

Chart 2

CHAND covers these services . . . and more, up to a lifetime maximum of \$1,000,000

DESCRIPTION OF BENEFITS	BENEFIT AMOUNT		SPECIAL CONDITIONS
	Before coinsurance maximum is met	After coinsurance maximum is met	
Inpatient Hospital Services	80%	100%	Preauthorization may be required.
Outpatient Hospital Services	80%	100%	
Physical Therapy	80%	100%	Benefits are based on the medical guidelines established by the Lead Carrier.
Occupational & Speech Therapy	80%	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary.
Professional Health Care Provider Services			
Inpatient, Outpatient & Surgical Services	80%	100%	
Home & Office Visits	80%	100%	
Wellness Services			
Well Child Care (to subscriber's 6th birthday)	80%	100%	
Immunizations	100%	100%	Deductible does not apply.
Mammography, Pap Smear, Fecal Occult Blood Testing & Prostate Cancer Screening Services	80%	100%	The number of visits for these services may vary by age group. Refer to the benefit plan for details.
Diagnostic Services			
Lab, X-ray, MRI & Allergy Testing	80%	100%	
Radiation Therapy, Chemotherapy & Dialysis	80%	100%	
Maternity Services	80%	100%	
Inpatient, Outpatient, Pre & Postnatal Care			
Psychiatric & Substance Abuse Services			
Inpatient, Ambulatory Behavioral Health Care, Residential Treatment & Outpatient Services	100%/80%	100%	The number of visits, hours or days and the benefit level vary. Out-of-state admissions require prior approval. Preauthorization may be required. Refer to the benefit plan for details.
Emergency Services	80%	100%	Preauthorization is not required.
Ambulance Services	80%	100%	
Skilled Nursing Facility Services	80%	100%	Preauthorization is required.
Home Health Care Services	80%	100%	Preauthorization is required.
Hospice Services	80%	100%	Preauthorization is required.
Medical Supplies & Equipment	80%	100%	Maximum benefit allowance of \$6,000 per benefit period. Additional benefits are available for prosthetic limbs.
Tobacco Cessation Services			Prescription and payable over-the-counter tobacco cessation medications or drugs obtained with a prescription order are paid under the Outpatient Prescription Medication or Drug Benefit below. Refer to the benefit plan for details.
Related Office Visit	80%	100%	
Outpatient Prescription Drugs	80%	100%	
Chiropractic Services: optional endorsement	80%	100%	

For premium rates and further details of the coverage, including definitions; exclusions, criteria for medically appropriate and necessary care; credentialing process; confidentiality policy; description of experimental drugs, medical devices or treatments; grievance and appeals process; provider listings; drugs eligible for coverage; reductions or limitations; and the terms under which the benefit plan may be continued, contact any agent who is licensed to sell health insurance in North Dakota or one of the offices listed on back of this brochure.

For enrollment information and rates, contact any agent who is licensed to sell health insurance in North Dakota or one of the offices listed below.

Home Office

4510 13th Ave. S.
 Fargo, ND 58121
 Phone: (701) 277-2271

Fargo District Office

4510 13th Ave. S.
 Fargo, ND 58121
 Phone: (701) 282-1149

Jamestown Office

300 2nd Ave. NE., Suite 132
 Jamestown, ND 58401
 Phone: (701) 251-3180

Bismarck District Office

1411 Mapleton Ave.
 Bismarck, ND 58503
 Phone: (701) 223-6348

Dickinson Office

150 W. Villard, Suite 2
 Dickinson, ND 58601
 Phone: (701) 225-8092

Grand Forks District Office

American Office Park
 2810 19th Ave. S.
 Grand Forks, ND 58201
 Phone: (701) 795-5340

Devils Lake Office

425 College Dr. S., Suite 13
 Devils Lake, ND 58301
 Phone: (701) 662-8613

Minot District Office

1308 20th Ave. SW.
 Minot, ND 58701
 Phone: (701) 858-5000

Williston Office

1137 2nd Ave. W., Suite 105
 Williston, ND 58801
 Phone: (701) 572-4535

This brochure presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The *written benefit plan* governs the benefits available.

Call Toll-Free
1-800-737-0016
www.CHAND.org

Lead Carrier services by:



BlueCross BlueShield
 of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

For North Dakota Residents

CHAND

Comprehensive Health Benefit Plan Brochure

Traditional Applicant



What is CHAND?

The Comprehensive Health Association of North Dakota offers health insurance to North Dakota residents who either are unable to find adequate health insurance coverage in the private market due to medical conditions or who have lost their employer-sponsored group health insurance.

Insurance carriers licensed to do business in North Dakota must inform individuals denied health insurance coverage by their company about CHAND.

CHAND covers major medical and prescription drug expenses, subject to benefit plan limitations and exclusions. An individual is eligible to receive \$1,000,000 in benefits from CHAND during their lifetime. An individual who has received \$1,000,000 in CHAND benefits from enrollment in any combination of benefit plans is not eligible to obtain new coverage through the association.

Premiums fund approximately one-half to two-thirds of the program, not to exceed 135% of premiums charged in the state of North Dakota for similar coverage. The balance is covered by assessments to companies that write \$100,000 in annual premiums on behalf of residents of North Dakota. Additional dollars may also come through federal grants. Applicants are required to meet CHAND eligibility requirements to qualify.

CHAND Coverage Options

Chart 1

	Deductible amount per benefit period	Coinsurance maximum per benefit period	Out-of-pocket maximum per benefit period
Option 1	\$1000	\$2000	\$3000
Option 2	\$500	\$2500	\$3000

CHAND coverage has a lifetime maximum of \$1,000,000.

Traditional Applicant

You are eligible for coverage if:

- You have been a resident of North Dakota for at least 183 days prior to your application and intend to maintain North Dakota residency while a Subscriber of CHAND.
- You are
 - the resident dependent of a CHAND subscriber; or,
 - the resident spouse of a CHAND subscriber**OR**

- You have included written evidence from at least one insurance carrier that within 180 days prior to the signature date of application, you have been:
 - rejected or refused by an insurer to issue substantially similar insurance for health reasons;
 - offered coverage with a restrictive rider or a preexisting condition limitation placed on your policy, the effect of which is to reduce substantially, coverage from that received by an individual considered a standard risk; or,
 - offered comparable insurance at a rate exceeding the CHAND rate;**OR**
- You have included written evidence from a medical professional of the existence or history of any of the following:
 - AIDS
 - Alzheimer's disease
 - Cirrhosis
 - COPD/emphysema
 - Crohn's disease
 - Dementia
 - End stage renal failure
 - Hemiplegia/paraplegia if result of CVA
 - Hemochromatosis
 - Hemophilia
 - Multiple sclerosis
 - Muscular dystrophy
 - Nursing home resident
 - Obesity - BMI (Body Mass Index) > 33
 - Polycythemia
 - Pregnancy
 - Quadriplegia
 - Severe osteoarthritis**OR**
- You have included within 90 days after the date, written evidence that your lifetime maximum coverage amount was reached on your most recent health insurance coverage. (*Premium for coverage retroactive to the date that lifetime maximum occurred is required to be submitted with the application.*)
- You are not enrolled in health benefits with the state of North Dakota's Medical Assistance Program (Medicaid).
- You are not imprisoned under federal, state or local authority.
- Your health insurance premiums are not paid for or reimbursed under any government-sponsored program, government agency, health care provider, nonprofit charitable organization or your employer.
- You have not been insured through CHAND during the last 12 months. (This does not apply to an applicant who applies under 2d above.)

Waiting Periods:

There is a waiting period of 180 consecutive days beginning on the effective date of this benefit plan that must be fulfilled before benefits will be available for any services, supplies or charges for the treatment of any condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days immediately preceding the signature date of application. The waiting period does not apply to nonelective treatment or procedures for a congenital or genetic disease. The waiting period does not apply to an applicant who has obtained coverage due to reaching the lifetime maximum coverage amount on their most recent health insurance coverage.

A waiting period of 270 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for maternity services. Exception: A subscriber who qualifies for coverage due to a catastrophic condition or major illness who is also pregnant at the time of application for coverage will be eligible for maternity benefits after completing a waiting period of 180 consecutive days of continuous coverage.

The waiting period may be reduced by qualifying previous coverage, if the signature date of application and the effective date of your benefit plan are no more than 63 days following termination of previous coverage.

The CHAND Board of Directors, by a two-thirds majority vote, may exempt a subscriber from the provisions of the waiting periods when required under emergency circumstances to allow the applicant access to medical procedures determined to be necessary to preserve life.

How does CHAND work?

To better understand how the CHAND health benefit plan works, it will help to take a closer look at the basic cost sharing elements and limits of the plan.

Benefit Period: A specified period of time during which benefits are available for covered services under a benefit plan. A claim for benefits will be considered for payment only if the date of the service or supply was within the benefit period. All benefits are determined on a calendar year (January 1 through December 31) Benefit Period.

Deductible: A specified dollar amount you must pay for certain covered services depending on the benefit plan option you select (see chart 1). The deductible amount renews on January 1 of each year.

Coinsurance: A percentage of the allowed charge for covered services you will be responsible to pay. The remaining percent of the allowed charge is paid by the benefit plan. A limit has been set on the total coinsurance amount you are responsible to pay during the calendar year. This is called the coinsurance maximum (see chart 1).

Out-of-Pocket Maximum: The total deductible and coinsurance amounts that are your responsibility during a benefit period. Once the out-of-pocket maximum has been met, CHAND will pay 100% of the allowed charge for covered services incurred during the remainder of the benefit period. (see chart 1).

It's easy with a participating health care provider.

When covered services are received from a participating health care provider, your claims are submitted directly to the Lead Carrier on your behalf. Reimbursement is made directly to the participating health care provider who has agreed to accept the allowed amount as payment in full, less cost sharing amounts. Participating health care providers will assist you with preauthorization and prior approval. If you seek covered services from a nonparticipating health care provider, your benefits will be reduced an additional 20%.

Prenatal Plus Program

Prenatal Plus is a pregnancy screening program to help identify and periodically monitor women at risk for complications such as premature birth and low birth weight infants.

Chiropractic services are optional.

If you choose to add benefits for services provided by a chiropractor, an optional endorsement can be added to your coverage for an additional charge (see CHIROPRACTIC SERVICES on chart 2).

The CHAND Service Center is ready to help you.

Anytime you have a question about CHAND coverage or rates, you may:

- Call toll-free 800-737-0016 Monday through Friday, 8 a.m. - 4:30 p.m. CST
- Contact any agent who is licensed to sell health insurance in North Dakota
- Contact any of the Lead Carrier offices listed in this brochure
- Visit www.CHAND.org