	\$9,450	\$5,150
	Family	\$14,100	\$18,900	\$18,900	\$10,300
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)	Deductible	\$40 Copay	\$45 Copay	Deductible
	Specialty visit	Deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Deductible
Emergency/urgent Care	Emergency room services	Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
	Urgent care office visit	Deductible	\$55 Copay	\$60 Copay	Deductible
	Ambulance/emergency transport	Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
Mental and behavioral health	Outpatient services	Deductible	\$40 Copay	\$45 Copay	Deductible
Chiropractic care		Deductible	\$40 Copay	\$45 Copay	Deductible
Laboratory and x-ray outpatient and professional services		Deductible	\$40 Copay	\$45 Copay	Deductible
Diagnostic imaging (CT/PET scans, MRIs)		Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
Pediatric vision	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
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	Deductible
	Orthodontia	Deductible	Coinsurance	Coinsurance	Deductible
Pharmacy benefits	Generic drugs under \$6	Not Available	\$0 Copay	\$0 Copay	Not Available
	Generic drugs	Deductible	\$40 Copay	\$40 Copay	Deductible
	Preferred brand drugs	Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
	Non-preferred brand drugs	Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
	Generic Specialty drugs	Deductible	\$40 Copay	\$40 Copay	Deductible
	Preferred Specialty drugs	Deductible	Deductible/coinsurance	Deductible/coinsurance	Deductible
	Non-Preferred Specialty drugs	Deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Deductible

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.

SILVER

GOLD

PLATINUM

SMALL GROUP Sanford TRUE \$3,750 HSA Qualified	SMALL GROUP Sanford TRUE \$3,500 with Prescription Copay	SMALL GROUP Sanford TRUE \$3,200 HSA Qualified	SMALL GROUP Sanford TRUE \$2,700 with Prescription Copay	SMALL GROUP Sanford TRUE \$1,750 with Prescription Copay	SMALL GROUP Sanford TRUE \$1,500 with Prescription Copay	SMALL GROUP Sanford TRUE \$500 with Prescription Copay
\$3,750	\$3,500	\$3,200	\$2,700	\$1,750	\$1,500	\$500
\$7,500	\$7,000	\$6,400	\$5,400	\$3,500	\$3,000	\$1,000
30%	50%	30%	50%	35%	30%	20%
\$6,150	\$9,450	\$7,050	\$9,450	\$6,750	\$6,750	\$1,750
\$12,300	\$18,900	\$14,100	\$18,900	\$13,500	\$13,500	\$3,500
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	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
10% Coinsurance after deductible	\$50 Copay	20% Coinsurance after deductible	\$50 Copay	\$10 Copay	\$10 Copay	\$10 Copay
10% Coinsurance after deductible	\$70 Copay	20% Coinsurance after deductible	\$70 Copay	\$35 Copay	\$35 Copay	\$25 Copay
Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance
Deductible/ coinsurance	\$65 Copay	Deductible/ coinsurance	\$65 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance
10% Coinsurance after deductible	\$50 Copay	20% Coinsurance after deductible	\$50 Copay	\$10 Copay	\$10 Copay	\$10 Copay
10% Coinsurance after deductible	\$50 Copay	20% Coinsurance after deductible	\$50 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Deductible/ coinsurance	\$50 Copay	Deductible/ coinsurance	\$50 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance	Deductible/ coinsurance
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%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Not Available	\$0 Copay	Not Available	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Deductible/ coinsurance	\$20 Copay	Deductible/ coinsurance	\$20 Copay	\$15 Copay	\$20 Copay	\$10 Copay
Deductible/ coinsurance	\$50 Copay	Deductible/ coinsurance	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
Deductible/ coinsurance	\$100 Copay	Deductible/ coinsurance	\$100 Copay	\$75 Copay	\$75 Copay	\$60 Copay
Deductible/ coinsurance	\$20 Copay	Deductible/ coinsurance	\$20 Copay	\$15 Copay	\$20 Copay	\$10 Copay
Deductible/ coinsurance	\$350 Copay	Deductible/ coinsurance	\$350 Copay	\$200 Copay	\$200 Copay	\$150 Copay
Deductible/ coinsurance	\$500 Copay	Deductible/ coinsurance	\$500 Copay	\$400 Copay	\$400 Copay	\$300 Copay

The coverage you and your employees need **+Wellness**

At Sanford Health Plan, we believe that workplace wellness isn't about short-term programs to motivate employees to eat healthier or exercise more. It's about helping employees be well by living well.

Why is 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 a person's health and wellness.



Our comprehensive and customizable approach to workplace wellness gives you and your employees resources and support for whole-person health.









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/business/wellness

The coverage you need **+Perks**

When it comes to putting your employees first, new perks from Sanford Health Plan help you do just that. With +Perks, your employees have easy access to discounts from local and national retailers in a variety of categories, including:

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



Learn more at sanfordhealthplan.com/members/perks

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 business



Monthly premiums:

To maintain your coverage, you'll be required to pay a monthly fee known as your premium. Make sure this amount stays within your budget. You'll also want to know what you may be required to pay toward the monthly premiums of a spouse or dependent covered under your plan.



Deductibles, copayments and coinsurance:

These forms of cost-sharing only come into play when you receive medical care. Make sure they're affordable for you and your employees, both for regular medical care as well as care for more serious or unexpected medical conditions.



Medical provider networks:

If you have a preferred doctor or hospital, make sure they're in-network for any plan you're considering. Otherwise your claims may be denied or paid at a lower level. Sanford Health Plan has tools to see which plans your doctor accepts.



Prescription drug coverage:

Some plans cover different prescription drugs than others, and some plans pay more toward prescription drugs than others. Sanford Health Plan has a prescription drug coverage comparison tool so you can see what you're estimated to pay based on your prescription needs.



Member perks and discounts:

At Sanford Health Plan, we go beyond health insurance coverage by giving our members access to a variety of discounts from local and national retailers on products and services in a variety of categories. We also offer virtual care at no cost under certain plans and monthly gym reimbursements at participating facilities.

These perks can add up to savings, putting more money back in your pocket and increasing employee satisfaction.

Where can you learn more about your small group 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](https://www.sanfordhealthplan.com) or call (605) 333-1089 or toll free at (888) 535-4831.

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