ND



2027 INDIVIDUAL AND FAMILY PLANS

Your guide to choosing a health plan

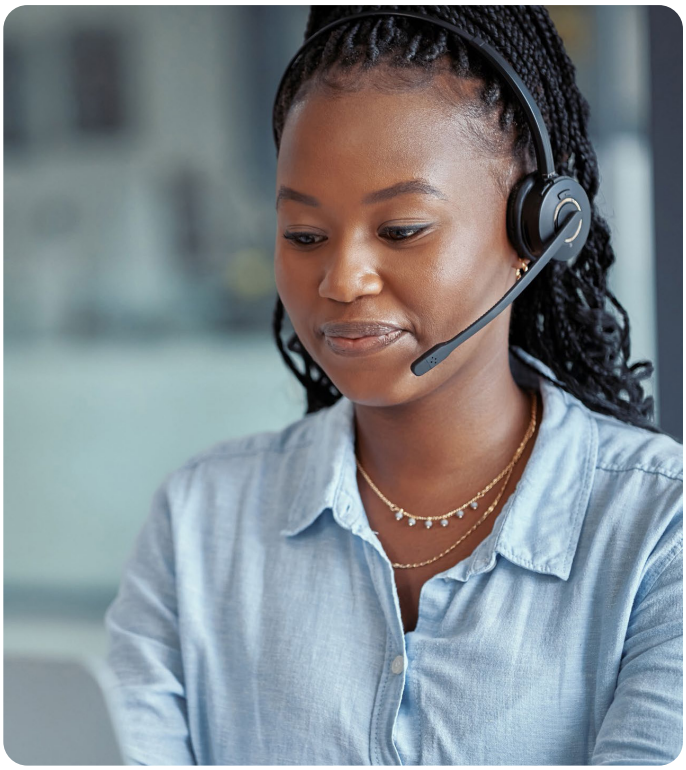
CARRY BLUE. CARRY ON.

Let’s make health care easier for you

We’re here to help you find coverage that makes it easy and affordable to care for your whole self – body and mind.

5 reasons to partner with Blue Cross Blue Shield of North Dakota (BCBSND)

1. Broad network of providers
2. Local customer service that goes above and beyond
3. Low- or no-cost virtual care for 24/7 convenience
4. Help finding affordable medications and staying on track
5. Whole-person focus for a healthier mind and body above and beyond





Serving North Dakota since 1940

We have 8 decades of experience focusing on the unique health care needs of North Dakotans. And as a tax-paying nonprofit, we’re here to support you – not shareholders.

Here's what you get with BCBSND

With head-to-toe coverage and assistance programs at no extra cost to you, BCBSND plans help simplify your life.

Primary care

Visit your primary care provider for checkups and to manage chronic conditions.

Quality customer service

At BCBSND, our members are also neighbors – so we treat them that way. No scripts. No time limits. Never outsourced.

Preventive care

Get the most value out of your plan with preventive care at no extra cost to you. See an in-network provider for things like annual wellness visits, vaccinations and diagnostic screenings.

Low-cost prescriptions

Get access to affordable prescriptions at any of our 66,000+ participating pharmacies. Plus, many preventive medicines are covered before you've met your deductible. Our medication support tools help you understand choices, side effects, effectiveness and costs.

Quick and convenient virtual care

Get quick access to care anytime, anywhere. All plans have Doctor On Demand for on-demand urgent medical care 24/7/365. The average wait time is less than 10 minutes. Connect with board-certified physicians at a low copay, or choose a plan that covers virtual care in full.

Pediatric dental and vision on all plans

Dependents are eligible for both dental and vision benefits through age 19. Dental benefits include two exams and four cleanings per year with a $40 copay. Coverage also includes major dental services covered at 50% after the deductible has been met. Vision benefits include one routine eye exam and eyewear.



Virtual care saves a vacation

"We were on vacation in the middle of nowhere. This option saved me a two-hour round trip to the ER. That would have cost me a fortune. So thankful for this option."

– Member

Behavioral health support

Mental health matters. That's why you get a range of support options, including Doctor On Demand for quick, convenient virtual therapy and psychiatry from anywhere, with appointments available in less than three days. You'll also have life-balance assistance and personalized care management to help you get the right level of support at the right time.

Tools to help you manage your health

Find a new doctor, check your deductible and pull up your member ID card on your phone. Even chat with us when you have a question. Best of all, when you sign in on the website or app, your tools are personalized to you.

Well-being rewards and benefits

With BCBSND, it pays to live well. Our plans include a personalized well-being solution, Empower360℠, which allows you and your eligible spouse or domestic partner to earn up to $100 in rewards for completing an online Health Assessment and other wellness-related activities like an annual checkup.

Virtual muscle and joint support

We can help you manage mobility and pain in joints, spine and muscles. This personalized virtual exercise program improves lifestyles and reduces costs. Based on your health conditions, you may have access to a customized care plan, including guided exercise therapy, one-on-one video coaching with a care team, curated health education and behavior change support.



Connect with us your way

"I love the online chat tool. It's perfect when you are commuting in public transportation and don't want to talk on the phone."

– Member

Anytime guidance with Advice24

Health questions keeping you up at night? Call or chat with a registered nurse in 30 seconds or less. They'll guide you to the most appropriate care option, whether it's self-care, a doctor visit, urgent care, the ER or virtual care. Advice24 is available 24/7 and can help with common issues like vomiting, cold and flu symptoms, back pain or a crying or feverish baby.

Individual and Family • Copay Plans

2027 BlueCare plans

WHAT YOU PAY FOR CARE

	In-network | Out-of-network			
	Gold 70 On- or Off-Exchange	**Silver 60** On- or Off-Exchange	**Silver 60 LP** Off-Exchange	**Bronze 50** On- or Off-Exchange
Deductible				
Individual	**$2,000** | $4,000	**$3,500** | $7,000	**$3,200** | $6,400	**$6,000** | $12,000
Family	**$4,000** | $8,000	**$7,000** | $14,000	**$6,400** | $12,800	**$12,000** | $24,000
Out-of-pocket maximum				
Individual	**$8,000** | $16,000	**$10,600** | $21,200	**$10,600** | $21,200	**$12,000** | $24,000
Family	**$16,000** | $32,000	**$21,200** | $42,400	**$21,200** | $42,400	**$24,000** | $48,000
Preventive care	**Preventive care covered in full for in-network services**			
Primary care provider (PCP)	**$10** | 50%	**$35** | 50%	**$35** | 50%	**$50** | 50%
Behavioral health	**$10** | 50%	**$35** | 50%	**$35** | 50%	**$50** | 50%
Virtual care	**$0** | 50%	**$0** | 50%	**$0** | 50%	**$0** | 50%
Specialist	**$50** | 50%	**$85** | 50%	**$85** | 50%	**$150** | 50%
Urgent care	**$10** | 50%	**$35** | 50%	**$35** | 50%	**$50** | 50%
Maternity	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Inpatient hospital	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Outpatient surgery and services	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Outpatient lab and radiology	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Outpatient complex lab and imaging	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Outpatient rehab	**$10** | 50%	**$35** | 50%	**$35** | 50%	**$50** | 50%
Emergency room (In-network deductible applies)	**30%**	**40%**	**40%**	**50%**
Hearing aids and evaluation	**30%** | 50%	**40%** | 50%	**40%** | 50%	**50%** | 50%
Pediatric vision up to age 19				
Exam	**$40** | Not covered	**$40** | Not covered	**$40** | Not covered	**$40** | Not covered
Lenses / Frames	**30%** | Not covered	**40%** | Not covered	**40%** | Not covered	**50%** | Not covered
Pediatric dental up to age 19				
Routine oral evaluation	**$40** | 50%	**$40** | 50%	**$40** | 50%	**$40** | 50%
Preventive services	**$40** | 50%	**$40** | 50%	**$40** | 50%	**$40** | 50%
Chiropractic services (20 visits per year)	**$10** | 50%	**$35** | 50%	**$35** | 50%	**$50** | 50%
Outpatient prescription drugs				
Preferred generic	**$5**	**$20**	**$20**	**$20**
Generic	**$5**	**$20**	**$20**	**$20**
Preferred brand name	**$50**	**$150**	**$150**	**$300**
Brand name	**$100**	**$200**	**$200**	**$460**
Preferred specialty	**40%**	**50%**	**50%**	**50%**
Specialty	**50%**	**50%**	**50%**	**50%**
Value drug	**$5**	**$5**	**$5**	**$5**

Deductible applies unless marked with [◤] If marked, in-network deductible is waived | Out-of-network still subject to deductible

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Individual and Family • High Deductible Health Plans (HDHP) • HSA-qualified

2027 BlueDirect plans

WHAT YOU PAY FOR CARE

	In-network | Out-of-network			
	Gold 90 On- or Off-Exchange	**Silver 80** On- or Off-Exchange	**Silver 80 LP** Off-Exchange	**Bronze 100** On- or Off-Exchange
Deductible				
Individual	**$2,600** | $5,200	**$4,000** | $8,000	**$3,800** | $7,600	**$8,100** | $16,200
Family	**$5,200** | $10,400	**$8,000** | $16,000	**$7,600** | $15,200	**$16,200** | $32,400
Out-of-pocket maximum				
Individual	**$4,300** | $8,600	**$8,000** | $16,000	**$8,000** | $16,000	**$8,100** | $24,300
Family	**$8,600** | $17,200	**$16,000** | $32,000	**$16,000** | $32,000	**$16,200** | $48,600
Preventive care	**Preventive care covered in full for in-network services**			
Primary care provider (PCP)	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Behavioral health	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Virtual care	**0%**	**0%**	**0%**	**0%**
Specialist	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Urgent care	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Maternity	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Inpatient hospital	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Outpatient surgery and services	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Outpatient lab and radiology	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Outpatient complex lab and imaging	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Outpatient rehab	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Emergency room (In-network deductible applies)	**10%**	**20%**	**20%**	**0%**
Hearing aids and evaluation	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Pediatric vision up to age 19				
Exam	**10%** | Not covered	**20%** | Not covered	**20%** | Not covered	**0%** | Not covered
Lenses / Frames	**10%** | Not covered	**20%** | Not covered	**20%** | Not covered	**0%** | Not covered
Pediatric dental up to age 19				
Routine oral evaluation	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Preventive services	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Chiropractic services (20 visits per year)	**10%** | 30%	**20%** | 40%	**20%** | 40%	**0%** | 20%
Outpatient prescription drugs				
Preferred generic	**10%**	**20%**	**20%**	**0%**
Generic	**10%**	**20%**	**20%**	**0%**
Preferred brand name	**10%**	**20%**	**20%**	**0%**
Brand name	**10%**	**20%**	**20%**	**0%**
Preferred specialty	**20%**	**30%**	**30%**	**0%**
Specialty	**50%**	**50%**	**50%**	**0%**
Value drug	**$5**	**$5**	**$5**	**$5**

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Individual and Family • Catastrophic High Deductible Health Plans (HDHP) • HSA-qualified

2027 BlueEssential plan

WHAT YOU PAY FOR CARE

	In-network | Out-of-network
	Catastrophic 100
Deductible	
Individual	**$12,000** | $24,000
Family	**$24,000** | $48,000
Out-of-pocket maximum	
Individual	**$12,000** | $36,000
Family	**$24,000** | $72,000
Preventive care	**Preventive care covered in full for in-network services**
Primary care provider (PCP)	First 3 visits: **$50** | 20% Subsequent visits: **0%** | 20%
Behavioral health	**0%** | 20%
Virtual care	**0%** | 20%
Specialist	**0%** | 20%
Urgent care	**0%** | 20%
Maternity	**0%** | 20%
Inpatient hospital	**0%** | 20%
Outpatient surgery and services	**0%** | 20%
Outpatient lab and radiology	**0%** | 20%
Outpatient complex lab and imaging	**0%** | 20%
Outpatient rehab	**0%** | 20%
Emergency room (In-network deductible applies)	**0%**
Hearing aids and evaluation	**0%** | 20%
Pediatric vision up to age 19	
Exam	**0%** | Not covered
Lenses / Frames	**0%** | Not covered
Pediatric dental up to age 19	
Routine oral evaluation	**0%** | 20%
Preventive services	**0%** | 20%
Chiropractic services (20 visits per year)	**0%** | 20%
Outpatient prescription drugs	
Preferred generic	**0%** | Not covered
Generic	**0%** | Not covered
Preferred brand name	**0%** | Not covered
Brand name	**0%** | Not covered
Preferred specialty	**0%** | Not covered
Specialty	**0%** | Not covered

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Individual and Family • Copay Plans

2027 BlueValue plans

WHAT YOU PAY FOR CARE

	In-network | Out-of-network		
	Gold 75 On- or Off-Exchange	**Silver 60** On- or Off-Exchange	**Bronze 50** On- or Off-Exchange
Deductible			
Individual	**$2,500** | $5,000	**$6,400** | $12,800	**$7,500** | $15,000
Family	**$5,000** | $10,000	**$12,800** | $25,600	**$15,000** | $30,000
Out-of-pocket maximum			
Individual	**$8,600** | $17,200	**$10,300** | $20,600	**$12,000** | $24,000
Family	**$17,200** | $34,400	**$20,600** | $41,200	**$24,000** | $48,000
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	**$30** | 45%	**$40** | 50%	**$50** | 50%
Behavioral health	**$30** | 45%	**$40** | 50%	**$50** | 50%
Virtual care	**$30** | 45%	**$40** | 50%	**$50** | 50%
Specialist	**$60** | 45%	**$80** | 50%	**$100** | 50%
Urgent care	**$45** | 45%	**$60** | 50%	**$75** | 50%
Maternity	**25%** | 45%	**40%** | 50%	**50%** | 50%
Inpatient hospital	**25%** | 45%	**40%** | 50%	**50%** | 50%
Outpatient surgery and services	**25%** | 45%	**40%** | 50%	**50%** | 50%
Outpatient lab and radiology	**25%** | 45%	**40%** | 50%	**50%** | 50%
Outpatient complex lab and imaging	**25%** | 45%	**40%** | 50%	**50%** | 50%
Outpatient rehab	**$30** | 45%	**$40** | 50%	**$50** | 50%
Emergency room (In-network deductible applies)	**25%**	**40%**	**50%**
Hearing aids and evaluation	**25%** | 45%	**40%** | 50%	**50%** | 50%
Pediatric vision up to age 19			
Exam	**$40** | Not covered	**$40** | Not covered	**$40** | Not covered
Lenses / Frames	**25%** | Not covered	**40%** | Not covered	**50%** | Not covered
Pediatric dental up to age 19			
Routine oral evaluation	**$40** | 45%	**$40** | 50%	**$40** | 50%
Preventive services	**$40** | 45%	**$40** | 50%	**$40** | 50%
Chiropractic services (20 visits per year)	**$30** | 45%	**$40** | 50%	**$50** | 50%
Outpatient prescription drugs			
Generic	**$15** | Not covered	**$20** | Not covered	**$25** | Not covered
Preferred brand name	**$30** | Not covered	**$40** | Not covered	**$50** | Not covered
Brand name	**$60** | Not covered	**$80** | Not covered	**$100** | Not covered
Specialty	**$250** | Not covered	**$350** | Not covered	**$500** | Not covered

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Individual and Family • Tiered Network Health Plans

2027 DakotaBlue | Altru plans

WHAT YOU PAY FOR CARE

DakotaBlue|Altru is available in Benson, Cavalier, Eddy, Grand Forks, Griggs, Nelson, Pembina, Ramsey, Steele, Towner and Walsh counties.

	Gold 70		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$2,000	$5,000	$6,000
Family	$4,000	$10,000	$12,000
Out-of-pocket maximum			
Individual	$8,000	$10,000	$24,000
Family	$16,000	$20,000	$48,000
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$0	50%	50%
Behavioral health	$0	50%	50%
Virtual care	$0	50%	50%
Specialist	$25	50%	50%
Urgent care	$0	50%	50%
Maternity	30%	50%	50%
Inpatient hospital	30%	50%	50%
Outpatient surgery and services	30%	50%	50%
Outpatient lab and radiology	30%	50%	50%
Outpatient complex lab and imaging	30%	50%	50%
Outpatient rehab	$0	50%	50%
Emergency room (In-network deductible applies)	30%	30%	30%
Hearing aids and evaluation	30%	50%	50%
Pediatric vision up to age 19			
Exam	$40	$40	50%
Lenses / Frames	30%	50%	50%
Pediatric dental up to age 19			
Routine oral evaluation	$40	$40	50%
Preventive services	$40	$40	50%
Chiropractic services (20 visits per year)	$0	50%	50%

Outpatient prescription drugs	**Participating**	**Nonparticipating**
Preferred generic	$5	Not covered
Generic	$5	Not covered
Preferred brand name	$50	Not covered
Brand name	$100	Not covered
Preferred specialty	40%	Not covered
Specialty	50%	Not covered
Value drug	$5	Not covered

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Altru is an independent healthcare organization partnering with BCBSND to provide the lowest out-of-pocket costs to members through the DakotaBlue | Altru preferred network.

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2027 DakotaBlue | Altru plans

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	Silver 60		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$3,500	$6,000	$10,500
Family	$7,000	$12,000	$21,000
Out-of-pocket maximum			
Individual	$10,600	$10,600	$31,800
Family	$21,200	$21,200	$63,600
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$20	50%	50%
Behavioral health	$20	50%	50%
Virtual care	$0	50%	50%
Specialist	$85	50%	50%
Urgent care	$20	50%	50%
Maternity	40%	50%	50%
Inpatient hospital	40%	50%	50%
Outpatient surgery and services	40%	50%	50%
Outpatient lab and radiology	40%	50%	50%
Outpatient complex lab and imaging	40%	50%	50%
Outpatient rehab	$20	50%	50%
Emergency room (In-network deductible applies)	40%	40%	40%
Hearing aids and evaluation	40%	50%	50%
Pediatric vision up to age 19			
Exam	$40	$40	50%
Lenses / Frames	40%	50%	50%
Pediatric dental up to age 19			
Routine oral evaluation	$40	$40	50%
Preventive services	$40	$40	50%
Chiropractic services (20 visits per year)	$20	50%	50%

Outpatient prescription drugs	**Participating**	**Nonparticipating**
Preferred generic	$20	Not covered
Generic	$20	Not covered
Preferred brand name	$150	Not covered
Brand name	$200	Not covered
Preferred specialty	50%	Not covered
Specialty	50%	Not covered
Value drug	$5	Not covered

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2027 DakotaBlue | Altru plans

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	Silver 60 LP		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$3,300	$5,000	$9,900
Family	$6,600	$10,000	$19,800
Out-of-pocket maximum			
Individual	$10,600	$10,600	$31,800
Family	$21,200	$21,200	$63,600
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$20	50%	50%
Behavioral health	$20	50%	50%
Virtual care	$0	50%	50%
Specialist	$85	50%	50%
Urgent care	$20	50%	50%
Maternity	40%	50%	50%
Inpatient hospital	40%	50%	50%
Outpatient surgery and services	40%	50%	50%
Outpatient lab and radiology	40%	50%	50%
Outpatient complex lab and imaging	40%	50%	50%
Outpatient rehab	$20	50%	50%
Emergency room (In-network deductible applies)	40%	40%	40%
Hearing aids and evaluation	40%	50%	50%
Pediatric vision up to age 19			
Exam	$40	$40	50%
Lenses / Frames	40%	50%	50%
Pediatric dental up to age 19			
Routine oral evaluation	$40	$40	50%
Preventive services	$40	$40	50%
Chiropractic services (20 visits per year)	$20	50%	50%

Outpatient prescription drugs	**Participating**	**Nonparticipating**
Preferred generic	$20	Not covered
Generic	$20	Not covered
Preferred brand name	$150	Not covered
Brand name	$200	Not covered
Preferred specialty	50%	Not covered
Specialty	50%	Not covered
Value drug	$5	Not covered

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Individual and Family • Tiered Network Health Plans

2027 DakotaBlue | Trinity plans

WHAT YOU PAY FOR CARE

DakotaBlue | Trinity is available in Bottineau, Burke, Divide, McHenry, McKenzie, McLean, Mountrail, Pierce, Renville, Rolette and Ward counties.

	Gold 70		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$2,000	$5,000	$6,000
Family	$4,000	$10,000	$12,000
Out-of-pocket maximum			
Individual	$8,000	$10,000	$24,000
Family	$16,000	$20,000	$48,000
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$0	50%	50%
Behavioral health	$0	50%	50%
Virtual care	$0	50%	50%
Specialist	$25	50%	50%
Urgent care	$0	50%	50%
Maternity	30%	50%	50%
Inpatient hospital	30%	50%	50%
Outpatient surgery and services	30%	50%	50%
Outpatient lab and radiology	30%	50%	50%
Outpatient complex lab and imaging	30%	50%	50%
Outpatient rehab	$0	50%	50%
Emergency room (In-network deductible applies)	30%	30%	30%
Hearing aids and evaluation	30%	50%	50%
Pediatric vision up to age 19			
Exam	$40	$40	50%
Lenses / Frames	30%	50%	50%
Pediatric dental up to age 19			
Routine oral evaluation	$40	$40	50%
Preventive services	$40	$40	50%
Chiropractic services (20 visits per year)	$0	50%	50%

Outpatient prescription drugs	**Participating**	**Nonparticipating**
Preferred generic	$5	Not covered
Generic	$5	Not covered
Preferred brand name	$50	Not covered
Brand name	$100	Not covered
Preferred specialty	40%	Not covered
Specialty	50%	Not covered
Value drug	$5	Not covered

Deductible applies unless marked with [◤] If marked, in-network deductible is waived | Out-of-network still subject to deductible

Trinity is an independent healthcare organization partnering with BCBSND to provide the lowest out-of-pocket costs to members through the DakotaBlue | Trinity preferred network.

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Individual and Family • Tiered Network Health Plans

2027 DakotaBlue | Trinity plans

WHAT YOU PAY FOR CARE

DakotaBlue | Trinity is available in Bottineau, Burke, Divide, McHenry, McKenzie, McLean, Mountrail, Pierce, Renville, Rolette and Ward counties.

	Silver 60		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$3,500	$6,000	$10,500
Family	$7,000	$12,000	$21,000
Out-of-pocket maximum			
Individual	$10,600	$10,600	$31,800
Family	$21,200	$21,200	$63,600
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$20	50%	50%
Behavioral health	$20	50%	50%
Virtual care	$0	50%	50%
Specialist	$85	50%	50%
Urgent care	$20	50%	50%
Maternity	40%	50%	50%
Inpatient hospital	40%	50%	50%
Outpatient surgery and services	40%	50%	50%
Outpatient lab and radiology	40%	50%	50%
Outpatient complex lab and imaging	40%	50%	50%
Outpatient rehab	$20	50%	50%
Emergency room (In-network deductible applies)	40%	40%	40%
Hearing aids and evaluation	40%	50%	50%
Pediatric vision up to age 19			
Exam	$40	$40	50%
Lenses / Frames	40%	50%	50%
Pediatric dental up to age 19			
Routine oral evaluation	$40	$40	50%
Preventive services	$40	$40	50%
Chiropractic services (20 visits per year)	$20	50%	50%

Outpatient prescription drugs	**Participating**	**Nonparticipating**
Preferred generic	$20	Not covered
Generic	$20	Not covered
Preferred brand name	$150	Not covered
Brand name	$200	Not covered
Preferred specialty	50%	Not covered
Specialty	50%	Not covered
Value drug	$5	Not covered

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	Silver 60 LP		
	Preferred	**Enhanced**	**Standard/ Nonparticipating Provider**
Deductible			
Individual	$3,300	$5,000	$9,900
Family	$6,600	$10,000	$19,800
Out-of-pocket maximum			
Individual	$10,600	$10,600	$31,800
Family	$21,200	$21,200	$63,600
Preventive care	**Preventive care covered in full for in-network services**		
Primary care provider (PCP)	$20	50%	50%
Behavioral health	$20	50%	50%
Virtual care	$0	50%	50%
Specialist	$85	50%	50%
Urgent care	$20	50%	50%
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Inpatient hospital	40%	50%	50%
Outpatient surgery and services	40%	50%	50%
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Notes

Want to learn more?

Visit BCBSND.com.

If you have questions or need guidance at any time, give us a call at 1-800-280-2583.

Doctor On Demand is a separate company that provides telehealth services.

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