



Summary of Benefits

2024

The following coverages are available to you:

- Medical
- Medical Gap Coverage
- Medicare Choice Group
- Employee Assistance Program (EAP)
- Dental
- Vision
- Supplemental Term Life/AD&D
- Short-Term Disability
- Accident
- Hospital Indemnity
- Critical Illness
- Legal Plans





MEDICAL

The Medical Plan is administered by BlueCross BlueShield of North Dakota and is designed to help you maintain your health through preventive care services, access to an extensive network of providers, and affordable prescription medication.



BENEFITS

NDPHIT BlueSaver 80 3200 (2 Tier) HDHP

AD = after deductible

In Network You Will Pay

Deductible	
Employee	\$3,200
Employee + Child(ren)	\$6,400
Employee + Spouse	\$6,400
Family	\$6,400
Out-of-Pocket Maximum	
Employee	\$6,400
Employee + Child(ren)	\$12,800
Employee + Spouse	\$12,800
Family	\$12,800
Preventive Care	Covered 100%
Telehealth	Cost varies by provider
Office Visits	
Primary Care	20% Coinsurance AD
Specialist	20% Coinsurance AD
Emergency Room	20% Coinsurance AD
Urgent Care	20% Coinsurance AD
Inpatient Hospital	20% Coinsurance AD
Outpatient Hospital	20% Coinsurance AD
Mental Health/Substance Abuse	
Outpatient Office Visit	20% Coinsurance AD
Outpatient Facility	20% Coinsurance AD
Inpatient Facility	20% Coinsurance AD

PRESCRIPTIONS

(per month/subject to medical deductible)

Mail order prescriptions must be received from the preferred mail order pharmacy

YOU PAY

Preventive Drugs	\$5 copay-deductible does not apply
Formulary Drugs	20% Coinsurance AD
Non-Formulary Drugs	50% sanction AD
Specialty Formulary Drugs	20% Coinsurance AD
Specialty Non-Formulary Drugs	50% sanction AD

TERMS TO KNOW

- **Co-pay**— A fixed amount paid for receiving a specific healthcare service.
- **Deductible**— The amount you pay for covered services before the Plan will pay.
- **Co-insurance**— Your share of the cost for covered services, calculated as a percentage of the total eligible expenses.
- **Out-of-Pocket (OOP) Maximum**— Protects you from major expenses with a maximum annual limit on the amount you pay for covered services. Your OOP max includes your deductible, co-insurance and co-payments, but not your employee contributions. Once you reach the OOP max, the Plan pays 100% of covered services for the remainder of the year.



IMPORTANT ENROLLMENT INFORMATION AND REMINDERS

Who can enroll in benefits?

Benefit Eligibility may vary by class. Your eligibility, as well as Dependent eligibility, can be confirmed by your HR or your Business Manager contact.

When can you enroll?

Generally, there are two times a year you can enroll or make changes to your benefits.

1. As a new hire. You must enroll in the B-Swift system in your allotted time frame upon hire.
2. During Annual Open enrollment. You must make any desired changes in the B-swift system during your open enrollment window.

After you enroll...no changes during the plan year

If you enroll in benefits, and your premiums are taken from your paycheck before federal income and Social Security taxes are calculated, your plan is considered "pre-tax" offered through a Cafeteria Plan and therefore subject to IRS Irrevocability rules. Therefore, once you enroll in benefits, your benefits will be effective for the full plan year. You may not cancel or change your health benefits during the plan year, unless you have a "Qualified Life Event". Refer to your HR or Business Manager contact for the specific qualified life events allowed by your employer's Cafeteria Plan. Some examples of Qualified Life Events include:

- Marriage, divorce, or legal separation.
- Birth, adoption, or death of a dependent.
- Changes to you or your spouse's employment that affects benefits eligibility (for example, a switch from part-time work to full-time work status).
- The employer of your spouse offers benefits with a different Open Enrollment period.

The plan has the right to request proof of any life event.

If you experience a Qualified Life Event, you must notify Human Resources or your Business Manager and request your benefit changes within 30 days of the event.

**Please note – Accumulators run January through December on all lines of coverage.*



Find a Network Doctor

To find a network doctor and other useful tools, visit www.bcbsnd.com.

Questions?

For Customer Service, call 844-363-8455.



An independent licensee of the Blue Cross & Blue Shield Association



MEDICAL GAP COVERAGE

TransConnect provides supplemental “gap” insurance coverage that complements your major medical plan to help pay for qualifying medical costs before an individual or family reaches their out-of-pocket maximum (OOPM), such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

BENEFITS

	Base Plan – Option 1	Buy Up Plan – Option 2
Certificate Deductible	\$1,600 per covered person, 3 times per family	\$1,600 per covered person, 3 times per family
Inpatient Hospital Benefits	\$1,500 per covered person, 3 times per family	\$4,500 per covered person, 3 times per family
Outpatient Hospital Benefits	\$1,500 per covered person, 3 times per family	\$4,500 per covered person, 3 times per family
Ambulance Benefit	\$2,500 per covered person, 3 times per family	\$2,500 per covered person, 3 times per family

Refer to your GAP plan details in the Bswift library for full plan details.

Premium Rate for Selected Coverage Levels (Monthly Billing Frequency)

Base Plan – Option 1				Buy Up Plan – Option 2			
Individual	Two Adult	Single Parent	Family	Individual	Two Adult	Single Parent	Family
\$11.95	\$21.79	\$20.53	\$31.90	\$32.27	\$64.75	\$56.92	\$93.49

Additional Benefit Rider Options Included:

- Lab Test Rider (both outpatient facility and doctor’s office)
- Infusion Therapy Benefit Rider
- Accident Indemnity Rider with \$1,000 coverage – pays first dollar benefit (not subject to deductible) for concerns related to an accident
- Emergency Condition Benefit Endorsement - pays for treatment received in a hospital emergency room or urgent care center for sickness when the insured person is not subsequently considered an inpatient.
- Dependent Child Pregnancy - pays for treatment or medical care of a dependent child’s pregnancy after a waiting period of 10 months. (As noted above, primary insured/spouse pregnancy is covered with base benefit coverage with no waiting period. Dependent child pregnancies only covered if Single Parent or Family tier coverage is selected.)





MEDICARE CHOICE GROUP

Choosing the right Medicare plan is extremely important. Our team of Medicare experts guide you through every step of the Medicare decision process and enrollment. We find the right Medicare coverage for your specific healthcare needs.

How It Works:

We simplify the education, transition, and enrollment to Medicare.

1. Schedule a 1-on-1 consultation with our trusted Medicare advisors to assess your healthcare needs and circumstances.
2. Get recommendations for the best and most cost-effective healthcare plans that meet your unique needs.
3. Plan your Medicare transition timeline with guidance from our advisors.
4. Enroll in your Medicare plan of choice with confidence.



We know everything there is to know about Medicare. Our team of licensed Medicare advisors are your trusted source for Medicare.



We analyze your Medicare cost-equation from multiple carrier health plans to give you the best options possible.



We provide practical decision support during the enrollment process.



Medicare expertise, guidance and enrollment support at no cost.

Scan the QR code to schedule an appointment with your Medicare advisor today or use the link below.

<https://visit.medicarechoicegroups.com/ndphit>

855-404-5365





EMPLOYEE ASSISTANCE PROGRAM

NexGen EAP is your confidential EAP, Work/Life, Wellness, and Health Advocacy benefit provided to all benefit eligible employees by your employer at no cost to you. You and your eligible family members can trust the NexGen EAP services to address your total wellbeing from accessing counseling services to maximizing work/life balance to assistance navigating your health plan to providing personalized wellness resources.

SERVICES OFFERED:

- Counseling Services
- Legal and Financial Consultations
- Child/Elder Care Resources
- Health Advocacy
- Individualized Wellness Resources
- Virtual Concierge
- Online Resources
- Mindfulness Training (*Brought to you by Self by Design*)

CONFIDENTIAL ASSISTANCE:

We understand it takes courage to reach out and ask for assistance, which is why we ensure that your information and identity are kept completely confidential - even from your employer. Exceptions occur only when members are at risk of harming themselves or others or when the welfare of a child is in question.



Get Started Now:

Call 1.800.327.2255

Log on at: www.nexgeneap.com

Mobile App: NexGenEAP

Refer to your NexGen EAP Member Guide for your Company ID (needed the first time you set up your online access)





DENTAL

Oral hygiene is important. That's why our dental options provide coverage that helps make it easier to visit a dentist and lower your dental costs.

Please note – Accumulators run January through December on all lines of coverage.



DENTAL PLAN

HIGH PLAN

(In-Network)

LOW PLAN

(In-Network)

Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum	\$1,250	\$1,000

What the Plan Covers

Preventive Care	100% Covered	80% Covered
Basic Services	80% AD	70% AD
Endodontics, periodontics, oral surgery	80% AD	70% AD
Major Services	50% AD	50% AD
Orthodontia (child up to 19)	50% AD	Not covered
Orthodontia Lifetime Maximum	\$1,250	Not covered

AD = after deductible



Questions?

To find a provider, download an ID card or claim form, visit www.metlife.com/mybenefits. Network is PDP Plus.

Use NDPHIT for group name and 0228847 for group number when logging in or calling in.

MetLife Customer Service and Dental Claims: 800-942-0854.



VISION

Eye doctor visits can be expensive. From wellness care to significant incidents, vision insurance is a smart way to protect your eyesight and pocketbook.

Please note – Accumulators run January through December on all lines of coverage.



VISION PLAN

YOU PAY

(In-Network)

YOU PAY

(Out-of-Network)

Eye Exams (once every 12 months)	\$10 copay	\$45 allowance
Lenses (once every 12 months)		
Single Vision	\$10 copay	\$30 allowance
Bifocal	\$10 copay	\$50 allowance
Trifocal	\$10 copay	\$65 allowance
Lenticular	\$10 copay	\$100 allowance
Frames (once every 24 months)		
Any frame at provider location	\$150 allowance	
Featured frame brands	\$150 allowance	
Walmart/Sam's Club/Costco	\$85 allowance	\$70 allowance
Additional Cost	20% savings on add'l amounts	
Contact Lenses (once every 12 months)		
Contact Fitting/Evaluation	\$60 copay	Applied to lens allowance
Elective Conventional/Disposable Contacts	\$150 allowance	\$105 allowance
Medically Necessary	\$10 copay	Up to \$210



Questions?

To find a provider, visit www.metlife.com/vision. Network is VSP.

Use NDPHIT for group name and 0228847 for group number when logging in or calling in. To download a claim form visit: www.metlife.com/mybenefits

MetLife Customer Service: 1-855-638-3931.



LIFE INSURANCE

These voluntary coverages are a great way to protect your family and finances in the event something happens to you. For many people, this coverage helps ensure that if the unforeseen should happen, short and long-term financial obligations could be met. Premiums are paid post-tax so the benefit is not taxed.

SUPPLEMENTAL TERM LIFE/AD&D

- \$25,000 increments to a maximum of \$50,000
- A minimum benefit of \$25,000
- Medical Evidence Level: \$50,000
- No Age Reduction
- Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)
- Conversion and Portability are included in this quote
- AD&D: 100% of the Supplemental Term Life Benefit (Portable)

SUPPLEMENTAL DEPENDENT LIFE/AD&D

- Spouse
- Flat \$10,000, not to exceed 50% of employee's Optional Life Benefit
 - Spouse Medical Evidence Level: \$10,000
- Child
- Flat \$10,000; child limiting age is 15 days to age 26
 - Child Medical Evidence Level: \$10,000*

Spouse/Child AD&D: 100% of the Supplemental Life Benefit
*Child rates cover all eligible children



Claims

For Life Claims, call MetLife at 800-638-6420, prompt 2. MetLife group number: 0228847. Use NDPHIT for group name.

SUPPLEMENTAL LIFE

(per \$1,000 of covered volume)

Less than 30	\$0.048
30-34	\$0.056
35-39	\$0.075
40-44	\$0.108
45-49	\$0.164
50-54	\$0.253
55-59	\$0.404
60-64	\$0.600
65-69	\$0.959
70+	\$1.541

SUPPLEMENTAL AD&D

(per \$1,000 of covered volume)

\$0.028

SUPPLEMENTAL DEPENDENT LIFE

(per \$1,000 of covered volume)

Spouse

Less than 30	\$0.069
30-34	\$0.079
35-39	\$0.109
40-44	\$0.149
45-49	\$0.221
50-54	\$0.354
55-59	\$0.646
60-64	\$1.247
65-69	\$2.066
70+	\$3.826

Child

\$0.141

SUPPLEMENTAL DEPENDENT AD&D

(per \$1,000 of covered volume)

Spouse	\$0.020
Child(ren)	\$0.051



SHORT-TERM DISABILITY

This voluntary coverage is a cost-effective way to protect your income when you are unable to work due to illness or injury. Having short-term disability protection can help you cover your essential living expenses and help safeguard your savings, since it replaces a portion of your income during the initial weeks of a disability. Premiums are paid post-tax so the benefit is not taxed.

SHORT-TERM DISABILITY BENEFITS

Class description	All active full-time employees
Weekly benefit amount	60%
Maximum weekly benefit	\$1,250
Minimum weekly benefit*	\$25
Elimination period	
Accident	7 or 14 days
Sickness	7 or 14 days
Benefit Duration	13 weeks
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive

PREMIUMS

(per \$10 covered weekly benefit)

7-7-13 Plan	\$0.736
14-14-13 Plan	\$0.596

*The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives

METLIFE NDPHIT RATES

(sample income & monthly premium chart for 7-7-13 plan)

Annual Income	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000
Monthly Benefit Amount	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
Weekly Benefit	\$346	\$462	\$577	\$692	\$923
Monthly Premium	\$25.48	\$33.97	\$42.46	\$50.95	\$67.94



Claims

For Disability Claims, call MetLife at 800-300-4296. MetLife group number: 0228847. Use NDPHIT for group name.





ACCIDENT INSURANCE

Accidents can happen when you least expect them. And while you can't always prevent them, you can get help to make your recovery less expensive and stressful. Accident insurance provides a financial cushion for life's unexpected events. You can use it to help pay costs that aren't covered by your medical plan. It provides you with a lump-sum payment - one convenient payment all at once - when you or your family need it most. The benefit is 100% employee paid on a post-tax basis.

PREMIUMS

(per month)

Low Plan

High Plan

Employee Only	\$8.29	\$11.92
Employee + Spouse	\$16.36	\$23.43
Employee + Child(ren)	\$19.07	\$27.18
Employee + Family	\$23.26	\$33.20

This plan provides a lump-sum payment for over 150 different events, such as:

- Fractures
- Dislocations
- Second and third degree burns
- Skin grafts
- Torn knee cartilage
- Ruptured disc
- Concussions
- Cuts or lacerations
- Eye injuries
- Coma

Includes a \$150 Wellness Benefit for each covered individual on the plan.



Questions?

MetLife Customer Service for both Accident and Hospital Indemnity: 1-800-GET-MET8 (1-800-438-6388)

Use NDPHIT for group name and 0228847 for group number when logging in or calling in.



HOSPITAL INDEMNITY

Hospital stays can be pricey and are often unexpected. Since most health care plans don't cover all expenses, taking steps to help protect yourself can make a big difference. Hospital indemnity insurance is coverage that can help safeguard your finances by providing you with a lump sum payment when you or your family needs it most. This benefit is 100% employee paid on a post-tax basis.

PREMIUMS

(per month)

Low Plan

High Plan

Employee Only	\$16.33	\$25.55
Employee + Spouse	\$28.95	\$45.33
Employee + Child(ren)	\$24.36	\$38.11
Employee + Family	\$36.98	\$57.90

Hospital Indemnity insurance provides a benefit for hospitalization due to accidents and sicknesses like:

- Admission to a hospital, and stays
- Admission to an intensive care unit, and stays
- Inpatient rehab unit stays (accidents only)





CRITICAL ILLNESS

When critical illness affects your family, you'll have the support you need when it matters most. Critical illness insurance is coverage that can help safeguard your finances by providing you with a lump sum payment when you need it most. The extra cash can help you focus on getting back on track - without worrying about finding the money to cover some of your expenses. This benefit is 100% employee paid on a post-tax basis.

CRITICAL ILLNESS

(Premium per \$1,000 of coverage)

ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
<25	\$0.44	\$0.71	\$0.68	\$0.95
25-29	\$0.50	\$0.79	\$0.74	\$1.05
30-34	\$0.62	\$0.96	\$0.86	\$1.20
35-39	\$0.76	\$1.17	\$1.01	\$1.41
40-44	\$1.01	\$1.55	\$1.26	\$1.79
45-49	\$1.39	\$2.12	\$1.63	\$2.36
50-54	\$1.92	\$2.96	\$2.15	\$3.21
55-59	\$2.58	\$4.08	\$2.82	\$4.32
60-64	\$3.53	\$5.63	\$3.77	\$5.87
65-69	\$4.84	\$7.79	\$5.08	\$8.04
70-74	\$6.58	\$10.51	\$6.82	\$10.75
75+	\$9.32	\$14.63	\$9.56	\$14.87

Includes a \$150 Wellness Benefit for each covered individual on the plan.

As long as you or your loved one meets the policy and certificate requirements, the following medical conditions are covered:

- Full Benefit Cancer¹
- Partial Benefit Cancer¹
- Heart Attack
- Stroke²
- Coronary Artery Bypass Graft
- Kidney Failure
- Alzheimer's Disease³
- Major Organ Transplant
- 22+ Listed Conditions⁴

¹ Please review the Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount.

² In certain states, the Covered Condition is Severe Stroke.

³ Please review the Outline of Coverage for specific information about Alzheimer's Disease.

⁴ MetLife Critical Illness insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 listed conditions. A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.



Questions?

MetLife Customer Service:
1-800-438-6388. MetLife
group number: 0228847.
Use NDPHIT for group
name.





LEGAL PLANS

Quality legal assistance can be pricey, and it can be hard to know how to find an attorney you trust. With MetLife Legal Plans, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events. This benefit is 100% employee paid on a post-tax basis at \$18.00 per month.

MONEY MATTERS

- Identity theft
- Negotiating with creditors
- Tax audit representation
- Financial planning workshops

HOME AND REAL ESTATE

- Sale, purchase, or refinancing of a primary or vacation home
- Property tax assessment
- Foreclosure

ESTATE PLANNING DOCUMENTS

- Simple or complex wills
- Living wills
- Revocable or irrevocable trusts

ELDER CARE ISSUES²

- Medicare
- Nursing home agreements
- Powers of attorney

CIVIL LAWSUITS

- Civil litigation defense
- Small claims assistance
- Pet liabilities

VEHICLE AND DRIVING

- Defense of traffic tickets¹
- License suspension due to DUI
- Repossession

FAMILY AND PERSONAL

- Adoption
- Prenuptial agreements
- Personal property issues

ADDITIONAL SERVICES

- Law Firm E-Panel[®]
- Family Matters[™] (additional fee)

¹Does not cover DUI.

²Consultation and document review for issues related to parents.



Questions?

Visit: info.legalplans.com and enter access code GetLaw. MetLife group number: 9228847. Use NDPHIT for group name.

MetLife Legal Plans Customer Service: 800-821-6400.
MetLife group #: 9228847

WHY SHOULD I ENROLL NOW?

- Competitive group rates
- Guaranteed acceptance¹
- Easy payroll deductions
- Coverage may be Ported/Converted

¹Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

Please refer to the certificate of coverage for full plan details for each coverage.



The information in this brochure represents a highlight of your benefit options.

For further details and information please refer to the insurance company's certificate of coverage, plan documents, benefit summaries and/or summary of benefits and coverage (SBC). Should there be a discrepancy between the information contained here and the insurance company legal documents, the insurance company legal documents will prevail. Please contact your Human Resources Department to obtain copies of these documents or for more information.

