

# Sanford TRUE

## Individual and Family Plans

### Silver 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: TRUE Provider Network: FOCUSED		Sanford TRUE Standardized \$5,800*	Sanford TRUE \$5,250 HSA Qualified***	Sanford TRUE 4,750*
Metal Level		Silver	Silver	Silver
HSA qualify (Yes or No)		No	YES	No
In-network medical deductible	Individual	\$5,800	\$5,250	\$4,750
	Family	\$11,600	\$10,500	\$9,500
In-network coinsurance percentage	In-network providers	40%	0%	50%
In-network maximum out-of-pocket	Individual	\$8,900	\$5,250	\$9,100
	Family	\$17,800	\$10,500	\$18,200
Out-of-network medical deductible	Individual	Not Covered	Not Covered	Not Covered
	Out-of-network coinsurance percentage	Not Covered	Not Covered	Not Covered
Out-of-network coinsurance percentage	Out-of-network providers	Not Covered	Not Covered	Not Covered
Out-of-network maximum out-of-pocket	Individual	Not Covered	Not Covered	Not Covered
	Family	Not Covered	Not Covered	Not Covered
Office visits Tier 1: Sanford Preferred Tier 2: Affiliated	Primary care and other practitioner office visit (FM, GP, IM, Peds, OB/GYN, NP, PA)	\$40 Copay	Deductible	\$45 Copay
	Specialty visit	\$80 Copay	Deductible	\$65 Copay
Emergency/urgent care	Emergency room services	Deductible/coinsurance	Deductible	Deductible/coinsurance
	Urgent care office visit	\$60 Copay	Deductible	\$55 Copay
	Ambulance/emergency transport	Deductible/coinsurance	Deductible	Deductible/coinsurance
Mental and behavioral health	Outpatient services	\$40 copay/ office visit and 40% coinsurance after deductible for other outpatient services	Deductible	\$45 copay/ office visit and 50% coinsurance after deductible for other outpatient services
Chiropractic care		\$40 Copay	Deductible	\$45 Copay
Laboratory and x-ray outpatient and professional services		Deductible/coinsurance	Deductible	100% Covered during office visit
Diagnostic imaging (CT/PET scans, MRIs)		Deductible/coinsurance	Deductible	Deductible/coinsurance
Pediatric vision and dental		Pediatric	Pediatric	Pediatric
Pediatric eye	Routine eye exams — child	Covered at 100%	Covered at 100%	Covered at 100%
	Eye glasses — child	Deductible / Coinsurance	Deductible	Deductible/coinsurance
Pediatric dental	Preventive check-up	Covered at 100%	Covered at 100%	Covered at 100%
	Basic	Covered at 100%	Covered at 100%	Covered at 100%
	Major	Coinsurance	Deductible	Coinsurance
	Orthodontia	Coinsurance	Deductible	Coinsurance
Pharmacy benefits		Pharmacy	Pharmacy	Pharmacy
	Generics under \$6	Not Available	Not Available	\$0 Copay
	Generic drugs	\$20 Copay	Deductible	\$25 Copay
	Preferred (on formulary) brand drugs	\$40 Copay	Deductible	\$50 Copay
	Non-preferred (non-formulary) brand drugs	Deductible / \$80 Copay	Deductible	\$125 Copay
	Specialty drugs	Deductible / \$350 Copay	Deductible	Deductible/coinsurance

\* Plan available on and off exchange

\*\*Plan available on and off exchange, but off exchange plan offers different rates

\*\*\*Plan available off exchange only.

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.

Plan Name: TRUE Provider Network: FOCUSED		Sanford TRUE Enhanced - Diabetes & Asthma/COPD HDHP HSA \$3,700**	Sanford TRUE \$3,500*
Metal Level		Silver	Silver
HSA qualify (Yes or No)		YES	No
In-network medical deductible	Individual	\$3,700	\$3,500
	Family	\$7,400	\$7,000
In-network coinsurance percentage	In-network providers	15%	55%
In-network maximum out-of-pocket	Individual	\$7,050	\$9,100
	Family	\$14,100	\$18,200
Out-of-network medical deductible	Individual	Not Covered	Not Covered
	Out-of-network coinsurance percentage	Not Covered	Not Covered
Out-of-network coinsurance percentage	Out-of-network providers	Not Covered	Not Covered
Out-of-network maximum out-of-pocket	Individual	Not Covered	Not Covered
	Family	Not Covered	Not Covered
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/coinsurance	\$45 Copay
	Specialty visit	Deductible/coinsurance	\$65 Copay
Emergency/urgent care	Emergency room services	Deductible/coinsurance	Deductible/coinsurance
	Urgent care office visit	Deductible/coinsurance	\$55 Copay
	Ambulance/emergency transport	Deductible/coinsurance	Deductible/coinsurance
Mental and behavioral health	Outpatient services	Deductible / coinsurance	\$45 copay/ office visit and 55% coinsurance after deductible for other outpatient services
Chiropractic care		Deductible/coinsurance	\$45 Copay
Laboratory and x-ray outpatient and professional services		Deductible/coinsurance	100% Covered during office visit
Diagnostic imaging (CT/PET scans, MRIs)		Deductible/coinsurance	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	Coinsurance
	Orthodontia	Deductible/coinsurance	Coinsurance
Pharmacy benefits		Pharmacy	Pharmacy
	Generics under \$6	Not Available	\$0 Copay
	Generic drugs	Deductible/coinsurance	\$25 Copay
	Preferred (on formulary) brand drugs	Deductible/coinsurance	\$50 Copay
	Non-preferred (non-formulary) brand drugs	Deductible/coinsurance	\$125 Copay
	Specialty drugs	Deductible/coinsurance	Deductible/coinsurance

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# 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 2,200 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
- Discounts from local and national retailers through +Perks
- Behavioral health assistance

## 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](https://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.*