BlueAdvantage®
BlueSelect™
BlueValue™
Health plans for
individuals and families

WHAT'S INSIDE?

+ Choosing the right plan for you
+ Subsidy eligibility information
+ Plan comparison charts
+ Terms and definitions
+ How to enroll

Visit us at bcbsonc.com
U9144a, 8/14
Health care has changed
We’re here to help

There’s a lot to consider when selecting health insurance. Now with health care reform, there’s even more you need to know. By choosing Blue Cross and Blue Shield of North Carolina (BCBSNC), you’ll be with a company that’s earned the trust of more North Carolinians than any other health insurance company. With our depth of experience and range of plans, we can help you find coverage that’s right for you – and your budget.

With our plans you’ll enjoy:

Doctor and hospital accessibility
The BCBSNC network includes more than 95% of physicians and 98% of the hospitals in North Carolina.

Local customer service
Our customer service call center is right here in North Carolina. We treat you like a neighbor, because you are one!

Simpler, more personalized health care
Blue ConnectSM is our new, enhanced member services experience. It’s your source for all tools and information about your health plan. And it’s accessible on any mobile device.

Need to find a doctor? Planning for surgery? Can’t remember all of your benefits?
Blue Connect is customizable so the tools and information you need are one click away. It’s designed to make health care easier. It gives you on-the-go access, when, where and how you want it. And it’s yet another benefit of being Blue.

This brochure features health insurance plans that offer these key benefits

No lifetime maximums
There are no lifetime dollar maximums on the plans featured in this brochure.

No medical qualifications
No matter what condition(s) you have, including any pre-existing condition(s), all BCBSNC health insurance plans are available to you with no "pre-existing condition(s)" waiting periods.

No referrals needed for specialists
Unlike some other insurance providers, BCBSNC does not require a referral to go see a specialist. This makes getting the care you need easier, faster and more convenient.

Preventive care benefits
For all BCBSNC individual plans mentioned in this brochure, preventive services are covered at 100% when you go to an in-network provider. These covered services include annual exams, colonoscopies, mammograms and more. See bcbsnc.com/preventive for a full list of covered services.

Essential health benefits
All BCBSNC plans mentioned in this brochure provide coverage for essential health benefits, which are now required by law. Maternity, newborn care and pediatric services, including dental and vision, are just some of services covered. Visit bcbsnc.com/ehb for the full listing of these benefits.

Dental insurance
In addition to the pediatric dental coverage included in all BCBSNC medical plans, dental coverage is available through Dental Blue for IndividualsSM, a separate plan that provides dental-only coverage at an additional cost to your health plan premium. You may also purchase dental insurance with or without the purchase of BCBSNC health coverage.
Choose the plan that’s right for you

Everyone has different needs when it comes to health insurance. Our range of products let you weigh the balance between price, provider access and prescription coverage to find the plan that best meets your needs and your budget.

**BlueAdvantage**
Broad provider network/payment flexibility

*Is it right for you?* BlueAdvantage is a good option if you want a broad choice of doctors, specialists and hospitals along with flexibility in how much you pay for doctor visits and prescription drugs.

+ Large provider network covers all 100 counties
+ Over 95% of physicians and 98% of the hospitals in North Carolina are in-network
+ More pharmacy & prescription drug options
+ Two ways to pay for medical expenses: copayments or deductibles/coinsurance

**BlueSelect**
Tiered benefits/lower monthly premiums

*Is it right for you?* Choose Blue Select if you want savings along with access to our largest network of doctors, specialists and hospitals. Blue Select offers two tiers of in-network benefits. You may choose from either tier, but for quality and savings, choose from Tier 1.

+ A savings of up to 6% over Blue Advantage
+ Two tiers of in-network benefits to choose from
+ Copayments for predictable costs
+ Limited pharmacy network to help save you money
+ More prescription drugs requiring preauthorization

**BlueValue**
Limited provider network/lower monthly premiums

*Is it right for you?* The biggest difference between Blue Value and Blue Advantage is the limited network of doctors, specialists and hospital systems. It could be a good fit if you want savings on your monthly premium and don’t have a strong doctor or hospital preference or if you know your doctor or hospital is already in the limited network. (Blue Value may not be available in all areas.)

+ Savings of up to 15% over Blue Advantage
+ A limited network of providers and pharmacies to lower costs
+ More prescription drugs requiring preauthorization & a smaller pharmacy network
+ Two ways to pay for medical expenses: copayments or deductibles/coinsurance

**You have a choice**

Tier 1 doctors and hospitals received our top ratings for quality outcomes, cost-efficiency and accessibility.

Tier 2 doctors and hospitals met our standards for quality outcomes, cost-efficiency and/or accessibility.

See which tier your providers are in. Go to “Find a Doctor” at bcbsnc.com.

FOR MORE INFO

Visit bcbsnc.com/shopping or speak directly to a sales representative by calling 1-800-324-4973, Monday–Thursday, 8 a.m.–6 p.m., and Friday, 8 a.m.–5 p.m.

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**Metallic levels**

Health care reform established metallic levels (bronze, silver, gold and platinum) to indicate the value of coverage in a plan. This helps you easily compare plans with different deductibles, copayments and coinsurance requirements to determine which plan works best for you.

**Bronze:** Good for people who want lower monthly premiums and don’t expect to need a lot of medical services

**Silver:** Good for people who want to keep monthly premiums and out-of-pocket medical costs more balanced

**Gold:** Good for people who receive medical services regularly and who are okay with a higher monthly premium to have more health care costs covered

**Platinum:** Good for people who receive medical services frequently and who are willing to pay more each month for the lowest ongoing health care costs

Metallic levels do not take into account all health plan features, such as provider network. Be sure to check if your doctor is in-network.
# Individual & Family Health Insurance Plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Bronze 2700</th>
<th>Blue Value Bronze 5500</th>
<th>Blue Advantage Bronze 5500</th>
<th>Blue Select Silver 2100</th>
<th>Blue Advantage Silver 2100</th>
<th>Blue Select Silver 2100</th>
<th>Blue Advantage Silver 3500</th>
<th>Blue Select Silver 3500</th>
<th>Blue Advantage Silver 3000</th>
<th>Blue Select Silver 3000</th>
<th>Blue Advantage Gold 1000</th>
<th>Blue Select Gold 1000</th>
<th>Blue Advantage Platinum 500</th>
<th>Blue Select Platinum 500</th>
<th>Blue Advantage Catastrophic</th>
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<tbody>
<tr>
<td><strong>Primary Care Physician Office Visit</strong></td>
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<td>In-network</td>
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<td><strong>Urgent Care Visit</strong></td>
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<td><strong>Emergency Room Visit</strong></td>
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<td>In-network</td>
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### In-Network Benefits

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<tr>
<th>Benefit Type</th>
<th>Individual Deductible</th>
<th>Family Deductible</th>
<th>Individual Out-of-Pocket Limit</th>
<th>Family Out-of-Pocket Limit</th>
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<tr>
<td><strong>Cost-Sharing Reduction Subsidy</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td><strong>Premium Tax Credit Subsidy</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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### Out-of-Network Benefits

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Individual Deductible</th>
<th>Family Deductible</th>
<th>Individual Out-of-Pocket Limit</th>
<th>Family Out-of-Pocket Limit</th>
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<tr>
<td><strong>Tiers</strong></td>
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<td>Tier 2: 15%</td>
</tr>
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<td><strong>Out-of-Pocket Limit</strong></td>
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<td>Tier 2: 30%</td>
<td>Tier 1: 50%</td>
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</table>

### Prescription Drug Benefits

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<thead>
<tr>
<th>Drug Type</th>
<th>Generic</th>
<th>Non-Generic</th>
<th>Brand</th>
<th>Non-Brand</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td><strong>Preferred Generic Drugs</strong></td>
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<tr>
<td><strong>Non-Preferred Generic Drugs</strong></td>
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<td>Tier 2: 70%</td>
<td>Tier 1: 50%</td>
<td>Tier 2: 30%</td>
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<tr>
<td><strong>Brand Drugs</strong></td>
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<td>Tier 2: 70%</td>
<td>Tier 1: 20%</td>
<td>Tier 2: 15%</td>
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<tr>
<td><strong>Non-Preferred Brand Drugs</strong></td>
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<td>Tier 2: 70%</td>
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</tbody>
</table>

### Subsidy Eligibility

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Eligible</th>
<th>Benefits Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost-Sharing Reduction Subsidy</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Premium Tax Credit Subsidy</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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*In-network and out-of-network benefits are the same.

**This is a stand-alone benefit. The first cost requires a $50 copayment and subsequent visits require $150 copayments.

***Zero-dollar deductible plans allow you to benefit from day one. There’s no deductible to meet prior to receiving benefits.

1-800-324-4973 or bcbsnc.com/shopping
While the Affordable Care Act (ACA) – also known as health care reform – went into effect in 2014, it’s still relatively new. Here is a brief overview of some of the more important changes you should be aware of when considering health insurance:

+ You must have health insurance coverage
  The federal government now requires that most individuals purchase health insurance or they may be subject to a tax penalty.

+ Financial help is available to those who qualify
  If you meet certain requirements, you can get subsidies – also known as advanced premium tax credits – from the federal government to help you pay for your health insurance. You’ll find an online subsidy calculator at [bcbsnc.com/subsidies](http://bcbsnc.com/subsidies) to help estimate any subsidy you may qualify for. Your actual subsidy is determined by the federal government.

Annual open enrollment is between November 15, 2014 and February 15, 2015
To have coverage for 2015, you need to enroll during the annual enrollment period. You can enroll outside this period if you have gone through a qualifying event such as marriage, the birth of a child or moving into North Carolina from a different state. Visit [bcbsnc.com](http://bcbsnc.com) for a complete listing of qualifying events.

Health care reform – the basics

Making health care more affordable

Subsidies can help
To help make health insurance more affordable and effective, the federal government offers advanced premium tax credits, also called subsidies, to individuals and families who qualify based on their income and household size. These subsidies reduce the monthly cost of a health insurance plan for those who qualify.

To qualify for a subsidy under health care reform, you must:
- Be between 100% and 400% of the federal poverty level (FPL)
- Not be eligible for public coverage, such as Medicaid, the Children’s Health Insurance Program (CHIP), Medicare or coverage through the armed services
- Not have access to insurance through an employer (An exception can be made if the employer’s plan doesn’t provide required minimum benefits or if the plan is considered unaffordable – the premium is more than 9.5% of the employee’s income.)

More help
In addition to premium subsidies there are also cost-sharing reductions (CSR), another type of subsidy that provides further help for those between 100% and 250% of the federal poverty level. CSRs lower the amount you have to pay for out-of-pocket costs like deductibles, coinsurance and copayments.

Think of a CSR as an upgrade in your benefits. Based on your income level, the government will help to cover some of the costs of your medical services. That means you pay less money for those. Keep in mind, to get these benefits you must choose a Silver plan.

The big picture
Overall, subsidies and CSRs can help lower your health insurance costs significantly if you qualify based on income. So be sure to learn if you qualify. Even a family of four with a household income of as much as $94,200 may be eligible for a subsidy.*

- The credits are paid directly to your health insurance company – you pay the difference between the full premium and the subsidy on your monthly bill.

Who’s eligible for subsidies and cost-sharing reductions?

People with incomes:
- Between 100% and 250% of the Federal Poverty Level (FPL) are eligible for both premium tax credit subsidies and cost-sharing reductions. Cost-sharing reductions require the purchase of a Silver plan.
- Between 250% and 400% FPL are eligible for premium tax credit subsidies only. FPL guidelines help determine the level of the subsidy.
- People with incomes below 100% of the FPL or above 400% of the FPL are ineligible for subsidies.

Federal Poverty Level (FPL) guidelines*

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The amount you owe for certain covered services during a benefit period before your health insurance begins to pay.

Deductible

Out-of-pocket limit

Premium

Footnotes

1 BCBSNC Brand Tracking Study, Prophet; March 2013.

2 BCBSNC Internal Data, 2011. Percentages indicated represent BCBSNC PPO network.

3 All information discussed in this brochure pertains to BCBSNC individual-market, medical health insurance plans that are eligible for sale in 2015 and meet Affordable Care Act guidelines. The information contained does not apply to plans that are grandfathered, transitional, group-only or other plan types. All plans regarding their benefits and descriptions are intended for informational purposes only. Please see the product benefit booklet for all terms and conditions that apply.

4 Eligibility requirements apply. See benefit booklet for details.

5 Preventive care services as defined by recent federal regulations are covered at no charge to you. For Blue Advantage, Blue Select and Blue Value: Coverage for certain preventive care services (such as routine physical exams, well-baby and well-child care, and immunizations) is limited to in-network benefits only. However, state–mandated preventive services are available out-of-network, for which members will pay deductibles and coinsurance, plus charges over the allowed amount. Visit bcbsnc.com/preventive for more details.

6 Dental Blue for Individuals has a six-month waiting period for basic services and a 12-month waiting period for major services. Dental Blue for Individuals is not part of the covered health insurance benefits of any BCBSNC plans. Dental Blue for Individuals must be purchased separately. For costs and further details about Dental Blue for Individuals, including exclusions and limitations or terms and limitations under which the policy may be continued in force, contact your agent or BCBSNC.

7 BCBSNC Internal Data, Percentage savings based on a 45-year-old male, non-smoker, in Wake County.

8 There is, however, a special enrollment period going on throughout the year. This enrollment period allows individuals meeting certain criteria to enroll outside of the initial enrollment period.

9 Chart provides an overview of key benefits. For full benefits see your benefit booklet.

10 Blue Advantage and Blue Value plans that are HSA-eligible are high deductible health plans that may be combined with a health savings account (HSA). BCBSNC does not administer the HSA and is not affiliated with your HSA custodian or administrator.

11 You must be under 30 years of age when the plan begins or qualify for a hardship exemption through the federal government to be eligible for a catastrophic plan. Visit bcbsnc.com for more details.

12 All services are limited to the allowed amount. BCBSNC allowed amount is the amount that BCBSNC determines is reasonable for covered services provided to a member, which may be established in accordance with an agreement between the provider and BCBSNC. If you see an out-of-network provider, actual expenses for covered services may exceed the stated coinsurance percentage, deductible or copayment amount because actual provider charges may not be used to determine the health benefit plan’s and member’s payment obligations. If you use an in-network provider, you will only be responsible for your deductible and any coinsurance amounts.

13 Aggregate deductible: eligible plans offer an aggregate deductible which means you and all members of your family must meet the family deductible before benefits are payable. Certain preventive care services are covered the deductible is met.

14 Must be met prior to receiving benefits.

15 The information contained herein is for educational purposes only. Subsidy eligibility and amounts are determined solely by the federal government. Please visit www.healthcare.gov for further information regarding subsidies.
Easy steps to enroll

It’s easy to apply for coverage!

**STEP 1**
Apply for coverage by visiting [bcbsnc.com/shopping](http://bcbsnc.com/shopping) and clicking on the Free Rate Quote button. Use the tools and tips on the rate quote results page to compare prices and plan details.

**STEP 2**
Complete the online application and select a plan.

**STEP 3**
Your policy will not become effective until your first month’s premium payment has been received and processed.

**STEP 4**
Once your payment has been received and processed, your ID cards will be mailed to you.

To be eligible for coverage, you must be a North Carolina resident and not be enrolled in Medicare.

Visit [bcbsnc.com/shopping](http://bcbsnc.com/shopping) or speak directly to a sales representative by calling 1-800-324-4973, Monday–Thursday, 8 a.m.–6 p.m., and Friday, 8 a.m.–5 p.m.