

BlueAdvantage[®] BlueOptionsHSASM

Our health plans for individuals and families





Looking for the right plan?

Choosing the health plan that's right for you depends on your specific needs, your budget and your unique life circumstances. But putting all of that together isn't always easy. That's why Blue Cross and Blue Shield of North Carolina designed this brochure – to walk you through the steps of deciding which health plan can give you the protection you need.

- STEP 1** Take a look at where you are in life and how it may affect your health coverage needs.
- STEP 2** Compare plans.
- STEP 3** Compare benefit features.
- STEP 4** Learn how to enroll.

! Look for Your Guide throughout this brochure to follow the steps of choosing a health plan.

Contents

Life stages - Find out what you need	4
Compare plans	6
Compare plan benefits	8
Common terms and definitions	11
Common questions about health insurance	12
Easy steps to enroll	Back cover

Blue Advantage® Blue Options HSA™

Health care coverage

designed for you and your budget

HOW IT
WORKS
FOR
YOU

Low-cost, high-quality options

Whether you're looking for a traditional PPO or a high-deductible health plan, Blue Advantage® and Blue Options HSA^{SM,1} plans offer choices to meet your needs and your budget. Both plans offer protection against covered services that can be expensive. And with either plan, you're covered up to at least \$5 million for covered expenses over your lifetime.

Preventive care coverage to keep you and your family healthy^{2,3}

Preventive care is important to your health. Whether it's a routine annual physical, a gynecological exam, or screenings for cervical and prostate cancer, Blue Advantage and Blue Options HSA plans provide you with coverage for a variety of preventive care procedures. Mammography screenings, standard immunizations, well-baby and well-child care are also included.

Prescription drug coverage plus greater savings with generics

Blue Advantage⁴ and Blue Options HSA plans feature prescription drug coverage through a large network of pharmacies. And you'll save money when you purchase generic drugs. Your provider can give you additional information about generic drugs and lower-cost alternatives for your prescriptions.

Extensive provider network

Blue Advantage and Blue Options HSA plans offer access to an extensive statewide provider network, which means many of North Carolina's best doctors and hospitals are at your fingertips. With both plans, you have the freedom to receive care in or out of network – and you don't need a referral to see a specialist.⁵ When you're traveling, you're covered across the nation and in more than 200 countries and territories worldwide through the BlueCard® network.⁶

Commitment to quality... then, now, always

For 75 years, North Carolinians have depended on Blue Cross and Blue Shield of North Carolina for their health coverage. We have a tradition of providing plans and programs that improve the health of our communities. And we remain committed to being your plan for better health.



Your Guide: Find out what you need

Take a look at our **Life stages** chart on page 4 to find out which plan may be best for you right now.



Life stages

Find out what you need

As your life changes, so do your health coverage needs. The [Life stages](#) chart displayed below will help you determine which plan could 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?
Just starting out	Since graduation, you've had a lot to think about - which job to take, where to live and how to keep up with new living expenses. Among these important decisions should be which health care plan will give you the coverage you want at a price you can afford. So whether you're used to your parents' traditional copayment plan but need lower premiums, or you're in good health and ready for a high-deductible plan with low premiums, we have options for quality coverage that will keep your budget on target.
Starting or raising a family	Preventive care coverage is important to keep your family healthy. That's why our plans cover standard immunizations, well-baby care and well-child care. ^{2,3} You're also covered for a variety of preventive care procedures and routine annual exams. You can choose a traditional PPO plan with low copayments, fast and easy access to an extensive provider network, and access to specialists without a referral. ⁵ Or, you can choose a high-deductible health plan that covers 100% of certain preventive care services ³ even before you meet the deductible.
Self-employed or on your own	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 a variety of traditional PPO and high-deductible plans that empower you to make good decisions about your health coverage, your budget and your future.
Retiring early	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. Blue Options HSA offers a tax-free way to help you pay for current or future out-of-pocket health care expenses. ⁷ And annual out-of-pocket maximums mean your savings can be protected from high-dollar covered services. ⁸ So, when you're ready to do the traveling you've always dreamed about, you can keep your mind on the road, not on your health coverage.
Between jobs	For a variety of reasons, planned or unplanned, people find themselves changing jobs or suddenly between jobs. That's why we offer low-premium options for traditional PPO plans or high-deductible health plans that can get you covered within 15 days of application.
Child-only coverage	When you need coverage just for your child, our Blue Advantage plans can provide health coverage to protect your most important priority. Select from a variety of premium levels with options for copayment and deductible amounts.



Your Guide: Compare both plans

Now that you've determined your current needs, see the **Compare plans** chart on pages 6 and 7 to learn more about Blue Advantage and Blue Options HSA plans.

Recommended plans

BlueAdvantage® - Plan B
BlueOptionsHSA

BlueAdvantage® - Plan A
BlueOptionsHSA

BlueAdvantage® - Plan B
BlueOptionsHSA

BlueOptionsHSA

BlueAdvantage® - Plan C
BlueOptionsHSA

BlueAdvantage® - Plan A or B





Compare plans

Learn more about the unique features of our Blue Advantage and Blue Options HSA plans.



Plans	
	How it works
Features	Low-cost options
	Low-deductible options
	Preventive care coverage
	Prescription drug coverage
	Maternity coverage
	Dental coverage
	Coverage for children
	Ease of use
	Tax advantages

BlueAdvantage

Our traditional PPO plan

BlueOptionsHSA

Our high-deductible health plan with a tax-advantaged savings account for qualified medical expenses⁷

Blue Advantage is a PPO plan – a preferred provider organization plan – which means you pay convenient copayments or coinsurance for things like primary care visits, specialist office visits and prescription drugs.⁹

Blue Options HSA pairs our most popular health plan design, the PPO, with a high-deductible health plan. Before your deductible is met, you pay the total cost of your care – and you receive a discount when you visit an in-network provider. After your deductible is met, you pay coinsurance until you reach your total out-of-pocket maximum amount.

Offers low-cost premium options to fit most budgets.

Offers lower premiums typical of high-deductible health plans. With a Blue Options HSA plan, you could save as much as 56% off Blue Advantage premiums.¹⁰

Deductibles as low as **\$250** per person.

Deductibles as low as **\$1,200** for an Individual plan, **\$2,400** for a Family plan.⁸

Offers preventive care coverage for a variety of services important to your good health.²

Offers 100% coverage for most preventive care services before your deductible is met.³

Offers convenient copayments for most prescription drugs purchased at a network pharmacy.⁴ (A separate prescription deductible may apply.)

Offers coverage for prescription drugs. Discounts available in network. After you meet your deductible, you pay your coinsurance amount. Meanwhile, both medical and pharmacy claims apply to the same deductible.

Offers an option for maternity coverage for adult female subscribers or enrolled spouses (age 18 and over) at an additional cost to your plan premium.¹¹

You can choose to purchase Dental Blue for IndividualsSM, a separate plan that provides dental-only coverage at an additional cost to your health plan premium.¹²

Offers separate coverage for dependent children without you having to cover yourself.

Offers coverage for dependent children with a parent/legal guardian also covered on the policy.

Easy to use with no claims to file in network. Online access 24/7 to Member Services.

Easy to use with no claims to file in network. HSA funds are easy to access with a convenient debit card or checks. Online access 24/7 to Member Services and “Manage my HSA” online account management.

None.

HSA contributions are tax deductible.¹³ Withdrawals and interest are tax free.⁷ HSA funds spent on qualified medical expenses are tax free.⁷ Account balances roll over every year and can be invested.¹⁴



Your Guide: Compare plan benefits

Now that you’ve compared plan features, refine your choices by looking at each plan in more detail. See the **Compare plan benefits** chart on pages 8 and 9 to review options for copayments, deductibles and more.

Compare plan benefits

Take a look at our side-by-side comparison of benefits for our Blue Advantage and Blue Options HSA plans.

Benefit type	Benefit description	Plan A: In-network coverage ¹⁵
Office visits - in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology performed by the same doctor on the same day in office.	You pay: ¹⁵ \$15 copayment for primary physicians, ¹⁶ \$30 copayment for specialists
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations.	You pay: ^{2,15} \$15 copayment for primary physicians, ¹⁶ \$30 copayment for specialists
Prescription drugs	No annual limit for generic drugs. A \$2,000 maximum for brand-name drugs per person, per benefit period.	You pay: ⁴ \$10 copayment for generics, \$35 or \$50 for brand-name, 25% coinsurance for specialty brand
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.	Deductible options: \$250, \$500, \$1,000 or \$2,500 Benefits vary depending on the deductible selected
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.	You pay: After deductible, 20%, 0% (0% coinsurance is not available on the \$2,500 deductible option)
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.	Individual: \$0 for 0% coinsurance plans; \$2,000 for 20% for coinsurance plans; Family: \$0 for 0% coinsurance plans; \$4,000 per family for 20% for coinsurance plans
Out-of-pocket expenses	The total amount of money you pay out of pocket in a benefit period.	You pay: Deductible(s), coinsurance (up to the maximum) and copayment(s)
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services.	Unlimited
Hospital	Inpatient and outpatient facility services, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays, lab work and well-baby care (including periodic assessments and immunizations).	Inpatient, you pay: Coinsurance after benefit period deductible
	Outpatient laboratory tests and mammograms performed alone. (May require pre-authorization.)	Outpatient, you pay: 0% with no 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.	You pay: \$30 copayment
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.	You pay: \$150 copayment ¹⁷
Ambulatory surgery centers	A licensed or certified non-hospital facility which has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.	You pay: Coinsurance after benefit period deductible
Mental health and substance abuse	Inpatient and outpatient professionals. A \$2,000 benefit period maximum and a \$10,000 lifetime maximum per member.	You pay: 50% after deductible
Vision	Routine eye exam.	You pay: \$15 copayment
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.	You pay: Coinsurance after benefit period deductible
Maternity coverage	Pre- and post-natal coverage.	Option available. You pay coinsurance after benefit period deductible.
Child-only coverage	Coverage for children 18 years of age and younger. No full-time student requirement.	Available

*Please note: The Blue Options HSA \$1,200 Individual and \$2,400 Family deductible options may not be available for policy purchase throughout the entire 2009 benefit period. To verify current deductible options, contact your agent.

BlueAdvantage

BlueOptionsHSA

Plan B: In-network coverage¹⁵

Plan C: In-network coverage¹⁵

Health plan benefits In-network coverage¹⁵

You pay:¹⁵ **\$25** copayment for primary physicians,¹⁶ **\$50** copayment for specialists

You pay:¹⁵ **\$30** copayment for primary physicians,¹⁶ **\$60** copayment for specialists

You pay:¹⁵ Coinsurance after benefit period deductible

You pay:^{2,15} **\$25** copayment for primary physicians,¹⁶ **\$50** copayment for specialists

You pay:^{2,15} **\$30** copayment for primary physicians,¹⁶ **\$60** copayment for specialists

You pay: **0%**³

You pay:⁴ After \$200 deductible per member, **\$10** copayment for generics, **\$35** or **\$50** for brand-name, **25%** coinsurance for specialty brand

You pay:⁴ After \$500 deductible per member, **\$10** copayment for generics, **\$35** or **\$50** for brand-name **25%** coinsurance for specialty brand

You pay:¹¹ After deductible, **0%**, **20%** or **50%** coinsurance depending on the plan you select

Deductible options: **\$500, \$1,000, \$2,500, \$3,500** or **\$5,000**

Deductible options: **\$1,000, \$2,500, \$3,500** or **\$5,000**

Deductible options:⁸ Individual – **\$1,200***, **\$2,000**, **\$2,700**, **\$5,000**; Family – **\$2,400***, **\$4,000**, **\$5,450**, **\$10,000**

Benefits vary depending on the deductible you select

You pay: After deductible, **30%**

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

You pay: After deductible, **0%**, **20%** or **50%** coinsurance depending on the plan you select

Individual: **\$3,000**;
Family: **\$6,000**

Individual: **\$3,000**;
Family: **\$6,000**

Depending on the plan you select,
Individual: **\$0 - \$2,800**
Family: **\$0 - \$4,800**

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

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

Depending on the plan you select,
Individual: **\$1,200 - \$5,000** out-of-pocket maximum
Family: **\$2,400 - \$10,000** out-of-pocket maximum

\$5 million

\$5 million

Unlimited

Inpatient, you pay: Coinsurance after benefit period deductible

Inpatient, you pay: Coinsurance after benefit period deductible

Inpatient, you pay: Coinsurance after benefit period deductible

Outpatient, you pay: **0%** with no deductible

Outpatient, you pay: **0%** with no deductible

Outpatient, you pay: Coinsurance after benefit period deductible

You pay: **\$50** copayment

You pay: **\$60** copayment

You pay: Coinsurance after benefit period deductible

You pay: **\$150** copayment¹⁷

You pay: **\$150** copayment¹⁷

You pay: Coinsurance after benefit period deductible

You pay: Coinsurance after benefit period deductible

You pay: Coinsurance after benefit period deductible

You pay: Coinsurance after benefit period deductible

You pay: **50%** after deductible

You pay: **50%** after deductible

You pay: Coinsurance after benefit period deductible

Not available

Not available

Not available

You pay: Coinsurance after benefit period deductible

You pay: Coinsurance after benefit period deductible

You pay: Coinsurance after benefit period deductible

Option available. You pay coinsurance after benefit period deductible.

Option available. You pay coinsurance after benefit period deductible.

Option available. You pay coinsurance after benefit period deductible.

Available

Available

Not available



Your Guide: Find answers to common questions

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 12 for **Common questions about health insurance**.



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 periodic payment made to BCBSNC to keep your health insurance policy active. Premiums are separate from other costs, like copayments, deductibles and coinsurance.

Copayment

A flat rate fee that you pay to your provider for office visits or prescription medications.

Deductible

The amount you pay each year to your provider 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)

A family deductible for Blue Advantage is met once three members on a family policy each meet their individual deductibles.

Family aggregate deductible (For Blue Options HSA)

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.

Coinsurance

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

Coinsurance maximum (For Blue Advantage)

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 year. You may continue to pay copayments for covered services.

Preferred provider organization (PPO)

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

Out-of-pocket maximum (For Blue Options HSA)

The total amount of money you will pay out of pocket during a benefit period. Once you reach the out-of-pocket maximum, BCBSNC covers 100% of all covered services for the remainder of the year.

Health savings account (HSA)

An HSA is a tax-free way to help pay for current or future out-of-pocket health care expenses.⁷ 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. BCBSNC will set up an HSA for you when you purchase a Blue Options HSA health plan. Then you will be able to make contributions to this account. 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.

High-deductible health plan (HDHP)

A high-deductible health plan is a health plan product that, when combined with an HSA, provides insurance coverage and a tax-advantaged way to help save for future medical expenses. An HDHP typically has a lower premium with a higher annual deductible than a traditional health plan and must meet other specific federal guidelines. With the exception of preventive care, members covered under high-deductible health plans do not have benefits for any coverage prior to meeting the deductible. That means the member pays for covered services such as office visits, emergency room visits and prescription drugs out of pocket until the deductible is reached.

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 these services, which also may increase member out-of-network provider costs.

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

A pre-existing condition is a medical condition diagnosed or treated within the 12 months prior (or just before) to when you received a health insurance plan.¹⁸ 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 63 days or more, your waiting period for pre-existing conditions will be reduced by the number of days that you had prior coverage.

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 out-of-pocket maximums. See page 11 for more detailed definitions.

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

No. Deductibles and copayments work separately. Deductibles apply to covered medical expenses, such as hospitalization, mental health or substance abuse, while copayments are flat rate fees that you pay for office visits or prescription medications. Some prescription plans have a separate deductible that's required before prescription drug copayments begin.

Do copayments count toward the deductible?

No. Copayments don't count toward deductibles. They're a flat rate fee separate from your deductible costs.

What's the difference between an HSA and a non-HSA health insurance plan?

An HSA is a health savings account that allows you to save money to pay for future medical expenses on an income-tax-free basis. The HSA is connected to a high-deductible health plan that doesn't have copayments. 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.³ In terms of monthly premiums, HSA plans are usually less expensive than non-HSA plans. Non-HSA plans usually have copayments for office visits or prescription medications and don't offer financial options or savings plans.

What does "coinsurance after the benefit period deductible" mean with a health savings account (HSA)?

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.³ After that, you pay coinsurance for covered medical expenses until you reach your out-of-pocket maximum. Once the out-of-pocket maximum is met, BCBSNC pays 100% of covered medical expenses.

What if I only need insurance for my child and not for myself – how do I purchase it?

You can purchase a Blue Advantage policy to cover your child or adopted/foster child without being covered by the policy yourself. Your child will receive full Blue Advantage benefits, including immunizations, well-child and well-baby care coverage.

When you apply, be sure to enter your child's information as the primary applicant (name, gender and birth date). 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. You can cover children up to age 26 on your policy, as long as they are your legal dependents.

Blue Options HSA child-only policies for children under 18 are not available at this time. Multiple children may be covered on the same Blue Advantage or Blue Options HSA policy, as long as the parent is covered by the same policy.

What are my options for maternity coverage?

For an extra charge, maternity coverage is available when you first purchase your Blue Advantage or Blue Options HSA policy, 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.¹¹ Maternity coverage is available only for adult females age 18 and over (subscribers or spouses) who are not pregnant at the time maternity coverage is selected and are not on a child-only Blue Advantage policy. Services are subject to deductible and coinsurance.

How do I get dental coverage with my plan?

Dental coverage is available through Dental Blue for IndividualsSM, a separate plan that provides dental-only coverage at an additional cost to your health plan premium,¹² and it's available with or without the purchase of a health plan. Dental Blue for Individuals covers two (2) preventive care visits at 100% each year. Basic services and major services are covered (in part) after you meet your dental deductible.

If I get a Blue Options HSA health plan, do I have to worry about finding and setting up the HSA?

No. BCBSNC sets up an HSA automatically when you purchase a Blue Options HSA health plan. Then you can make contributions into an FDIC-insured checking account, administered by Mellon Trust of New England, N.A.¹ Once you've registered your signature, 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.

See
**Common terms
and definitions**
on page 11.



Your Guide: It's easy to enroll

See the back cover for simple and quick **steps to enroll**. If you still have questions, please contact your agent.

Member Services

Register online at bcbsnc.com/memberservices to manage your health plan and your health quickly and easily. Once you become an enrolled member, you can take advantage of customized programs and informative resources that can help you reach your health goals. Receive discounts on health-related products and services. Stay motivated with rewards for physical activity. Plus, you can manage your health plan 24/7. It's all at your fingertips – visit bcbsnc.com/memberservices today!

Member Services

- ✓ Health Programs
- ✓ Health Resources
- ✓ Rewards and Discounts
- ✓ Online Account Management & Bill Pay



Limitations & Exclusions

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

This is a partial list of benefits that are not payable to either Blue Advantage 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 for transsexualism, sex changes or modifications including surgery
- Services that are investigational in nature
- Services for complications or side effects arising from excluded services, procedures or treatments
- Services that are not medically necessary
- Dental care except as provided in your benefit booklet
- 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 the effective date of coverage
- Custodial care, domiciliary care or rest cures
- Eyeglasses or contact lenses or refractive eye surgery
- Vision exams except for some diagnoses (Covered by Blue Advantage Plan A only)
- Services to correct nearsightedness or refractive errors; hearing aids, supplies, tinnitus maskers, or exams for hearing aids
- 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
- Services that are the result of war or while in military service
- 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
- Telephone consultations; charges for failure to keep scheduled visits, for completion of any form, or for medical information required by the plan
- 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
- For Blue Options HSA: Mental health and substance abuse services use combined in- and out-of-network \$2,000 benefit period maximum per member, and combined in- and out-of-network lifetime maximum of \$10,000 per member, provided in all places of service.

Your coverage will automatically renew. Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina (BCBSNC) for failure to pay premiums and for misstatements in or omissions of information from 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.¹⁸ This brochure contains a summary of benefits only. It is not your insurance policy. Your policy is your insurance contract (for Blue Advantage: M58, 7/08; for Blue Options HSA: BOptionsHSA [Indiv.] 7/08). If there is any difference between this brochure and the policy, the provisions of the policy will control.

For Blue Advantage, please note: Blue Advantage is not a high-deductible health plan (HDHP) under the Tax Code, and therefore is not intended to be paired with a Health Savings Account.

For Blue Options HSA, please note: Federal guidelines and interpretations are subject to change.

- 1 Blue Options HSA combines a high-deductible health plan and a health savings account (HSA). BCBSNC does not administer the HSA and is not affiliated with your HSA custodian or administrator. The HSA custodian is Mellon Trust of New England, N.A.
- 2 Blue Advantage preventive care is limited to in-network benefits and includes in-network annual routine physical exams, well-baby and well-child care and certain immunizations. Screenings or other covered services may be subject to copayment or deductible and coinsurance. Members who receive covered services out-of-network may be required to pay the difference between the provider's actual charge and the BCBSNC allowed amount, in addition to the coinsurance amount.

- 3 Blue Options HSA covers preventive care services, such as routine physical exams, gynecological exams, well-child and well-baby care, including periodic assessments and immunizations. Preventive care services are covered at 100%, after copayment, when received in an in-network office setting. Other covered services may be subject to deductible and coinsurance. When you receive preventive care out-of-network you may pay more out of pocket.
- 4 Blue Advantage 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. 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 drugs require member coinsurance.
- 5 When you see an out-of-network provider, you may pay more out of pocket. For Blue Advantage: Referrals may be needed for mental health and substance abuse services.
- 6 Blue Cross and Blue Shield Association Internal Data, 2007: www.bcbs.com/news/press/facts/bluecard.html (Accessed September 2008).
- 7 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.
- 8 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.
- 9 For Blue Advantage: 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 to identify these providers.
- 10 BCBSNC internal data, 2008: Compares rates for Blue Advantage Plan A \$2,500 deductible / 80% coinsurance and Blue Options HSA \$5,000 deductible / 100% coinsurance for a 44-year-old male in Wake County on Preferred Risk Tier based on 2008 rates. Most commonly chosen plans were selected for comparison.
- 11 Maternity coverage benefits are not included in the rates for Blue Advantage 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, see your agent or write or call BCBSNC.
- 12 Dental Blue for Individuals has a 6-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, see your agent or write or call BCBSNC.
- 13 Blue Options HSA contribution amounts are limited to the amount established by the IRS for each year for single or family coverage. Anyone age 55 or older can contribute an additional \$1,000 to their HSA in 2009.
- 14 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.
- 15 For Blue Advantage: All services are limited to the allowed amount. 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.
- 16 Blue Advantage primary physicians are in-network providers designated by BCBSNC as a primary care provider (PCP). Please check with BCBSNC to confirm your provider is in our network.
- 17 For Blue Advantage: 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.
- 18 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 simple paramedic examination or telephone interview.

3

Once your application has 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, not be claimed on someone else's tax return (HSA only), and qualify medically.

BlueAdvantage	BlueOptionsHSA
Our traditional PPO plan	Our high-deductible health plan with a tax-advantaged savings account for qualified medical expenses ⁷
To find out which plan is right for you, start on page 4.	

HOW CAN WE HELP?

For more information, please contact your agent.



BACK COVER

An independent licensee of the Blue Cross and Blue Shield Association. U5079b, 10/08