

BLUE OPTIONS® BENEFIT HIGHLIGHTS (PPO)

All dollar amounts and percentages are what you, as a plan member, would pay.

	In-Network	Out-of-Network ¹
Campus Health Services (medical services)	No charge	Not applicable
Physician Office Visit Includes office surgery, consultation, X-rays, lab and benefit period maximum of 4 office visits for the assessment of obesity in- and out-of-network		
Primary Care Provider	20% after deductible	30% after deductible
Specialist	20% after deductible	30% after deductible
Preventive Care Routine examinations, well-child care, immunizations, pap smears, mammograms, prostate specific antigen tests (PSAs)		
Primary Care Provider	No charge	30% after deductible*
Specialist	No charge	30% after deductible*
*Only federally mandated Preventive Care is covered out-of-network		
Therapies Short-term rehabilitative therapies (maximums apply to home, office and outpatient settings): <i>Physical/occupational</i> : 30 visits per benefit period <i>Speech therapy</i> : 30 visits per benefit period		
Primary Care Provider	20% after deductible	30% after deductible
Specialist	20% after deductible	30% after deductible
Urgent Care Centers and Emergency Room		
Urgent care centers	20% after deductible	20% after deductible
Emergency room visit (Copay waived and inpatient benefits apply if admitted. If held for observation, outpatient benefits apply.)	\$150 copayment, then 20% after deductible	\$150 copayment, then 20% after deductible
Ambulatory Surgical Center	20% after deductible	30% after deductible
Inpatient and Outpatient Hospital Services		
Hospital and hospital-based services	20% after deductible	30% after deductible
Outpatient clinic services (other than Preventive Care above)	20% after deductible	30% after deductible
Professional services	20% after deductible	30% after deductible
Hospital and Professional		
Outpatient labs	20% after deductible	30% after deductible
Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEGs and EKGs	20% after deductible	30% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% after deductible	30% after deductible
Other Services		
Skilled Nursing Facility (60 days per benefit period)	20% after deductible	30% after deductible
Home Health Care, Durable Medical Equipment and Hospice	20% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible
Maternity (includes prenatal and post-delivery care)		
Hospital services (delivery)	20% after deductible	30% after deductible
Professional services (delivery)	20% after deductible	30% after deductible
Transplants		
Hospital services	20% after deductible	30% after deductible
Professional services	20% after deductible	30% after deductible

BLUE OPTIONS® BENEFIT HIGHLIGHTS (PPO) (CONTINUED)

	In-Network	Out-of-Network¹
Infertility Services		
Primary Care Provider	20% after deductible	30% after deductible
Specialist	20% after deductible	30% after deductible
Hospital services	20% after deductible	30% after deductible
Inpatient and outpatient professional services	20% after deductible	30% after deductible
Lifetime Maximum, Deductibles and Coinsurance Maximums		
The following deductibles and coinsurance maximums also apply to the services on the previous page and mental health and substance use services below.		
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductibles		
Individual (<i>per benefit period</i>)	\$500	\$1,000
Family (<i>per benefit period</i>)	\$1,500	\$3,000
Out-of-Pocket Maximum		
Individual (<i>per benefit period</i>)	\$2,100	\$4,200
Family (<i>per benefit period</i>)	\$6,300	\$12,600
Mental Health and Substance Use Services		
Precertification required for inpatient and certain outpatient services.		
Mental Health Services		
Office visit	20% after deductible	30% after deductible
Inpatient/outpatient	20% after deductible	30% after deductible
Substance Use Services		
Office visit	20% after deductible	30% after deductible
Inpatient/outpatient	20% after deductible	30% after deductible
Prescription Drugs		
Campus Health Services		
Generic or brand (<i>30 day supply</i>)	\$10 copayment	Not applicable
Other Pharmacy		
Up to 30 day supply. 31-60 day supply is two copayments, and 61-90 day supply is three copayments.		
Tier 1	\$20 copayment	Copayment + charge over in-network allowed amount
Tier 2	\$35 copayment	Copayment + charge over in-network allowed amount
Tier 3	\$50 copayment	Copayment + charge over in-network allowed amount
Tier 4	\$75 copayment	Copayment + charge over in-network allowed amount
Tier 5	25% coinsurance	Copayment + charge over in-network allowed amount
There is \$50 per drug minimum and \$100 per drug maximum for each 30-day supply of Tier 5 drugs.		

¹ NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross and Blue Shield of North Carolina (Blue Cross NC) and its members.