

Chart 2

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

Description of Benefits	Benefit Amount		Special Conditions
	With a Participating Provider		
	Amounts are a % of the allowed charge after the deductible is met.		
	Before coinsurance maximum is met	After coinsurance maximum is met	
Inpatient Hospital Services	80%	100%	Precertification may be required.
Outpatient Hospital Services	80%	100%	
Physical Therapy, Occupational & Speech Therapy	80%	100%	Benefits are available for 90 visits for each type of habilitative therapy service.
Professional Health Care Provider Services			
Inpatient, Outpatient & Surgical Services	80%	100%	
Home & Office Visits	80%	100%	
Wellness Services			
Pediatric Preventive Visits (to subscriber's 7th 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, Partial Hospitalization, Intensive Outpatient Program, Residential Treatment & Outpatient Services	100%/80%	100%	The number of visits, hours or days and the benefit level vary. Precertification may be required. Refer to the benefit plan for details.
Emergency Services	80%	100%	Precertification is not required.
Ambulance Services	80%	100%	Precertification may be required.
Skilled Nursing Facility Services	80%	100%	Precertification is required.
Home Health Care Services	80%	100%	Precertification is required.
Hospice Services	80%	100%	Precertification 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: (844) 363-8457
- Minot Office**
1308 20th Ave. SW.
Minot, ND 58701
Phone: (701) 858-5000
- Fargo Office**
4510 13th Ave. S.
Fargo, ND 58121
Phone: (701) 277-2232
- Jamestown Office**
300 2nd Ave. NE., Suite 132
Jamestown, ND 58401
Phone: (701) 251-3180
- Bismarck Office**
1411 Mapleton Ave.
Bismarck, ND 58503
Phone: (701) 223-6348
- Williston Office**
1500 14th St. W., Suite 270
Williston, ND 58801
Phone: (701) 572-4535
- Grand Forks Office**
3570 S. 42nd St., Suite B
Grand Forks, ND 58201
Phone: (701) 795-5340

This information is available to individuals with disabilities in alternate formats, free of charge, by calling Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

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
1-844-363-8457
WWW.CHAND.ORG

Lead carrier services by:



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association

For North Dakota Residents

CHAND Comprehensive Health Benefit Plan Brochure

HIPPA Applicant



What is CHAND (HIPAA applicant)?

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.

HIPAA applicant

You are eligible for coverage if:

1. You are a resident of North Dakota and intend to maintain North Dakota residency while a Subscriber with CHAND.
2. You meet the federally-defined eligibility guidelines that follow:
 - a. You have had 18 months of qualifying previous coverage; and,
 - b. You have applied for coverage within 63 days of the termination of the qualifying previous coverage; and,
 - c. You are not eligible for coverage under Medicare or a group health benefit plan; and,
 - d. You do not have any other health insurance coverage; and,
 - e. You have not had the most recent qualifying previous coverage terminated for non payment of premiums or fraud; and,
 - f. If offered the option you have elected continuation coverage under COBRA or under a similar state program and that coverage has been exhausted (verification that your continuation coverage has been exhausted is required).
3. You are not enrolled in health benefits with the state of North Dakota’s Medical Assistance Program (Medicaid).
4. 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.

Waiting periods

HIPAA individuals are exempt from pre-existing condition limitations and waiting period restrictions.

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 precertification. 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 (844) 363-8457 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