

# BlueAdvantage<sup>®</sup> BlueAdvantage Saver<sup>SM</sup> BlueOptionsHSA<sup>SM</sup>

Our health plans for individuals and families



WHAT'S  
INSIDE

- + Easy-to-follow steps to choosing the right plan for you
- + Plan comparison charts
- + Common questions about health insurance
- + Terms and definitions
- + Limitations and exclusions
- + How to enroll





# We can help you find the right plan

We know you've got a lot to think about when you're looking for a health plan — one that will meet your specific needs, your budget and your unique life circumstances. That's a lot to consider all at once. This brochure is designed to walk you through the steps of deciding which health plan can give you the protection you need.

We've made it easier for you to think about your options:

**STEP 1** **Consider your life stage**, where you are in life, and how it may affect your health coverage needs.  
..... See page 4

**STEP 2** **Compare plan options** and learn more about what's available to you.  
..... See pages 6 and 7

**STEP 3** **Review the benefits** of our plans, so you can see which plan best meets your needs.  
..... See pages 8-13

**STEP 4** Once you select the right plan, follow these **easy steps to enroll**.  
..... See page 18

You can also learn more about frequently asked questions, common terms and definitions, limitations and exclusions, and footnotes.  
..... See pages 14-17



# The most trusted

## health insurer in North Carolina<sup>1</sup>

HOW IT  
WORKS  
FOR  
YOU

### A choice that comes with peace of mind

When you choose Blue Cross and Blue Shield of North Carolina (BCBSNC), you have peace of mind knowing you're with a local company trusted by the people of North Carolina for more than 77 years. As the most preferred health care insurer in the state,<sup>2</sup> we've also earned the trust of more North Carolinians than any other health care insurer.

Regardless of which plan you choose, you get:

- + **Coverage when you need it most**  
All of our plans offer you protection should a catastrophic health event occur. And, all of our plans have unlimited coverage for the lifetime of the policy.
- + **The largest provider network in the state**  
We give you access to more providers, more specialists and more hospitals than any other health insurer in North Carolina.<sup>3</sup> You can rest assured you have access to the best doctors and hospitals in the state. You're also covered in more than 200 countries and territories worldwide through the BlueCard® network.<sup>4</sup>
- + **Excellent, local customer service**  
Our customer service call center lives where you do — right here in North Carolina. Rated #1 in customer satisfaction,<sup>2</sup> we treat you like a neighbor... because you are.
- + **Your plan for better health.**  
We do more than keep you covered. From excellent preventive care benefits to online health programs and wellness information, you have access to resources to help protect — and improve — your health.



### Get started with Step 1

Begin by looking at our life stages chart on page 4 to find out which plan may be best for you right now.



# Consider your life stage

Discover how your coverage needs can change as your life changes.

The chart below can help you determine which plan can best meet your current needs. Take a look at the life stage that sounds most like yours and review our recommended plans. Wherever you are, we're here to help.

Life stage	Is this you?
<b>Just starting out</b>	Maybe you just graduated and started a new job. Or maybe you moved to a new place and have added living expenses. Whatever your unique experience, you need a plan that will give you the coverage you need at a price that keeps your budget on target. You may want to look for a plan with: <ul style="list-style-type: none"><li>+ Lower premiums</li><li>+ Traditional copayments for primary care visits and generic prescriptions<sup>5</sup></li></ul>
<b>Starting or raising a family</b>	When you're starting or raising a family, preventive care coverage is important to keep your family healthy. That's why all of our plans cover standard immunizations, well-baby care and well-child care. <sup>6</sup> You may want to look for a plan with: <ul style="list-style-type: none"><li>+ Fast and easy access to an extensive provider network and access to specialists without a referral<sup>8</sup></li><li>+ A traditional PPO plan design with low copayments, or</li><li>+ A higher deductible and 100% coverage for preventive care services<sup>6</sup> before you meet the deductible</li></ul>
<b>Self-employed or on your own</b>	Maybe you're self-employed or working for a company that doesn't offer health coverage. Or maybe you're recently divorced and are no longer covered by your spouse's health plan. Whatever your life's challenges, we have plans that can empower you to make good decisions about your health coverage, your budget and your future. You may want to look for a plan with: <ul style="list-style-type: none"><li>+ A traditional PPO plan design with copayments for provider visits and prescriptions, or</li><li>+ Lower premiums</li></ul>
<b>Retiring early</b>	You worked hard. You played smart. Now you're ready to retire early. You earned it, so you deserve health coverage options that will protect your health and your investments. You may want to consider a high-deductible health plan with a health savings account (HSA) that offers: <ul style="list-style-type: none"><li>+ A tax-free way to pay for current or future out-of-pocket health care expenses<sup>9,10</sup></li><li>+ Annual out-of-pocket maximums to protect your savings from high-dollar covered services<sup>11</sup></li></ul>
<b>Between jobs</b>	For a variety of reasons, planned or unplanned, people find themselves changing jobs or suddenly between jobs. That's why we can get you covered in as little as 15 days of application. You may want to look for a plan with: <ul style="list-style-type: none"><li>+ A traditional PPO design with lower premiums and a higher deductible</li><li>+ Preventive care covered at 100%<sup>6</sup> and generic prescriptions at a copayment</li></ul>
<b>Child-only coverage</b>	When you need coverage just for your child, our individual plans can provide health coverage to protect your most important priority. You may want to look for a plan with: <ul style="list-style-type: none"><li>+ Coverage for preventive care and routine annual exams</li><li>+ A variety of premium levels</li><li>+ Options for copayment and deductible amounts</li></ul>



## Go to Step 2

Now that you have a better idea of what you need, you can compare plans on pages 6 and 7 to learn more about what's available to you.



## Recommended plans

**Blue**Advantage **Saver**® - Saver 2

**Blue**Advantage® - Plan B  
**Blue**Advantage **Saver**® - Saver 1  
**Blue**Options**HSA**

**Blue**Advantage® - Plan B  
**Blue**Options**HSA**

**Blue**Options**HSA**

**Blue**Advantage **Saver**® - Saver 3

**Blue**Advantage **Saver**® - Saver 2



# Compare plan options

Learn more about the unique features of each plan we offer.

## BlueAdvantage

Blue Advantage is a PPO plan (a preferred provider organization plan) that gives you the traditional copayments and coinsurance you're familiar with — so you know what to expect when you pay for primary care visits, specialist visits and prescription drugs.<sup>5,12</sup> You may pay a little more in premiums, but you have access to the richest benefits we offer.

- + Traditional copayments and coinsurance
- + Broadest range of benefit options available

## BlueAdvantage Saver<sup>™</sup>

Our Blue Advantage Saver is a PPO plan that allows you to make certain decisions about what benefits you really need. If you want lower monthly premiums, you can choose a higher deductible. If there are some coverage benefits you may not need, such as brand-name prescriptions, you can choose a plan without that benefit and lower your premiums even more. Traditional copayments for primary care visits<sup>12</sup> also help you manage your expected health care expenses.

- + Lower premiums
- + Fewer benefits at a copayment
- + Higher deductible options

## BlueOptionsHSA

If you're ready to take control of your health care spending, you could save a lot of money with Blue Options HSA.<sup>13</sup> Since it's a high-deductible health plan, you may pay more out-of-pocket expenses up front, but you'll save money in the long run. Preventive care services are covered at 100%,<sup>6</sup> even before your deductible is met. And, the HSA offers tax advantages that can save you even more.

- + Tax-advantaged savings account for qualified medical expenses<sup>9</sup>
- + Lower premiums

### For more information

Please contact your agent.





## Compare Plans In Network

Features	BlueAdvantage			BlueAdvantageSaver <sup>†</sup>			BlueOptionsHSA
	Plan A	Plan B	Plan C	Saver 1	Saver 2	Saver 3	
<b>Deductible ranges</b>	\$1,000 – \$2,500	\$1,000 – \$5,000	\$3,500 – \$5,000	\$1,000 – \$5,000	\$1,000 – \$20,000	\$10,000 – \$20,000	\$2,700 – \$5,000 <sup>††</sup>
<b>Preventive care visit copayments<sup>6</sup></b>	Preventive services covered at 100%			Preventive services covered at 100%			Preventive services covered at 100%
<b>Primary care visit copayments<sup>6</sup></b>	✓	✓	✓	✓	✓ Limit of 4*	You pay 100% until you meet your deductible	You pay 100% until you meet your deductible, then coinsurance
<b>Specialist care visit copayments</b>	✓	✓	✓	You pay 100% until you meet your deductible, then coinsurance			
<b>Generic prescription copayments<sup>**</sup></b>	✓	✓	✓	✓	✓	✓	
<b>Brand-name prescription copayments available<sup>**,*7</sup></b>	✓	✓	✓	✓	You pay 100% for brand-name drugs <sup>7</sup>		
<b>Routine eye exam copayments</b>	✓	✓	✓	✓	✓	You pay 100% until you meet your deductible	
<b>Maternity rider<sup>15</sup></b>	✓	✓	✓	✓	✓	✓	✓
<b>Child-only coverage</b>	✓	✓	✓	✓	✓	✓	High-deductible health plan available. HSA not available.
<b>Tax advantages<sup>9,10,16</sup></b>	None			None			✓

\* Fifth visit and up covered by deductible and coinsurance.  
 \*\* Blue Advantage Plans B and C and Saver 1 have a prescription deductible before copayments apply

### Preventive care benefits on all our plans

Getting regular preventive care can help you stay in better overall health. That’s why preventive services received within BCBSNC’s extensive network are covered at 100% — that means there are no out-of-pocket costs for you to pay.<sup>6</sup> Make sure you understand how your preventive care benefits work, and be sure to take advantage of them.

In-network preventive services covered at 100% for all BCBSNC individual plans include:

- + Annual exams
- + Blood tests
- + Colonoscopies
- + Immunizations
- + Mammograms
- + Nutritional counseling
- + Screening tests
- + Urinalysis

Visit [bcbsnc.com/preventive](http://bcbsnc.com/preventive) for details.



#### Go to Step 3

Now that you know what’s available, you can compare the plan features on pages 8–13 to see which plan meets your needs.



# Review the plan benefits

Take a look at the benefits of plans A, B and C and Saver 1, 2 and 3.

Benefit type	Benefit description
Office visits - in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology when performed by the same doctor on the same day in office.
Prescription drugs	Plans A, B, C and Saver 1: No annual limit for generic drugs. Copayment for brand-name drugs up to \$2,000, then you pay 50% coinsurance. Saver 2 and Saver 3: No annual limit for generic drugs.
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.
Coinsurance maximum	The total amount of coinsurance you're required to pay for covered services in a year. Once you reach the coinsurance maximum, you will not have to pay any more for coinsurance for covered medical expenses for the remainder of the year.
Urgent care centers	Provide services for a sudden or unexpected condition requiring prompt diagnosis or treatment to prevent chronic illness, prolonged impairment or a more hazardous treatment. Examples: sprains, some lacerations and dizziness.
Vision	Routine eye exam.
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations. Visit <a href="https://bcbsnc.com/preventive">bcbsnc.com/preventive</a> for details.
Out-of-pocket expenses	The total amount of money you pay out of pocket in a benefit period.
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services. BCBSNC plans offer unlimited coverage for the lifetime of the policy.
Hospital	Inpatient and outpatient facility services, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays, lab work.
Emergency room services	Services for the sudden onset of a condition that a person could reasonably expect the absence of immediate medical attention to result in placing one's health at risk.
Ambulatory surgery centers	A licensed or certified non-hospital facility that has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.
Mental health and substance abuse	Inpatient and outpatient professionals. Includes 10 office (or) outpatient visits and five inpatient day limits.
Other services*	Durable medical equipment, home health care, home infusion therapy, hospice care, private duty nursing, ambulance services, skilled nursing facilities (to 60 days per year) and dental accident-related services.
Maternity rider	Pre- and post-natal coverage.
Child-only coverage	Coverage for children 18 years of age and younger.

## For more information

Please contact your agent.

\* High-tech diagnostic imaging scans, such as CT scans, MRIs, MRAs and PET scans, are subject to deductible and coinsurance payments regardless of where service is provided. Prior review (prior plan approval) is required for these services.

# BlueAdvantage®

BlueAdvantage®		
Plan A In-network coverage <sup>17</sup>	Plan B In-network coverage <sup>17</sup>	Plan C In-network coverage <sup>17</sup>
You pay <sup>17</sup> <b>\$15</b> copayment for primary care physicians, <sup>18</sup> <b>\$30</b> copayment for specialists	You pay <sup>17</sup> <b>\$25</b> copayment for primary care physicians <sup>18</sup> <b>\$50</b> copayment for specialists	You pay <sup>17</sup> <b>\$30</b> copayment for primary care physicians <sup>18</sup> <b>\$60</b> copayment for specialists
You pay <sup>5</sup> <b>\$10</b> copayment for generics, <b>\$45</b> or <b>\$65</b> for brand-name drugs, <b>25%</b> coinsurance for specialty brands	After <b>\$200</b> deductible per member, you pay <b>\$10</b> copayment for generics, <b>\$45</b> or <b>\$65</b> for brand-name drugs, <b>25%</b> coinsurance for specialty brands	After <b>\$500</b> deductible per member, you pay <b>\$10</b> copayment for generics, <b>\$45</b> or <b>\$65</b> for brand-name drugs, <b>25%</b> coinsurance for specialty brands
Deductible options: <b>\$1,000</b> or <b>\$2,500</b>	Deductible options: <b>\$1,000, \$2,500, \$3,500</b> or <b>\$5,000</b>	Deductible options: <b>\$3,500</b> or <b>\$5,000</b>
After deductible, you pay <b>20%</b>	After deductible, you pay <b>30%</b>	After deductible, you pay <b>50%</b>
Individual: <b>\$2,000</b> Family: <b>\$4,000</b>		Individual: <b>\$3,000</b> Family: <b>\$6,000</b>
You pay <b>\$30</b> copayment	You pay <b>\$50</b> copayment	You pay <b>\$60</b> copayment
You pay <b>\$15</b> copayment	You pay <b>\$25</b> copayment	You pay <b>\$30</b> copayment

## All three Blue Advantage plans have these benefits

You pay **\$0**; preventive services are covered at **100%**<sup>5</sup>

You pay deductible(s), coinsurance (up to the maximum) and copayment(s)

Unlimited

For inpatient, you pay coinsurance after benefit period deductible

You pay **\$150** copayment<sup>19</sup>

After deductible, you pay coinsurance

After deductible, you pay: **50%**

After deductible, you pay coinsurance

Maternity rider available: Cost depends on the deductible and coinsurance you select

Available



**Ready to enroll?** See the back cover for easy steps to enroll.

# BlueAdvantage Saver<sup>SM</sup>



BlueAdvantage Saver <sup>SM</sup>		
Saver 1 In-network coverage <sup>17</sup>	Saver 2 In-network coverage <sup>17</sup>	Saver 3 In-network coverage <sup>17</sup>
You pay <sup>17</sup> <b>\$25</b> copayment for primary care physicians; <sup>18</sup> coinsurance after deductible for specialists	You pay <sup>17</sup> <b>\$25</b> copayment for up to four primary care provider visits; <sup>18</sup> then covered by deductible and coinsurance; for specialists, you pay coinsurance after deductible	You pay <b>\$0</b> after deductible
After <b>\$500</b> deductible per member, you pay <b>\$10</b> copayment for generics, <b>\$45</b> or <b>\$65</b> for brand-name drugs, <b>25%</b> coinsurance for specialty brands	You pay <b>\$10</b> copayment for generics; members receive discounted rate for brand-name drugs <sup>7</sup>	
Deductible options: <b>\$1,000, \$2,500, \$3,500</b> or <b>\$5,000</b>	Deductible options: <b>\$1,000, \$2,500, \$3,500, \$5,000, \$10,000</b> or <b>\$20,000</b>	Deductible options: <b>\$10,000</b> or <b>\$20,000</b>
After deductible, you pay <b>30%</b>	After <b>\$1,000 - \$5,000</b> deductible, you pay <b>40%</b> After <b>\$10,000</b> or <b>\$20,000</b> deductible, you pay <b>0%</b>	After deductible, you pay <b>0%**</b>
Individual: <b>\$3,000</b> Family: <b>\$6,000</b>	Individual: <b>\$4,000</b> ; Family: <b>\$8,000</b> ; For <b>\$10,000</b> or <b>\$20,000</b> deductible options, you pay <b>\$0</b> after deductible	For Individual and Family, you pay <b>\$0</b> after deductible
After deductible, you pay coinsurance		
You pay <b>\$25</b> copayment		After deductible, you pay <b>\$0</b>

## All three Blue Advantage Saver plans have these benefits

You pay <b>\$0</b> ; preventive services are covered at <b>100%</b> <sup>6</sup>
You pay deductible(s), coinsurance (up to the maximum) and copayment(s)
Unlimited
For inpatient, you pay coinsurance after benefit period deductible
After deductible, you pay coinsurance
For Saver plans 1 and 2, you pay coinsurance after deductible; for Saver plan 3, you pay <b>\$0</b> after deductible
After deductible, you pay <b>50%</b>
For Saver plans 1 and 2, you pay coinsurance after deductible; for Saver plan 3, you pay <b>\$0</b> after deductible
Maternity rider available: Cost depends on the deductible and coinsurance you select
Available



### Continue with Step 3

Learn more about Blue Options HSA, on pages 12–13. **Ready to enroll?** See the back cover for easy steps to enroll.

\*\* For mental health and substance abuse professionals, you pay 50% after deductible.



## Review and compare plan benefits for Blue Advantage and Blue Advantage Saver

# Review the plan benefits for BlueOptionsHSA<sup>SM</sup>

Benefit type	Benefit description	Plan In-network coverage <sup>17</sup>
Office visits - in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology when performed by the same doctor on the same day in office.	After deductible, you pay coinsurance <sup>17</sup>
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations. Visit <a href="https://bcbsnc.com/preventive">bcbsnc.com/preventive</a> for details.	You pay <b>\$0</b> <sup>6</sup>
Prescription drugs	The amount you pay for generic or brand-name drugs.	After deductible, you pay <sup>20</sup> <b>0%, 20% or 50%</b> coinsurance, depending on the plan you select
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.	Deductible options: <sup>11</sup> Individual — <b>\$2,700 or \$5,000</b> ; Family — <b>\$5,450 or \$10,000</b> Benefits vary depending on the deductible you select.
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.	After deductible, you pay <b>0%, 20% or 50%</b> coinsurance, depending on the plan you select
Out-of-pocket expenses	The total amount of money you pay out of pocket in a benefit period.	Depending on the plan you select, Individual: <b>\$2,700 – \$5,000</b> out-of-pocket maximum Family: <b>\$5,450 – \$10,000</b> out-of-pocket maximum
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services. BCBSNC plans offer unlimited coverage for the lifetime of the policy.	Unlimited
Hospital	Inpatient and outpatient facility services, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays, lab work.	For inpatient, you pay coinsurance after deductible
Urgent care centers	Provide services for a sudden or unexpected condition requiring prompt diagnosis or treatment to prevent chronic illness, prolonged impairment or a more hazardous treatment. Examples: sprains, some lacerations and dizziness.	After deductible, you pay coinsurance
Emergency room services	Services for the sudden onset of a condition that a person could reasonably expect the absence of immediate medical attention to result in placing one's health at risk.	After deductible, you pay coinsurance
Ambulatory surgery centers	A licensed or certified non-hospital facility that has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.	After deductible, you pay coinsurance
Mental health and substance abuse	Inpatient and outpatient professionals. Includes 10 office (or) outpatient visits and 5 inpatient day limits.	After deductible, you pay coinsurance
Vision	Routine eye exam.	After deductible, you pay coinsurance
Other services	Durable medical equipment, home health care, home infusion therapy, hospice care, private duty nursing, ambulance services, skilled nursing facilities (to 60 days per year) and dental accident.	After deductible, you pay coinsurance
Maternity rider	Pre- and post-natal coverage.	Rider available; you pay coinsurance after deductible
Child-only coverage	Coverage for children 18 years of age and younger.	Health benefits available, but no HSA for children under 18



## Go to Step 4

If you're ready to enroll, see the back cover for easy steps to enroll. If you're still not sure which plan to select, see page 14 for common questions about health insurance for more information.



# Learn more about how the HSA works for you.

You can also visit [www.irs.gov](http://www.irs.gov) for more information about tax benefits.

## How a high-deductible health plan works

Blue Options HSA pairs our most popular health plan design, the PPO, with a high-deductible health plan. You will have access to an HSA account at no additional cost to you. (You must be 18 or older to be eligible for an HSA.) An HSA allows you to save money to pay for future medical expenses on an income-tax-free basis.<sup>9</sup> You pay out of pocket until your deductible is met for all services, excluding a predefined list of preventive services that are covered at 100% (no cost to you) each year.<sup>6</sup> For more details about preventive care services, visit [bcbsnc.com/preventive](http://bcbsnc.com/preventive). To be eligible to open an HSA and begin saving money for medical expenses tax free, you must be covered by a high-deductible health plan, and you must register your signature.

## How to use your HSA account

Once you've registered your signature, the account is available for you to make contributions into an FDIC-insured checking account.<sup>13</sup> Dollars that are not used in a given year roll over into the next year and are completely portable should you change jobs or switch health care coverage. You can use your HSA checkbook or debit card to pay for provider services. Simply show the provider your BCBSNC ID card and pay, either at the time of service or later when you receive a bill. It's that easy.

## How coinsurance works

Since there are no copayments with a Blue Options HSA, you pay the total cost of your care until your deductible is met — even for doctor's visits, unless it is for preventive care.<sup>6</sup> After that, you pay coinsurance for covered medical expenses until you reach your total out-of-pocket maximum. Once the total out-of-pocket maximum is met, your plan pays 100% of covered medical expenses.

## How a family aggregate deductible works

A family deductible for Blue Options HSA is a deductible that has to be met before any benefits are payable for any given member in a family. Under a family aggregate deductible, services for all family members who are covered under the plan get applied to the same deductible.

## How the total out-of-pocket maximum works

The total out-of-pocket maximum is the total amount of money you will pay out of pocket during a benefit period. Once you reach the total out-of-pocket maximum, BCBSNC covers 100% of all covered services for the remainder of the benefit period. Total out-of-pocket maximum includes deductible and coinsurance that you pay, and is determined by whether you have individual or family coverage.

**For more information**

Please contact your agent.

# Common questions about health insurance

If you're looking for health insurance, chances are you have a lot of questions. Take a look at some of the most common health insurance questions we receive.

## If I apply online for an insurance plan, am I obligated to buy?

No. You're under no obligation to buy a health insurance plan. Once you've received a final decision after applying, you'll be given the option to review the original plan you selected, as well as other plan options available to you.

## What's the difference between in-network and out-of-network providers?

In-network providers are contracted with BCBSNC to provide services to members at discounted rates. Out-of-network providers aren't contracted, so their services usually cost more for members. Plus, BCBSNC generally pays a lower percentage for out-of-network services, which also may increase member out-of-pocket costs for those services.

## When I'm ready to apply, how long does it take until I'm covered?

Your coverage can begin on either the 1st or 15th day of the month. The quickest way to get coverage is by contacting your agent for a quote.

## What's a pre-existing condition and how does it affect my plan if I have one?

A pre-existing condition is a condition, disease, illness or injury for which medical advice, diagnosis, care or treatment was received or recommended within the 12-month period prior to the effective date of your health insurance plan.<sup>21</sup> If you have a pre-existing condition, any medications, doctor visits or surgeries related to this condition won't be covered until 12 months after the policy's

effective date. If you had other coverage before enrolling in a plan, without a lapse of more than 63 days, your waiting period for pre-existing conditions will be reduced by the number of days that you had prior coverage. Pre-existing conditions apply only to adults ages 19 and older and do not apply to children ages 18 or younger.

## How much do I have to pay if I get really sick?

With all of our plans, there are maximum limits you'll pay for your covered services each year that help protect you from endless medical bills. Blue Advantage plans have coinsurance maximums, and Blue Options HSA plans have total out-of-pocket maximums.

## Do I have to meet the deductible before I pay copayments for my doctor visits?

No. For Blue Advantage and Blue Advantage Saver plans, deductibles and copayments work separately. For each covered service provided, you may be charged a copayment or a deductible, but not both. Generally, copayments are a fixed dollar amount paid at the time of service. Deductibles go toward paying for covered services before your health insurance begins paying toward those expenses.

## Do copayments count toward the deductible?

No. Copayments do not count toward deductibles. They're a fixed dollar amount separate from your deductible costs.

# Common terms and definitions

Knowing the definitions of some common terms associated with health insurance may help you make better decisions about which plan is right for you.

## Premium

A premium is the periodic payment made to BCBSNC to keep your health insurance policy active. Premiums are separate from other health insurance out-of-pocket costs, like copayments, deductibles and coinsurance.

## Copayment

A copayment is the fixed dollar amount that you pay to your provider for office visits or to the pharmacy for prescription medications.

## Deductible

A deductible is the amount you pay each year for covered medical expenses (such as medical care or prescription drugs) before your health insurance begins paying toward those expenses.

## Family deductible (For Blue Advantage and Blue Advantage Saver plans)

Depending on the deductible or benefits selected on a Blue Advantage or Blue Advantage Saver plan, a family deductible is met once two or three members on a family policy each meet their individual deductibles.

## Coinsurance

Coinsurance is the percentage of covered medical expenses that you pay after you've paid your deductible. Coinsurance is usually listed as a percentage. For example, if BCBSNC lists coinsurance at 20% of covered medical expenses after you've met your deductible, then BCBSNC pays 80% of covered services, and you pay 20% until you reach your coinsurance maximum.

## Coinsurance maximum (For Blue Advantage and Blue Advantage Saver plans)

The coinsurance maximum is the total amount of coinsurance that you're required to pay for covered medical services in a year. Once you reach the coinsurance maximum, BCBSNC covers 100% of all covered services for the remainder of the benefit period. You may continue to pay copayments for covered services, such as office visits or prescription drugs.

## Preferred provider organization (PPO)

A PPO is a health plan that contracts with various physicians and hospitals. PPO members are offered a financial incentive to use providers on a preferred in-network list, but some members choose to use out-of-network providers at a higher out-of-pocket cost.



# Need additional coverage?

## How to get dental coverage with your plan

Dental coverage is available through **Dental Blue for Individuals<sup>SM</sup>**, a separate plan that provides dental-only coverage at an additional cost to your health plan premium, and it's available with or without the purchase of a health plan. Dental Blue for Individuals covers two preventive care visits at 100% each year. Basic services and major services are covered after you meet your dental deductible.<sup>14</sup>

## Options for a maternity rider

For an extra charge, a **maternity rider** is available when you first purchase your Blue Advantage, Blue Advantage Saver or Blue Options HSA policy, when you renew your policy (if the policy has been in effect for at least six months), or if you have a family status change, such as marriage.<sup>15</sup> A maternity rider is available only for adult females ages 18 and older (subscribers or spouses) who are not pregnant at the time a maternity rider is selected and are not on a child-only policy. Applicants who are currently pregnant are **NOT** eligible for the maternity rider option unless their most recent creditable coverage was underwritten by BCBSNC and included maternity coverage. Dependent children are **NOT** eligible for the maternity rider option. Services are subject to deductible and coinsurance.

## How to purchase insurance for your child only

You can purchase a Blue Advantage, Blue Advantage Saver or Blue Options HSA policy to cover your child or adopted/foster child without being covered by the policy yourself. Your child will receive full plan benefits, including immunization, well-child and well-baby care coverage. **When you apply, be sure to enter your child's information (name, gender and birth date) as the primary applicant.** If you plan to cover multiple children, each child must have his or her own policy, so you'll need to apply for each policy separately. Multiple children may be covered on the same policy, as long as the parent is also covered by that same policy.

You can cover children up to age 26 on your policy, as long as they are your legal dependents. However, children under age 18 are not eligible to have their own health savings account. Children under age 18 are subject to certain tax guidelines. Consult a tax professional for more information.





## Limitations & Exclusions

Like most health care plans, Blue Advantage, Blue Advantage Saver and Blue Options HSA have some limitations and exclusions. You must qualify medically. If your application is approved, you will receive a Member Guide. It will contain detailed information about your plan benefits, exclusions and limitations.

This is a partial list of benefits that are not payable to Blue Advantage, Blue Advantage Saver or Blue Options HSA:

- Services for or related to conception by artificial means or for reversal of sterilization
- Treatment of sexual dysfunction not related to organic disease
- Treatment or studies leading to or in connection with sex changes or modifications and related care
- Services that are investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Side effects and complications of noncovered services, except for emergency services in the case of an emergency
- Services that are not medically necessary
- Dental services provided in a hospital, except as specifically covered by your health benefit plan
- Services or expenses that are covered by any governmental unit except as required by Federal law
- Services received from an employer-sponsored dental or medical department
- Services received or hospital stays before (or after) the effective dates of coverage
- Custodial care, domiciliary care or rest cures
- Eyeglasses or contact lenses or refractive eye surgery
- Services to correct nearsightedness or refractive errors
- Services for cosmetic purposes
- Services for routine foot care
- Travel, except as specifically listed in the benefit booklet
- Services for weight control or reduction, except for morbid obesity, or as specifically covered by your health benefit plan
- Services for maternity or elective abortion except as provided by the maternity rider option, if purchased
- Inpatient admissions that are primarily for physical therapy, diagnostic studies, or environmental change
- Services that are rendered by or on the direction of those other than doctors, hospitals, facility and professional providers; services that are in excess of the customary charge for services usually provided by one doctor when done by multiple doctors
- For any condition suffered as a result of any act of war or while on active or reserve military duty
- Services for which a charge is not normally made in the absence of insurance, or services provided by an immediate relative
- Non-prescription drugs and prescription drugs or refills which exceed the maximum supply
- Personal hygiene, comfort and/or convenience items
- For telephone consultations, charges for failure to keep a scheduled visit, charges for completion of a claim form, charges for obtaining medical records, and late payment charges
- Services primarily for educational purposes
- Services for conditions related to developmental delay and/or learning differences
- Long-term rehabilitative therapy
- Services not specifically listed as covered services

Your coverage will automatically renew. Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina (BCBSNC) for fraud or intentional misrepresentation of information on your application. Coverage for dependent children ends at age 26. Members will be notified 30 days in advance of any change in coverage. A waiting period for coverage of pre-existing conditions may apply to your coverage.<sup>21</sup> (Pre-existing conditions apply only to adults age 19 and older and do not apply to children age 18 or younger.) The policy form number for Blue Advantage, Blue Advantage Saver and Blue Options HSA is PPO-1, 6/11. This brochure contains a summary of the benefits only. It is not your insurance policy. Your policy is your insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control.

Please note: Blue Advantage and Blue Advantage Saver plans are not a high-deductible health plans (HDHP) under the federal tax code, and therefore are not intended to be paired with a health savings account (HSA). For Blue Options HSA: Federal guidelines and interpretations are subject to change.

## Footnotes

- 1 FrederickPolls, LLC, April 2011.
- 2 2009 W5 Brand Study, December 2009.
- 3 Consortium Health Plans, Inc. MarketQuest Network Compare, April 2010.
- 4 Blue Cross and Blue Shield Association Internal Data: [www.bcbs.com/news/press/facts/bluecard.html](http://www.bcbs.com/news/press/facts/bluecard.html) (Accessed April 2010).
- 5 Blue Advantage and Blue Advantage Saver prescription drug benefits are divided into four drug-formulary tiers with varying copayment/coinsurance amounts based on the tier placement of a drug. Specific drug information can be found on the Prescription Drug Search tool at [bcbsnc.com](http://bcbsnc.com). Diabetic supplies are covered at 75% under the prescription drug benefit. In addition, benefits are provided for over-the-counter drugs when listed as covered in the formulary and a provider's prescription for that drug is presented at the pharmacy. Specialty brand-name drugs require member coinsurance.
- 6 Preventive care services as defined by recent federal regulations are covered at 100% in-network. For Blue Advantage and Blue Advantage Saver plans, coverage for certain preventive care services (such as routine physical exams, well-baby and well-child care, and immunizations) is limited to in-network benefits only. However, state-mandated preventive services are available out-of-network, for which members will pay deductible and coinsurance, plus charges over the allowed amount. Blue Options HSA in-network preventive care services are covered at 100%, and out-of-network preventive care services are covered at 70%. Visit [bcbsnc.com/preventive](http://bcbsnc.com/preventive) for more details.
- 7 Brand-name drugs do not apply towards deductible and coinsurance on Blue Advantage Saver 2 and 3.
- 8 When you see an out-of-network provider, you may pay more out of pocket. For Blue Advantage and Blue Advantage Saver plans, referrals may be needed for mental health and substance abuse services.
- 9 Withdrawals are tax free only if used for qualified medical expenses. Specific regulations and a list of qualified medical expenses can be found in IRS publication 502, available at [www.irs.gov](http://www.irs.gov).
- 10 Availability of The ACS/Mellon HSA Solution investment alternative is subject to HSA account balance minimums. SaveDaily is made available by Mellon. BCBSNC is not affiliated with your investment fund.
- 11 For Blue Options HSA plans: Deductible and out-of-pocket maximum amounts are subject to change year to year in order to comply with IRS requirements. For the most up-to-date requirement information, see [www.irs.gov](http://www.irs.gov).
- 12 For Blue Advantage and Blue Advantage Saver: Some services and supplies received by members in an office setting or in connection with an office visit are in fact outpatient hospital-based services provided by hospital-owned or operated practices. These services and supplies may be subject to deductible and coinsurance. Please see the BCBSNC provider listing at [bcbsnc.com](http://bcbsnc.com) to identify these providers.
- 13 Blue Options HSA is a high-deductible health plan that may be combined with a health savings account (HSA). BCBSNC does not administer the HSA and is not affiliated with your HSA custodian or administrator.
- 14 Dental Blue for Individuals has a six-month waiting period for basic services and a 12-month waiting period for major services. For costs and further details about Dental Blue for Individuals, including exclusions and reductions or limitations and terms under which the policy may be continued in force, contact your agent or BCBSNC.
- 15 Maternity coverage benefits are not included in the rates for Blue Advantage, Blue Advantage Saver or Blue Options HSA. For costs and further details about maternity coverage, including exclusions and reductions or limitations and terms under which the policy may be continued in force, contact your agent or BCBSNC.
- 16 Blue Options HSA contribution amounts are limited to the amount established by the IRS for each year for single or family coverage.
- 17 For Blue Advantage and Blue Advantage Saver: All services are limited to the allowed amount. If you see an out-of-network provider, actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the health benefit plan's and member's payment obligations. For Blue Options HSA: All services are limited to the allowed amount. BCBSNC allowed amount is the amount that BCBSNC determines is reasonable for covered services provided to a member, which may be established in accordance with an agreement between the provider and BCBSNC. If you use an in-network provider, you will only be responsible for your deductible and any coinsurance amounts.
- 18 Blue Advantage and Blue Advantage Saver primary physicians are in-network providers designated by BCBSNC as a primary care provider (PCP). Please check with BCBSNC to confirm that your provider is in our network.
- 19 For Blue Advantage and Blue Advantage Saver: If admitted to the hospital from the emergency room, inpatient hospital benefits apply to all covered services provided. If held for observation, outpatient benefits apply to all covered services provided. If you are sent to the emergency room from an urgent care center, you may be responsible for both the emergency room copayment and the urgent care copayment.
- 20 For Blue Options HSA, members pay a discounted amount for all prescription drugs until they meet the deductible. Once the deductible is met, the member then pays any required coinsurance.
- 21 Pre-existing conditions apply only to adults age 19 and older and do not apply to children age 18 or younger. Pre-existing conditions are those for which medical advice, diagnosis, care or treatment was received or recommended within the 12 months immediately preceding the date that your plan's coverage begins. You may receive credit toward the 12-month waiting period if you have not had a break in coverage of more than 63 consecutive days between your prior health plan and this health plan, and if we receive proof of such prior coverage.

STEP  
4

# Easy steps to enroll

## It's easy to apply for coverage!

1

Complete the application. Be sure to answer all the questions, sign and date the application. Return the application to your agent. Your agent will forward the completed application to Blue Cross and Blue Shield of North Carolina (BCBSNC).

2

You can choose to have your policy start on the 1st or 15th of the month, depending on when you apply. Your agent can assist you with determining the next available effective date. BCBSNC will review your application. Many applications will have a decision right away; others may require a telephone interview.

3

Once you have been enrolled, you'll receive your Member Guide and ID card(s) within two weeks.

**To be eligible for coverage, you must be a North Carolina resident under 65 years of age, not be covered by another health insurance policy, not be enrolled in Medicare, and qualify medically.**

BlueAdvantage	BlueAdvantage Saver	BlueOptionsHSA
Our traditional PPO plan	Our traditional PPO design with lower premiums	Our high-deductible health plan with a tax-advantaged savings account for qualified medical expenses <sup>9</sup>
To find out which plan is right for you, start on page 4.		

HOW CAN WE HELP?

### For more information

Please contact your agent.



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