

# Simplicity

Individual and Family Plans

**Bronze Level Plans**

**2023**



## NEW FOR 2023!

Save even more with our new  
**ENHANCED DIABETES & 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.

\$0

- 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

Plan Name: <b>Simplicity</b> Provider Network: <b>BROAD</b>		Sanford <i>Simplicity</i> \$9,100*	Sanford <i>Simplicity</i> \$7,500* (Standardized Plan)	Sanford <i>Simplicity</i> \$7,000*
Metal Level		Catastrophic	Expanded Bronze	Expanded Bronze
HSA qualify (Yes or No)		No	No	No
<b>In-network medical deductible</b>	Individual	\$9,100	\$7,500	\$7,000
	Family	\$18,200	\$15,000	\$14,000
<b>In-network coinsurance percentage</b>	In-network providers	0%	50%	50%
<b>In-network maximum out-of-pocket</b>	Individual	\$9,100	\$9,000	\$9,100
	Family	\$18,200	\$18,000	\$18,200
<b>Out-of-network medical deductible</b>	Individual	\$18,200	\$15,000	\$14,000
	Out-of-network coinsurance percentage	\$36,400	\$30,000	\$28,000
<b>Out-of-network coinsurance percentage</b>	Out-of-network providers	50%	60%	75%
<b>Out-of-network maximum out-of-pocket</b>	Individual	\$36,400	\$18,000	\$18,200
	Family	\$72,800	\$36,600	\$36,400
<b>Office visits</b> Tier 1: Sanford Preferred Tier 2: Affiliated	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	Tier 1: \$50 copay Tier 2: \$70 Copay \$90 Copay for OON
	Specialty visit	Deductible	\$100 copay	Tier 1: 35% coinsurance after deductible Tier 2: 65% coinsurance after deductible
<b>Emergency/urgent care</b>	Emergency room services	Deductible	Deductible/coinsurance	Deductible/coinsurance
	Urgent care office visit	Deductible	\$75 Copay	\$60 Copay
	Ambulance/emergency transport	Deductible	Deductible/coinsurance	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	INN: \$50 Copay OON: \$90 Copay
<b>Chiropractic care</b>		First 3 visits covered at 100% then subject to deductible	\$50 Copay	INN: \$50 Copay OON: \$90 Copay
<b>Laboratory and x-ray outpatient and professional services</b>		Deductible	Deductible / Coinsurance	Deductible / Coinsurance
<b>Diagnostic imaging (CT/PET scans, MRIs)</b>		Deductible	Deductible / Coinsurance	Deductible / Coinsurance
<b>Pediatric vision and dental</b>		Pediatric	Pediatric	Pediatric
<b>Pediatric eye</b>	Routine eye exams — child	Covered at 100%	Covered at 100%	Covered at 100%
	Eye glasses — child	Deductible	Deductible/coinsurance	Deductible/coinsurance
<b>Pediatric dental</b>	Preventive check-up	Covered at 100%	Covered at 100%	Covered at 100%
	Basic	Covered at 100%	Covered at 100%	Covered at 100%
	Major	Deductible	Coinsurance	Coinsurance
	Orthodontia	Deductible	Coinsurance	Coinsurance
<b>Pharmacy benefits</b>		Pharmacy	Pharmacy	Pharmacy
	Generics under \$6	Deductible	Not Available	\$0 Copay
	Generic drugs	Deductible	\$25 Copay	\$25 Copay
	Preferred (on formulary) brand drugs	Deductible	Ded/ \$50 Copay	Deductible / Coinsurance
	Non-preferred (non-formulary) brand drugs	Deductible	Ded/ \$100 Copay	Deductible / Coinsurance
	Specialty drugs	Deductible	Ded/ \$500 Copay	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 <i>Simplicity</i> \$6,900 HSA Qualified*	Sanford <i>Simplicity</i> \$6,000*
	Metal Level	Expanded Bronze	Expanded Bronze
	HSA qualify (Yes or No)	YES	No
In-network medical deductible	Individual	\$6,900	\$6,000
	Family	\$13,800	\$12,000
In-network coinsurance percentage	In-network providers	0%	50%
In-network maximum out-of-pocket	Individual	\$6,900	\$9,100
	Family	\$13,800	\$18,200
Out-of-network medical deductible	Individual	\$13,800	\$12,000
	Out-of-network coinsurance percentage	\$27,600	\$24,000
Out-of-network coinsurance percentage	Out-of-network providers	50%	75%
Out-of-network maximum out-of-pocket	Individual	\$27,600	\$18,200
	Family	\$55,200	\$36,400
Office visits Tier 1: Sanford Preferred Tier 2: Affiliated	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	Deductible	Tier 1: \$40 Copay Tier 2: \$60 Copay
	Specialty visit	Deductible	Tier 1: 35% coinsurance after deductible Tier 2: 65% coinsurance after deductible
Emergency/urgent care	Emergency room services	Deductible	Deductible/coinsurance
	Urgent care office visit	Deductible	\$60 Copay
	Ambulance/emergency transport	Deductible	Deductible/coinsurance
Mental and behavioral health	Outpatient services	Deductible	\$40 Copay/office visit and 50% coinsurance after deductible for other outpatient services
Chiropractic care		Deductible	\$40 Copay
Laboratory and x-ray outpatient and professional services		Deductible	Deductible/coinsurance
Diagnostic imaging (CT/PET scans, MRIs)		Deductible	Deductible/coinsurance
Pediatric vision and dental		Pediatric	Pediatric
Pediatric eye	Routine eye exams — child	Covered at 100%	Covered at 100%
	Eye glasses — child	Deductible	Deductible/coinsurance
Pediatric dental	Preventive check-up	Covered at 100%	Covered at 100%
	Basic	Covered at 100%	Covered at 100%
	Major	Deductible	Coinsurance
	Orthodontia	Deductible	Coinsurance
Pharmacy benefits		Pharmacy	Pharmacy
	Generics under \$6	Not Available	\$0 Copay
	Generic drugs	Deductible	\$25 Copay
	Preferred (on formulary) brand drugs	Deductible	Deductible/coinsurance
	Non-preferred (non-formulary) brand drugs	Deductible	Deductible/coinsurance
	Specialty drugs	Deductible	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.

# 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

## NEW for 2023- \$5 preventive drug benefit for HDHP plans

High costs for medications should not keep you from taking vital prescriptions essential to your health. The IRS allows certain medications to be available at a low cost without having to meet your deductible on a High Deductible Health Plan. These medications include many that treat common conditions and diseases such as:

- High blood pressure
- High cholesterol
- Depression
- COPD
- Asthma
- Cancer
- Irritable bowel syndrome
- And many more. Medications that are both considered preventive and on our list of covered drugs, only cost \$5 for each 30-day fill at an in-network pharmacy.

## 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 Profile, Sanford Wellness Centers and Great Shots
- Fitness center reimbursements

## 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.

*\*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.*