BlueCross BlueShield of North Carolina: Blue Options

Coverage Period: 01/01/2013 - 12/31/2013

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at bcbsnc.com or by calling **1-877-258-3334.**

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$1,000** person/**$2,000** family in-network. **$2,000** person/**$4,000** family out-of-network. Doesn't apply to In-Network preventive care. Coinsurance and copayments do not apply to the deductible.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For In-Network **$3,000** person/**$9,000** family For Out-Of-Network **$6,000** person/**$18,000** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, copayments, deductibles, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the **out–of–pocket limit.**
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network.** See the chart starting on page 2 for how this plan pays different kinds of **providers.**
Do I need a referral to see a specialist?	No.	You can see the **specialist** you choose without permission from this plan.

Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on a later page. See your policy or plan document for additional information about excluded services.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating providers by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25/visit	50% co-insurance	---none---
	Specialist visit	$50/visit	50% co-insurance	After 4 visits benefits will change to coinsurance.
	Other practitioner office visit	$50/visit	50% co-insurance	Visit limits may apply
	Preventive care/screening/immunization	No Charge	Not Covered	Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	30% co-insurance	50% co-insurance	No coverage for tests not ordered by a doctor
	Imaging (CT/PET scans, MRIs)	30% co-insurance	50% co-insurance	Prior authorization may be required for benefits to be provided.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.bcbsnc.com/content/services/formulary/presdrugben.htm	Generic drugs	$4/prescription	$4/prescription	-No coverage for drugs in excess of quantity limits, or therapeutically equivalent to an over the counter drug -For Infertility limited to $5,000
	Preferred brand drugs	$35/prescription	$35/prescription	Same as above
	Non-preferred brand drugs	$50/prescription	$50/prescription	Same as above
	Specialty drugs	25% co-insurance up to $100	25% co-insurance up to $100	-Coverage is limited to a 30 day supply -You must pay a minimum of $50 in coinsurance.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% co-insurance	50% co-insurance	---none---
	Physician/surgeon fees	30% co-insurance	50% co-insurance	Coverage is limited to 50% for second surgical procedure
If you need immediate medical attention	Emergency room services	$300/visit	$300/visit	--none--
	Emergency medical transportation	30% co-insurance	30% co-insurance	---none---
	Urgent care	$50/visit	$50/visit	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	30% co-insurance	50% co-insurance	-No coverage for admissions prior to the effective date of coverage. -Prior authorization required for non-emergency and non-maternity admissions in order to avoid a 25% penalty. -Precertification required
	Physician/surgeon fee	30% co-insurance	50% co-insurance	--none--
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$50/office visit and 30% co-insurance/ outpatient	30% co-insurance/ outpatient and 50% co-insurance/ outpatient	Precertification may be required for certain services

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
	Mental/Behavioral health inpatient services	30% co-insurance	50% co-insurance	-Precertification Required.
	Substance use disorder outpatient services	$50/office visit and 30% co-insurance/ outpatient	30% co-insurance/ outpatient and 50% co-insurance/ outpatient	Precertification may be required for certain services
	Substance use disorder inpatient services	30% co-insurance	50% co-insurance	-Precertification required.
If you are pregnant	Prenatal and postnatal care	30% co-insurance	50% co-insurance	No coverage for maternity for dependent children
	Delivery and all inpatient services	30% co-insurance	50% co-insurance	Same as above
If you need help recovering or have other special health needs	Home health care	30% co-insurance	50% co-insurance	Prior authorization may be required for benefits to be provided
	Rehabilitation services	$50/visit	50% co-insurance	-Coverage is limited to 30 visits per benefit period for OT/PT/Chiropractic -Coverage is limited to 30 visits per benefit period for ST
	Habilitation services	Not Covered	Not Covered	Services to preserve present level of function and prevent regression are not covered
	Skilled nursing care	30% co-insurance	50% co-insurance	-Coverage is limited to 60 days per benefit period -Precertification required
	Durable medical equipment	30% co-insurance	50% co-insurance	-Prior authorization may be required for benefits to be provided -Limits may apply
	Hospice services	30% co-insurance	50% co-insurance	--none--
If your child needs	Eye exam	0% co-insurance	Not Covered	Annual limits apply

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
dental or eye care	Glasses	Not Covered	Not Covered	--none--
	Dental check-up	Not Covered	Not Covered	---none---

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture**
- Cosmetic surgery
- Dental care (adult)
- Hearing aids**
- Long-term care
- Non-emergency care outside the US (HMO)
- Routine foot care**
- Weight loss programs
- Benefits paid as a result of injuries caused by another party may need to be repaid to the health plan or paid for by another party under certain circumstances

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

**Self-funded groups may cover this service; check your benefit booklet for details

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery***
- Chiropractic care***
- Hearing aids (under age 22)***
- Infertility***
- Non-emergency care outside the US (PPO)
- Private duty nursing
- Routine eye care (Adult)***

***Self-funded groups may not cover this service; check your benefit booklet for details

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact BCBSNC at the number listed on your ID card. You may also contact your state insurance department at 1201 Mail Service Center, Raleigh, NC 27699-1201, or 800-546-5664 (in North Carolina), 919-807-6750 (outside North Carolina).

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: North Carolina Department of Insurance at 1201 Mail Service Center, Raleigh, NC 27699-1201, or 800-546-5664 (in North Carolina), 919-807-6750 (outside North Carolina).

Additionally, a consumer assistance program can help you file your appeal. Services provided by the Managed Care Patient Assistance Program are available through the North Carolina Department of Insurance. Contact Health Insurance Smart NC, North Carolina Department of Insurance, 1201 Mail Service Center, Raleigh, NC 27699-1201, Toll free: (877) 885-0231.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número que aparece al respaldo de su tarjeta del seguro.
Tagalog (Tagalog): Para matulungan sa Tagalog, tawagan ang numerong nasa likuran ng insurance card.
Chinese (中文):如需國語或廣東話協助，請致電您保險卡背面的電話號碼。
Navajo (Dine):Diné bizaad bee shíká'adoowoł nínzingo kwojį' hólne', naaltsoos áłts'ísí nantinígíí bine'dęę' binámboo bikáá'.

----------*To see examples how this plan might cover costs for a sample medical situation, see the next page* ----------

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $4,638
- **You pay** $2,902

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$1,000
Co-pays	$12
Co-insurance	$1,890
Limits or exclusions	$0
Total	**$2,902**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $3,408
- **You pay** $1,992

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$1,000
Co-pays	$842
Co-insurance	$150
Limits or exclusions	$0
Total	**$1,992**

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box for each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✔ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should consider also contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.