BlueCross BlueShield of North Carolina

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Blue Options[SM]

Benefit Highlights

Plan IV - Effective 10/1/2009

Blue Options[SM] Benefit Highlights (PPO)

Physician Office Services	In-network	Out-of-network[1]
If practice is under an Outpatient Clinic contract, deductible and coinsurance may apply. Please check with your provider. (See "Outpatient Clinic Services" for "outpatient clinic" or "hospital-based" services.)		
Office Visit		
Includes Office Surgery, Consultation, X-rays and Lab, and a benefit period maximum of 4 office visits for the assessment of obesity in and out of network. See "Inpatient and Outpatient Services".		
Primary Care Provider	$35 copayment	50% after deductible
Specialist	$60 copayment	50% after deductible
CT scans, MRI's, MRA's and PET scans	70% after deductible	50% after deductible
Preventive Care		
Includes routine physical exams, well baby, well-child care, and immunizations. The following preventive care benefits are available out-of-network: gynecological exams, cervical cancer screenings, ovarian cancer screening, screening mammograms, colorectal screening, and prostate specific antigen tests.		
Primary Care Provider	$35 copayment	Not Available
Specialist	$60 copayment	Not Available
Therapies		
Short-Term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):		
Chiro/Physical/Occupational: 30 visits per Benefit Period		
Speech Therapy: 30 visits per Benefit Period		
Chiropractic	$60 copayment	50% after deductible
Physical/Speech/Occupational	$60 copayment	50% after deductible
Urgent Care Centers and Emergency Room		
Urgent Care Centers	$60 copayment	$60 copayment
Emergency Room Visit *(Inpatient Hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services".)*	$150 copayment	$150 copayment
Ambulatory Surgical Center	70% after deductible	50% after deductible
Inpatient and Outpatient Hospital Services		
Hospital and Hospital Based Services	70% after deductible	50% after deductible
Outpatient Clinical Services	70% after deductible	50% after deductible
Professional Services	70% after deductible	50% after deductible
Hospital and Professional		
Outpatient Labs and Mammograms with surgery or other services	70% after deductible	50% after deductible
Outpatient Labs and Mammograms without surgery or other services	100%	70% after deductible
Outpatient X-rays, ultrasounds, and other diagnostic tests such as EEG's and EKG's	70% after deductible	50% after deductible
CT scans, MRI's, MRA's and PET scans	70% after deductible	50% after deductible
Other Services		
Skilled Nursing Facility *(60 days per Benefit Period)*	70% after deductible	50% after deductible
Home Health Care, Ambulance, Durable Medical Equipment and Hospice	70% after deductible	50% after deductible
Maternity		
Maternity Delivery includes Prenatal and Post-delivery care		
Hospital Services *(Delivery)*	70% after deductible	50% after deductible
Professional Services (*Delivery*)	70% after deductible	50% after deductible
Transplants		
Hospital Services	70% after deductible	50% after deductible
Professional Services	70% after deductible	50% after deductible

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Infertility	In-network	Out-of-network[1]
Up to $5,000 per Lifetime		
Primary Care Provider	$35 copayment	50% after deductible
Specialist	$60 copayment	50% after deductible
Hospital Services	70% after deductible	50% after deductible
Inpatient and Outpatient Professional Services	70% after deductible	50% after deductible
Vision Care		
Comprehensive Eye Exam	$35 copayment	Benefits not available

Lifetime Maximum, Deductibles & Coinsurance Maximums

The lifetime maximum is unlimited for all services, except orthotic devices for positional plagiocephaly, infertility, infertility drugs, and substance abuse.

	In-network	Out-of-network
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductibles		
Individual *(per Benefit Period)*	$1,500	$3,000
Family *(per Benefit Period)*	$3,000	$6,000
Coinsurance Maximum		
Individual *(per Benefit Period)*	$3,500	$6,000
Family *(per Benefit Period)*	$6,500	$12,000

Prescription Drugs

Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. Infertility Drugs up to $5,000 Lifetime Maximum

	In-network	Out-of-network
Tier 1 (*Generic*)	$10 copayment	Copayment + charge over In-network allowed amount
Tier 2 (*Preferred Brand*)	$40 copayment	Copayment + charge over In-network allowed amount
Tier 3 (*Brand*)	$60 copayment	Copayment + charge over In-network allowed amount
Tier 4 (*Specialty Brand*) & Diabetic Supplies	25%*	25% + charge over In-network allowed amount

**You will pay a maximum of $100 for each 30-day supply of Tier 4 drugs. Member responsibility is 25% of the allowed amount.*

Mental Health and Substance Abuse Services	In-network*	Out-of-network[1]

*Prior review and certification by Magellan Behavioral Health are required only for *inpatient* and *outpatient* services received from an *in-network provider.* Please call Magellan Behavioral Health at 1-800-359-2422.

	In-network*	Out-of-network[1]
Mental Health Services		
Office *(30 visits per Benefit Period)*	$60 copayment	50% after deductible
Inpatient/Outpatient *(30 Days per Benefit Period)*	70% after deductible	50% after deductible
(Certain mental health conditions do not have visit limits. For a list of these conditions, refer to your benefit booklet.)		
Substance Abuse Services		
Office Visit	$60 copayment	50% after deductible
Inpatient/Outpatient	70% after deductible	50% after deductible
Benefit Period Maximum	$8,000	
Lifetime Maximum	$16,000	

[1] NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members.

ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BCBSNC

Benefit Period
The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Allowed Amount
The charge that BCBSNC determines using a methodology that is applied to comparable providers for similar services under a similar health benefit plan.

Coinsurance Maximum
The dollar amount of coinsurance a member must pay prior to BCBSNC paying 100% for certain services.

NOTE: In some plans, there is no coinsurance maximum; members are responsible for coinsurance once the deductible has been met.

Day and Visit Maximums
All day and visit maximums are on a combined In- and Out-of Network basis.

Utilization Management
To make sure you have access to high quality, cost-effective health care, we manage utilization through a variety of programs including certification, transplant management, concurrent and retrospective review.

If you have a concern regarding the final determination of your care, you have the right to appeal the decision. If you would like a copy of a benefit booklet providing more information about our Utilization Management programs, call the toll free number listed in your information packet.

Certification
Certification is a program designed to make sure that your care is given in a cost effective setting and efficient manner.

If you need to be hospitalized, you must obtain certification. Non-emergency and non-maternity hospital admissions must be certified prior to the hospitalization. If the admission is not certified, a penalty will be applied.

For maternity admissions, your provider is not required to obtain certification from BCBSNC for prescribing a length of stay up to 48 hours for a normal vaginal delivery, or up to 96 hours for delivery by cesarean section. You or your provider must request certification for coverage for additional days, which will be given by BCBSNC, if medically necessary.

All inpatient and outpatient Mental Health and Substance Abuse services must be certified in advance by Magellan Behavioral Health.

In-network providers are responsible for obtaining certifications. The member will bear no financial penalties if the in-network provider fails to obtain the appropriate authorization. The member is responsible for obtaining certification for services rendered by an out-of-network provider. Obtaining certification for Mental Health and Substance Abuse services is the member’s responsibility. Failure to obtain certification for Mental Health and Substance Abuse services will result in these services being paid at the out-of-network benefit level.

Health and Wellness Program
Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You can take advantage of HealthLine Blue, our 24-hour health information service, a health topics library, asthma and diabetes management and a prenatal program. You will also receive Active Blue, our health magazine, and have access to online health and wellness information at www.bcbsnc.com. With our program you can get health advice anytime you need it, so you can learn how to take charge of your health.

What is Not Covered?
The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your health benefit plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- For injury or illness resulting from an act of war
- For personal hygiene and convenience items
- For inpatient admissions that are primarily for diagnostic studies
- For palliative or cosmetic foot care
- For investigative or experimental purposes
- For hearing aids or tinnitus maskers
- For cosmetic services or cosmetic surgery
- For custodial care, domicillary care or rest cures
- For treatment of obesity, except for surgical treatment of morbid obesity, or as specifically covered by your health benefit plan
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For conception by artificial means
- For self-injectable drugs in the provider's office

A waiting period for coverage of pre-existing conditions may apply to your coverage. BCBSNC defines pre-existing conditions as those conditions for which medical advice, diagnosis, care or treatment was received or recommended within 6 months of the date that your [BCBSNC] coverage begins. You may receive credit toward the 12-month waiting period if your enrollment date is within 63 days of the termination of your previous health coverage.

The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the Blue Options benefit booklet from BCBSNC Customer Services.

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Billing arrangement: ee, ee+spouse, ee+children, fam