

2008 Health Plan Information

BlueAdvantage[®]

Our most popular individual PPO plan



Your plan for better health.SM | bcbsnc.com





WHAT
YOU
GET

- + Low-cost options to fit most budgets
- + Flexible coverage in- and out-of-network
- + Preventive care coverage
- + Convenient copayments for most prescription drugs¹
- + Online programs and resources to help manage your care
- + Easy-to-use with no claims to file in-network



BlueAdvantage®

Health care coverage

designed for you and your budget

HOW IT
WORKS
FOR
YOU

A low-cost, high-quality health plan

Need great coverage, convenient copayments for doctor visits, emergency room services and more?² Then try Blue Advantage. You choose which monthly premium suits you best from plans designed to fit your health care needs *and* your budget. Plus, with any Blue Advantage plan, you may qualify for a healthy lifestyle discount, which could make your premiums even lower!

Health care that's easy and paperwork-free

With Blue Advantage, you can receive quality care in-network from your health care provider – without having to worry about filing paperwork. Your provider will do that for you. They'll even file your claims. All you have to do is show your member ID card and pay your copayment or coinsurance. Blue Advantage makes it easy for you. You don't even need a referral to see a specialist.³

Coverage when and where you need it

Blue Advantage offers access to our largest network of doctors and hospitals in North Carolina, plus the freedom to receive care from outside the network. And through the BlueCard® network, coverage is available to you in more than 200 countries and territories worldwide.⁴ So, whether you're here or there, you never have to go far to get the medical care you need.

Preventive care coverage to keep you healthy⁵

Preventive care is important to your health, and Blue Advantage has you covered. Whether it's a routine annual physical, a gynecological exam, or screenings for cervical and prostate cancer, Blue Advantage provides 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 savings on generic drugs

Blue Advantage also features a large network of pharmacies. You'll pay only a copayment for most prescription drugs.^{1,6} And you'll save even more by purchasing generic drugs. Your provider can provide you with additional information on generic medications and possible alternatives to your prescriptions.

Easy and convenient online enrollment, programs and resources

Enrollment is fast and simple. Once you sign up, you'll have access to resources and programs designed to help you maintain good health. From online information to discounts to health management programs for asthma, diabetes, pregnancy and many chronic conditions, these services are available to assist you in making positive decisions for your health.⁷

More **low-cost plan options** than ever before!

Benefit type	Plan A: Our most popular plan In-network coverage ^{8,9}	Plan B: For the budget minded In-network coverage ^{8,9}
Benefit period deductible	Deductible options: \$250, \$500, \$1,000 or \$2,500	Deductible options \$500, \$1,000, \$2,500, \$3,500 or \$5,000
Coinsurance	80 or 100% (100% coinsurance is not available on the \$2,500 deductible option)	70%
Coinsurance maximum	100% coinsurance plans: \$0 80% coinsurance plans: \$2,000 per individual, \$4,000 per family	\$3,000 per individual, \$6,000 per family
Lifetime benefits	Unlimited	\$5 million
Physician office visits	100% after a \$15 copayment for primary physicians ¹⁰ or a \$30 copayment for specialists ²	100% after a \$25 copayment for primary physicians ¹⁰ or a \$50 copayment for specialists ²
Prescription drugs	100% after \$10 copayment for generic, \$35 or \$50 for brand-name, or 25% member coinsurance for specialty brand ¹	100% after \$200 deductible per member, then \$10 copayment for generic, \$35 or \$50 for brand-name, or 25% member coinsurance for specialty brand ¹
Vision care	100% after a \$15 copayment	Not available
Hospital care	Coinsurance after benefit period deductible 100% with no deductible	Coinsurance after benefit period deductible 100% with no deductible
Preventive care	100% after a \$15 copayment for primary physicians ¹⁰ or a \$30 copayment for specialists ²	100% after a \$25 copayment for primary physicians ¹⁰ or a \$50 copayment for specialists ²
Urgent care centers	100% after a \$30 copayment	100% after a \$50 copayment
Emergency room services	100% after a \$150 copayment ¹² (copayment waived if admitted)	100% after a \$150 copayment ¹² (copayment waived if admitted)
Ambulatory surgery centers	Coinsurance after benefit period deductible	Coinsurance after benefit period deductible
Mental health and substance abuse	50% after benefit period deductible	50% after benefit period deductible
Other services	Coinsurance after benefit period deductible	Coinsurance after benefit period deductible



Plan C: Our newest plan In-network coverage ^{8,9}	Plan A, B & C: Alternative options Out-of-network coverage ^{8,9}	Benefit description
Deductible options: \$1,000, \$2,500, \$3,500 or \$5,000	Same as in-network	The benefit period deductible is the amount you pay for some services before Blue Advantage pays its portion
50%	Plan A: 70% , Plan B: 60% , Plan C: 40%	Coinsurance is the percentage of the allowed amounts for covered services that BCBSNC will pay
\$3,000 per individual, \$6,000 per family	When using out-of-network providers, your coinsurance maximum is twice the in-network coinsurance maximum	Once your coinsurance maximum is met, Blue Advantage covers 100% of all covered services for the rest of the benefit period
\$5 million	Same as in-network	A maximum amount paid for covered services which is the extent of the Plan's lifetime liability per member
100% after a \$30 copayment for primary physicians ¹⁰ or a \$60 copayment for specialists ²	70% after benefit period deductible	Primary doctors and specialists (including surgery, lab work, therapy and radiology performed by the same doctor on the same day in office)
100% after \$500 deductible per member, then \$10 copayment for generic, \$35 or \$50 for brand-name, or 25% member coinsurance for specialty brand ¹	Same as in-network, plus the charges exceeding the allowed amount	No annual limit for generic drugs (\$2,000 maximum for brand-name drugs per person per benefit)
Not available	Not available	Routine eye exam
Coinsurance after benefit period deductible	Coinsurance after benefit period deductible	Inpatient facility, outpatient facility, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays and lab work
100% with no deductible	Coinsurance after benefit period deductible	Outpatient laboratory tests and mammograms performed alone
100% after a \$30 copayment for primary physicians ¹⁰ or a \$60 copayment for specialists ²	Not available¹¹	Routine physical exam, including gynecological exam; well-child and well-baby care (including periodic assessments and immunizations)
100% after a \$60 copayment	100% after same copayment as in-network	Services provided for a sudden or unexpected condition requiring prompt diagnosis or treatment to prevent chronic illness, prolonged impairment or a more hazardous treatment
100% after a \$150 copayment ¹² (copayment waived if admitted)	100% after a \$150 copayment ¹² (copayment waived if admitted)	Health care items and services furnished or required to screen for or treat an emergency medical condition until the condition is stabilized
Coinsurance after benefit period deductible	Coinsurance after benefit period deductible	A licensed or certified nonhospital 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
50% after benefit period deductible	50% after benefit period deductible (Plans A & B) 40% after benefit period deductible (Plan C)	\$2,000 maximum per person per benefit period, \$10,000 lifetime per person; includes inpatient facility, inpatient professional and outpatient professional
Coinsurance after benefit period deductible	Coinsurance after benefit period deductible	Durable medical equipment, home health care, and home infusion therapy, hospice care, private duty nursing, ambulance services, skilled nursing facilities (to 60 days per year) and dental accident



Your plan for better health.™

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 help you reach your health plan 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!

Visit



bcbsnc.com/memberservices

Member Services

- ✓ Health Programs
- ✓ Health Resources
- ✓ Rewards and Discounts
- ✓ Online Account Management



Limitations & exclusions

Like most health care plans, Blue Advantage has some limitations and exclusions. When your application is approved, you will receive a benefit booklet. It will contain detailed information about plan benefits, exclusions and limitations.

This is a partial list of benefits that are not payable:

- **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 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**
- **Service for maternity or elective abortion, except as provided by the maternity 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**

Your coverage automatically renews. Your coverage may be canceled by BCBSNC for failure to pay premiums and for false statements on your application, among other reasons. Coverage for dependent children ends at age 26. Members will be notified 30 days in advance of any change in coverage. Any change in your rate will be preceded by a 30-day notice and is guaranteed for 12 months. A waiting period for coverage of pre-existing conditions may apply to your coverage.¹³ This brochure contains a summary of benefits only. It is not your insurance policy. Your M58, 7/07 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 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.

- 1 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.
- 2 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 your deductible and coinsurance. Please see the BCBSNC provider listing to identify these providers.
- 3 Referrals may be needed for mental health and substance abuse services.
- 4 Blue Cross and Blue Shield Association Internal Data: www.bcbs.com/news/press/facts/bluecard.html (2007).
- 5 Certain limitations may apply. Please refer to your insurance contract for more details.
- 6 Blue Advantage Plan B requires a \$200 prescription drug deductible. Plan C requires a \$500 prescription drug deductible.
- 7 BCBSNC provides the Blue ExtrasSM, Member Health Partnerships^{SM1}, Online Healthy Living Programs and/or Blue PointsSM programs for your convenience and is not liable in any way for the goods or services received. Any discounts on third-party goods or services received through Blue Extras are outside of your health plan benefits. Decisions regarding your care should be made with the advice of your doctor. BCBSNC reserves the right to discontinue or change these programs at any time. Online Healthy Living programs are provided through MiaVita, Inc., a third-party vendor independent BCBSNC. Online Healthy Living programs provide tools to aid you in improving your health; results are not guaranteed. BCBSNC provides the Decision Support Tools for member convenience. These tools are meant to be reference tools only and are not intended to provide legal, medical or tax advice.
- 8 All services subject to the allowed amount.
- 9 Your 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.
- 10 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.
- 11 Only gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening and prostate specific antigen (PSA) tests are covered out-of-network subject to benefit period deductible and coinsurance.
- 12 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.
- 13 Pre-existing conditions are those for which medical advice, diagnosis, care or treatment was received or recommended within 12 months of the date that your Blue Advantage coverage begins. You may receive credit toward the 12-month waiting period if we receive your completed Blue Advantage application and proof of prior coverage within 63 days of the termination of your previous health coverage.
- 14 Dental Blue for Individuals has a 6-month waiting period for basic services; 12-month waiting period for major services.

Visit



BCBSNC.com

Get started with **BlueAdvantage**[®]

To be eligible for Blue Advantage coverage, you must be a North Carolina resident, under 65 years old, not covered by another health insurance policy and not qualified for Medicare. You can purchase coverage for your children only, if necessary.

Enrolling is easy!

1 Complete the application. Be sure to answer all the questions. Sign and date the application. Remember, your actual rate may be higher or lower depending on your health status.

2 Your agent will forward your completed application and initial premium to Blue Cross and Blue Shield of North Carolina.

3 Allow at least 30 days for processing. You can choose for your coverage effective date to be the 1st or the 15th day of each month, following the approval of your application. Some applicants may be required to have a simple paramedic examination. If you need immediate coverage, call your agent to learn about a Short-Term Health Care policy from BCBSNC.

4 Once your application is approved, we'll send your Benefit Booklet and ID card for your review. If you're not completely satisfied, simply notify BCBSNC within 10 days and we'll refund your initial premium.

Need additional coverage?

Child-only coverage

You can purchase coverage solely for your children or adopted/foster children. They'll receive full Blue Advantage benefits, including immunizations, well-child and well-baby care coverage. When choosing child-only coverage, the child should be listed on the application as the primary applicant.

Maternity coverage

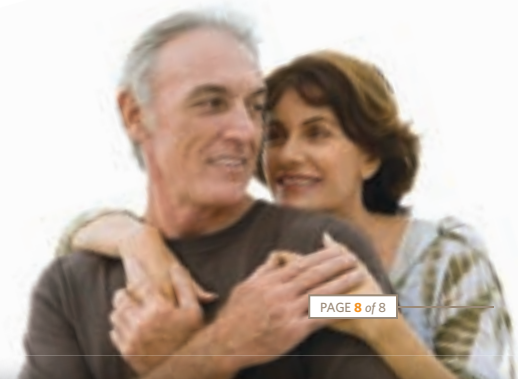
For an extra charge, maternity coverage is available when you first purchase your Blue Advantage policy, renew your policy (if the policy has been in effect for at least six months) or if you have a family status change, such as marriage. Maternity coverage is available only for adult females (subscribers or spouses) who are not pregnant at the time coverage is selected. Services are subject to deductible and coinsurance.

Dental Blue for IndividualsSM

Need dental coverage for you or your family? BCBSNC offers Dental Blue for Individuals, a separate dental-only plan. There's no deductible or waiting period for checkups or diagnostic/preventive services. You're covered for services such as routine fillings, extractions, crowns, bridges and dentures.¹⁴ Plus, there are no network restrictions on which dentist you select. NOTE: Dental Blue for Individuals benefits are not included in Blue Advantage rates.

Whether you have a specific question or you're just looking for a better way to balance the health care equation, we're here to help. As your partner in health care, we'll help you find the right solutions for your company.

**For more information,
please contact your agent.**



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**BlueCross BlueShield
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