

BCBS HIGH DEDUCTIBLE HEALTH PLAN

<p>This Plan pays 100% for in-network adult or child wellness charges. For all other charges, after satisfying the annual deductible, the Plan pays a percentage of the covered charge (coinsurance). Each time medical care is needed, patient decides which physician to use. Higher level of benefits applies when in-network provider is used.</p>		
<p align="center">Plan Provisions <i>Note: Coinsurance and deductible shown are amounts paid by employee.</i></p>		
Annual deductible ¹	\$2,500 self only / \$5,000 self + 1 or family in- or out-of-network (coinsurance applies thereafter)	
Out-of-pocket limit ²	\$3,000 self only / \$6,000 self + 1 or family in- or out-of-network	
Maximum lifetime Plan benefit ³	\$2,000,000 per person	
<p>The annual deductible does not apply to the following:</p>		
Preventive care (primary diagnosis must be wellness) Mammograms Routine adult physical/wellness exams (including related tests and GYN exams) Well baby/child visits (including immunizations)	Covered at 100% of allowed amount	
	Covered at 100% in-network	40% out-of-network
<p>Once the deductible is met, the following charges are subject to coinsurance:</p>		
	In-Network	Out-of-Network⁴
Physician office services (includes exams, diagnosis, lab services, non-surgical injections) Physician (includes family practice, OB/GYN, and internal medicine – unless practicing in a specialty area) Specialist	20% ⁵ 20% ⁵	40% ⁵ 40% ⁵
Office/surgical procedures (including MRI, PET, CT scans and nuclear medicine)	20% ⁵	40% ⁵
Urgent care center ⁶	20%	20%
Emergency room ⁷	20%	20%
Hospital inpatient services ⁸ Inpatient services (room, lab, x-ray) Providers (physician, surgeon) Radiologist, anesthesiologist, pathologist, ER physician	20% ⁵ 20% ⁵ 20% ^{5,10}	40% ^{5,9} 40% ⁵ 40% ^{5,10}
Outpatient services Outpatient facility fee Outpatient facility services (lab, x-ray) Providers (physician, surgeon) Radiologist, anesthesiologist, pathologist, ER physician	20% ⁵ 20% ⁵ 20% ⁵ 20% ^{5,10}	40% ⁵ 40% ⁵ 40% ⁵ 40% ^{5,10}
Occupational/physical/speech therapy; spinal manipulation ¹¹	20% ⁵	40% ⁵
Durable medical equipment	20% ⁵	40% ⁵
Mental health/substance abuse services ¹² (deductible and coinsurance apply)	See Mental Health and Substance Abuse Benefits Summary below	
Prescription drugs at participating pharmacies ¹³ (deductible and coinsurance apply)	BCBS Retail (up to 30 days)	Medco Mail order (up to 90 days)
Generic	20%	20%
Preferred Brand	20%	20%
Brand	20%	20%
Speciality ¹⁴	20%	20%

1. Deductible is the amount you must pay each calendar year before the Plan pays a benefit. The deductible does not

- apply to preventive care.
2. Does not include charges in excess of allowed amount, services not pre-certified, or non-covered services; Plan pays 100% of allowed amount once out-of-pocket limit is met.
 3. Includes benefits paid for medical, mental health, substance abuse services and prescription drugs.
 4. Out-of-network charges are subject to allowed amount.
 5. Prior Plan Approval (PPA) (precertification before services occur) required for certain health care services. If not precertified, benefits may be denied or paid at 50% of allowed amount.
 6. Treatment must meet urgent care criteria.
 7. Must meet emergency care criteria.
 8. If not pre-certified in- or out-of-network, benefits reduced to 50% of allowed amount.
 9. \$400 out-of-network hospital copay required in addition to deductible and coinsurance.
 10. 20% coinsurance if performed at an in-network facility or on the same day as an in-network provider visit; 40% coinsurance if performed at an out-of-network facility.
 11. Limited to 60 visits/year for all therapies combined.
 12. Inpatient and outpatient facility services must be pre-certified through Magellan Behavioral Health.
 13. Prescription drugs are provided through BCBS.
 14. Medications classified by BCBS as those that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies.

Mental Health/Substance Abuse/EAP Benefits under the High Deductible Health Plan

Services	In-Network¹	Out-Of-Network²
Outpatient Mental Health & Substance Abuse Administered by Magellan Behavioral Health	<ul style="list-style-type: none"> • Precertification from Magellan required for outpatient facilities¹ • 20% employee coinsurance after deductible 	<ul style="list-style-type: none"> • 50% of allowed amount employee coinsurance after deductible • 20 visits/days outpatient limit per year for mental health & substance abuse combined
Administered by BCBSNC	<ul style="list-style-type: none"> • Unlimited office visits 	
Inpatient Mental Health & Substance Abuse Administered by Magellan Behavioral Health	<ul style="list-style-type: none"> • Pre-certification required¹ • 20% employee co-insurance after deductible • No lifetime maximum on number of days for mental health • 60-day inpatient facility lifetime maximum for substance abuse 	<ul style="list-style-type: none"> • Not covered
Deductible	Integrated with medical/prescription drugs and applied to the HDHP deductible of \$2,500 self only/ \$5,000 self + 1 or family (in- or out-of-network)	
Out-of-pocket maximum	Integrated with medical/prescription drugs and applied to the HDHP lifetime Plan maximum of \$3,000 self only/\$6,000 self + 1 or family (in- or out-of-network)	
Lifetime Plan maximum	Integrated with medical/prescription drugs and applied to the lifetime Plan maximum of \$2,000,000 per person ³	

<p>Employee Assistance Program (EAP)</p> <p>Administered by ValueOptions</p>	<p>First three visits per calendar year per issue are free; then a \$20 co-pay. These services include counseling for family, child, and work-life issues. Legal and financial assistance is available as well. For more information, contact ValueOptions at 1-800-662-8800.</p>
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¹If covered services are received from in-network providers but precertification is not obtained from Magellan, the services will be considered out-of-network.

²Covered services received from an out-of-network provider or treatment that is not precertified will be subject to allowed amount limits. Charges in excess of U&C limits will be the responsibility of the employee.

³The lifetime Plan maximum is combined with medical and includes benefits paid for medical and mental health and substance abuse services.