

BlueOptionsSM

Our Preferred Provider Organization (PPO) plan

WHO
IT'S
FOR

EMPLOYERS WHO WANT TO...

- + Provide maximum convenience and satisfaction for employees
- + Purchase a health plan that is easy to manage and administer

BlueOptions™

Our flagship health plan offers

the highest level of convenience


Employer Objectives	The Blue Options Solution
1 Provide maximum convenience and satisfaction for employees	With nearly 100% of all doctors and hospitals in our network, employees have outstanding access to care. ¹ And, with an average processing time of 5.7 days (compared to a 7-day industry average) employees get prompt resolution of their claims. ²
2 Purchase a health plan that is easy to manage and administer	Blue Options' familiar plan design takes the guesswork out of health care choices for employers. And, with 84.8% of all claims automatically adjudicated (compared to an industry average of 75%) that means benefit managers can expect fewer administrative issues. ²

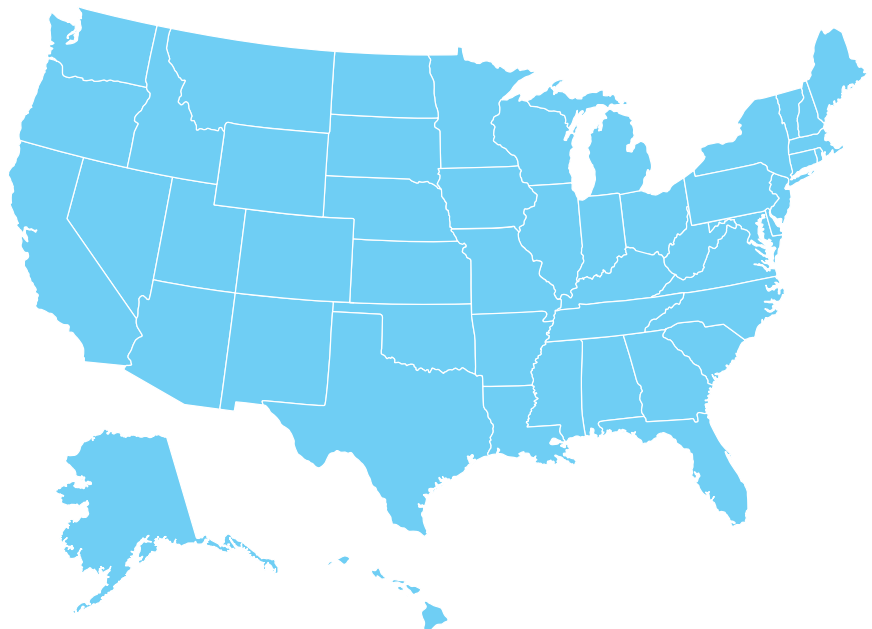
Why Blue?

- + The #1 health insurance brand in North Carolina³
- + "Full" accreditation ranking from the National Committee for Quality Assurance (NCQA)⁴
- + More providers, more specialists, more hospitals, in more places, than anyone else in North Carolina⁵

Outstanding coverage

- + 92% of doctors in North Carolina⁶
- + 99% of hospitals in North Carolina⁶
- + 99% of all hospitals in the nation¹
- + 87% of all rural hospitals nationwide¹
- + Coverage in more than 200 countries and territories worldwide (through the BlueCard® network)¹

 Blue Options network coverage



BlueOptions™

How it works

Blue Options is a PPO plan that offers convenient copayments or coinsurance for things like primary care, specialist office visits and prescription drugs.⁷ Employees may receive care in or out of network and don't need a referral to see a specialist.⁸ They'll never have to go far to find a doctor either – our network includes 92% of all doctors practicing in North Carolina.⁶

- + Copayments for primary and specialist office visits⁷
- + Coinsurance for inpatient services and outpatient procedures
- + Copayments or coinsurance for prescription medications
- + Coverage even when employees go out of network for care⁹
- + No claims to file in network
- + No referrals required⁸

Benefit Combination Options								
Copayment options (in-network)	Primary	\$10*	\$10*	\$15	\$20	\$20	\$25	\$35
	Specialist	\$20*	\$30*	\$30	\$30	\$40	\$50	\$70
Individual deductible	\$0; \$250; \$500; \$750; \$1,000; \$1,750; \$2,000; \$2,500; \$3,500; \$5,000							
Family deductible	2 or 3 times individual deductible							
Coinsurance (in-network/out-of-network)	100%/80%; 100%/70%; 90%/70%; 80%/70%; 80%/60%; 70%/50%; 60%/40%; 50%/50%; 50%/30%							
Individual coinsurance maximum	\$0; \$1,000; \$2,000; \$3,000; \$4,000; \$5,000; \$10,000							
Family coinsurance maximum	2 or 3 times individual coinsurance							
Prescription drugs	4-Tier benefit option	Deductible	\$0 or \$100		\$0 or \$100		\$0 or \$100	
		Tier 1 ** Generic copayment	\$4		\$4		\$4	
		Tier 2 Preferred copayment	\$30		\$35		\$40	
		Tier 3 Non-Preferred copayment	\$45		\$50		\$55	
		Tier 4 Specialty coinsurance	25%		25%		25%	
	Copayment (Tier 1) / Coinsurance (Tier 2, 3 and 4) option	\$10/70%; \$10/60%; \$10/50%; \$10/25%; \$10/0%						









*Applies to employer groups with 51+ eligible employees

**Deductible does not apply to generics.

Note: Some benefit features are only available with certain plan combinations. The coinsurance amounts listed are the amounts Blue Cross and Blue Shield of North Carolina (BCBSNC) pays. The copayment amounts listed are the amounts employees pay.

BlueOptionsSM

Blue Options (PPO) is just one of the many plans we've created to address the needs of today's employees and employers. Let us help you develop a health care strategy that delivers results.

	BlueOptions SM (PPO)	BlueOptions123 SM	BlueOptionsHRA SM	BlueOptionsHSA SM
	Our flagship product, offering the highest standard of convenience	The only plan that offers consumer-directed health engagement with traditional plan design	Our most flexible consumer-directed health product	A consumer-directed health plan that drives maximum employee engagement
Employee engagement				
Network	PPO	PPO	PPO	PPO
Group size	1+	1+	100+	1+
Savings potential				
Fund	—	—	✓ ¹⁰	✓ ¹¹
Tax advantage (for employees)	—	—	—	✓ ¹²

Limitations & Exclusions

Like most health plans, Blue Options has some limitations and exclusions. Enrolled members will have access to a benefit booklet. It will contain detailed information about plan benefits, exclusions and limitations. Coverage may be cancelled by Blue Cross and Blue Shield of North Carolina for certain reasons. 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 Blue Options coverage.

This brochure contains a summary of benefits only. It is not your insurance policy. Your policy is your insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control.

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
- Dental care except as provided in your benefit booklet
- Services that are not medically necessary

- 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 except as covered by your health benefit plan
- Services to correct nearsightedness or refractive errors
- 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 surgical treatment of morbid obesity
- 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
- 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
- Maintenance therapy
- Services not specifically listed as covered services

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1 Blue Cross and Blue Shield Association website, BlueCard network data: www.bcbs.com/news/press/facts/bluecard.html (Accessed January 2011).

2 "Update: A Survey of Health Care Claims Receipt and Processing Time 2009." America's Health Insurance Plans: www.ahipResearch.org. BCBSNC Internal Data, 2010: "Insured Claims."

3 2009 W5 Inc. Brand Study; December 2009.

4 "NCQA's Health Plan Report Card," 2010. The National Committee for Quality Assurance: reportcard.ncqa.org.

5 Consortium Health Plans Inc., MarketQuest network compare; April 2009.

6 BCBSNC Internal Data, 2010: Network Management Report, PowerMHS.

7 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. Preventive care is limited to in-network benefits.

8 Referrals may be needed for certain mental health and substance abuse services.

9 Blue Options members are covered when they seek services out of network. Members should refer to the benefit booklet for complete details.

10 Blue Options HRA combines a preferred provider organization (PPO) health plan design and a health reimbursement arrangement (HRA). BCBSNC is the administrator for your HRA funds.

11 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 the HSA custodian or administrator. The HSA custodian is The Bank of New York Mellon.

12 Deposits, withdrawals and interest earned are all tax-free when used for IRS-qualified medical expenses. For more information, see www.irs.gov.

