

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 rehabilitative therapy services.
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 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

Fargo District 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 District Office

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

Dickinson Office

1674 15th St. W., Suite D
 Dickinson, ND 58601
 Phone: (701) 225-8092

Grand Forks District Office

3570 S. 42nd St., Suite B
 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 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

Traditional Applicant



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.

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 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



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)