Frequently Asked Questions

Benefit Definitions
What is a deductible?
A specific dollar amount you pay each calendar year for certain Covered Services received during the Benefit Period. The Deductible Amount renews on January 1 of each consecutive Benefit Period.

What is coinsurance?
Coinsurance is the percentage of charges to be paid by you for covered services, after the deductible has been satisfied.

What is included in my out-of-pocket maximum?
The total amount of your deductible plus your coinsurance and copayment amounts (if applicable) equals the out of pocket maximum. However, due to the Affordable Care Act, there are differences in this based on the current status of your plan:

- If your plan is grandfathered, then the office visit, emergency room and pharmacy copays do NOT apply towards your out-of-pocket maximum.
- If your plan is non-grandfathered, then the office visit, emergency room and pharmacy copays DO apply towards your out-of-pocket maximum.

How does my deductible and coinsurance work?
Example: Let’s say you have incurred an eligible claim for $3,000 and your plan has a $1,000 deductible with 80/20 coinsurance:
- $1,000 = deductible paid by you
- $1,600 = paid by health insurance plan (80% of the remaining $2,000)
- $400 = paid by you (20% of the remaining $2,000)

Your responsibility = $1,400
Health insurance plan responsibility = $1,600.

Identification Card
How do I read my ID Card?
Here is an example of the front of your ID card:

[Image of ID card]

Every member has a unique identification number.
The amount you pay each time you receive office visit services from your provider. Refer to your Certificate of Insurance for details.

Here is an example of the back of your ID card:

[Image of ID card]

Call this number for member, benefit and claim questions, eligibility and enrollment, provider access, appeals and grievances, order ID cards and COBRA.

Call this number to get prior authorization or services, or if you have questions on your prescription drug coverage. Members must notify Sanford Health Plan before receiving certain services such as home infusion, home health care, or hospice.

Your pharmacist can call Express Scripts with questions regarding your prescription drug plan, formulary or copays.

This set of logos indicates your national coverage while traveling out of the service area.

View Provider Directory at: sanfordhealthplan.com/indipes
1-800-496-3616 or (701) 751-4125
1-888-315-0865
1-800-824-6898
91154
Sanford Health Plan
PO Box 61110
Sioux Falls, SD 57109-6110

PHCS MultiPlan
Healthy Directions

The networks above are only available to members residing, traveling or attending school outside the Sanford Health Plan service area.
Always remember, the identification card is to be used only by the person listed on the card. It may not be used by anyone else. Use of your card by another person is fraud and will be grounds for termination from the Plan. Should you need to replace a lost card, please call Member Services at (701) 751-4125 or (800) 499-3416 and we will send you a new one. You can also order another ID card from your member account at www.sanfordhealthplan.com/memberlogin.

**When to use your ID card**

You and each of your family members enrolled with the Plan will receive an individual Sanford Health Plan Identification number. Members with single coverage will receive one card, and members with family coverage will receive two cards. You are responsible for carrying this card with you at all times and presenting your ID card, along with any other insurance, every time you receive medical services from a Practitioner. Familiarize yourself with your card to make sure the information is correct.

Your identification card contains Member specific information on the front of the card. The reverse side of the card provides directions for emergency, urgent care or out-of-area services as well as important telephone numbers if you have questions or need assistance regarding the plan, its practitioners and/or providers, or covered benefits.

Anytime your basic enrollment information changes, you should report it to your employer (if employed) or the Plan. Your employer or the Plan will then provide you with the correct forms to complete. Examples of basic information which should be reported to your employer and the Plan are:

- A name change;
- Address change;
- A change in marital status; or
- Addition or deletion of a family member or dependent.