

Estimate for Cost of NGF PPO Product

Financial Impact: NDPERS currently offers a Grandfathered (GF) PPO plan that includes portions of the ACA mandated benefits. An illustration of the major benefit additions from the Affordable Care Act (ACA) is found on page 2. These additional ACA benefits add an estimated **3.56%** cost increase to produce a NGF PPO plan for State Employees.

Pricing for Benefits Change: The table below reflects the adjusted rates based on the additional ACA benefit and utilization impact.

NDPERS State Employee Rate Comparison		
	GF PPO State Employees	NGF PPO State Employees - ACA Benefits
Single	\$ 687.66	\$ 712.11
Family	\$ 1,658.37	\$ 1,717.34
Flat Single/Family Rate	\$ 1,428.76	\$ 1,479.56

Benefit	GF PPO	NGF PPO	NGF HDHP
Artificial Limbs	Subject to Cost Share: Prosthetic limbs, sockets and supplies, and prosthetic eyes limited to one (1) per lifetime unless medically necessary due to growth for Members under 19.	Subject to Cost Share: Prosthetic limbs, sockets and supplies, and prosthetic eyes limited to one (1) per lifetime unless medically necessary; Prior authorization required to attest to medical necessity beyond 1 limb.	Subject to Cost Share: Prosthetic limbs, sockets and supplies, and prosthetic eyes limited to one (1) per lifetime unless medically necessary; Prior authorization required to attest to medical necessity beyond 1 limb.
Breat pumps, Supplies, Lactation Counseling	Purchase is noncovered. Rental covered with Prior Authorization due to separation of mother and child. Lactation Counseling is not covered; Subject to Cost Shares:	Paid at 100%: Allow one breast pump (electric or manual, non-Hospital grade) per pregnancy. • Replacement tubing, breast shields, and splash protectors are also covered. • Bottles, breast milk storage bags and supplies related to bottles are NOT covered. • Pumps and supplies are covered only when obtained from a Participating durable medical equipment Provider. This does NOT include drugstores or department stores. • Consultation with a lactation (breastfeeding) specialist is also covered.	Paid at 100%: Allow one breast pump (electric or manual, non-Hospital grade) per pregnancy. • Replacement tubing, breast shields, and splash protectors are also covered. • Bottles, breast milk storage bags and supplies related to bottles are NOT covered. • Pumps and supplies are covered only when obtained from a Participating durable medical equipment Provider. This does NOT include drugstores or department stores. • Consultation with a lactation (breastfeeding) specialist is also covered.
Contraceptives	Subject to Cost Share	Paid at 100%	Paid at 100%
Infertility \$20k Lifetime Maximum	Subject to \$500 DED and COINS. Benefits are subject to a \$500 Lifetime Infertility Services Deductible Amount and a \$20,000 Lifetime Benefit Maximum Amount per Member. The Infertility Services Deductible Amount and any Member-paid coinsurance for infertility services do not apply toward the Out-of-Pocket Maximum Amount.	Subject to Lifetime \$500 DED and COINS: Neither the Infertility Services Lifetime Deductible Amount nor any Member-paid Copays or Coinsurance for infertility services apply toward the Medical Deductible or Out-of-Pocket Maximum Amounts. Infertility services are limited to a lifetime benefit maximum, per Member, of \$20,000.	Subject to annual DED, then apply 80% to 20k maximum: Benefits are subject to a \$20,000 Lifetime Benefit Maximum Amount per Member. Any Member-paid coinsurance for infertility services does not apply toward the Out-of-Pocket Maximum Amount.
Medical Nutrition Therapy	Subject to Copay: Benefits are available for the following medical conditions: - Anorexia Nervosa – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Bulimia – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Chronic Renal Failure – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Diabetes Mellitus – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Gestational Diabetes – Maximum Benefit Allowance of two (2) Office Visits per Member per Benefit Period. - Hyperlipidemia – Maximum Benefit Allowance of two (2) Office Visits per Member per Benefit Period. - PKU – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. Nutritional Counseling for Wellness services - No coverage.	Subject to Copay: Benefits are available for the following medical conditions: - Anorexia Nervosa – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. Bulimia – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Chronic Renal Failure – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - PKU – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. Paid at 100%: Nutritional Counseling coverage is limited to 12 visits per calendar year. Wellness nutritional counseling services coverage is as follows: Benefits are available for the following medical conditions: - Diabetes Mellitus – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Gestational Diabetes – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Hyperlipidemia – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Hypertension – Maximum Benefit Allowance of two (2) Office Visits per Member per Benefit Period. - Obesity – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period	Subject to COIN: Benefits are available for the following medical conditions: - Anorexia Nervosa – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. Bulimia – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Chronic Renal Failure – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - PKU – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. Paid at 100%: Nutritional Counseling coverage is limited to 12 visits per calendar year. Wellness nutritional counseling services coverage is as follows: Benefits are available for the following medical conditions: - Diabetes Mellitus – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Gestational Diabetes – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Hyperlipidemia – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period. - Hypertension – Maximum Benefit Allowance of two (2) Office Visits per Member per Benefit Period. - Obesity – Maximum Benefit Allowance of four (4) Office Visits per Member per Benefit Period
OB Services	Subject to COINS	Paid at 100%	Paid at 100%
OB Services - Ultrasound	DED waived, subject to COINS: 2 routine ultrasounds allowed	Paid at 100%: 4 routine ultrasounds allowed	Paid at 100%: 4 routine ultrasounds allowed
Preventative Services	\$30.00 Copay/ Visit, DED waived; Eligible for \$200 Wellness Benefits.	Expanded list of Preventive Services paid at 100%; Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force. See Preventive Health Guidelines (ACA)	Expanded list of Preventive Services paid at 100%; Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force. See Preventive Health Guidelines (ACA)
Sterilization - Female	Subject to Cost Share	Covered at 100%: Cover sterilizations, including voluntary tubal ligations and vasectomies: o Medical – Occlusion of the fallopian tubes by use of permanent implants (e.g. Essure). Surgical – Tubal ligation covered at 100% of allowed only when performed as the primary procedure. When performed as part of a maternity delivery or for any other medical reason, it will be covered as a medical benefit with the applicable cost-share applied.	Covered at 100%: Cover sterilizations, including voluntary tubal ligations and vasectomies: o Medical – Occlusion of the fallopian tubes by use of permanent implants (e.g. Essure). Surgical – Tubal ligation covered at 100% of allowed only when performed as the primary procedure. When performed as part of a maternity delivery or for any other medical reason, it will be covered as a medical benefit with the applicable cost-share applied.
Tobacco Cessation	Not covered.* *Previous coverage under Tobacco Cessation program funded by the state.	Paid at 100%: Tobacco Cessation services include screening for tobacco use and at least two (2) tobacco cessation attempts per year (for Members who use tobacco products). Covering a cessation attempt is defined to include coverage for: • Four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling) without Preauthorization/Prior Approval; and • All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without Preauthorization/Prior Approval.	Paid at 100%: Tobacco Cessation services include screening for tobacco use and at least two (2) tobacco cessation attempts per year (for Members who use tobacco products). Covering a cessation attempt is defined to include coverage for: • Four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling) without Preauthorization/Prior Approval; and • All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without Preauthorization/Prior Approval.
COST SHARING - COPAY'S	Copays do not apply to Out-of-Pocket Maximums (MOOP)	Copay's apply to MOOP	No Copay's; DED/COINS apply to MOOP