

## BLUE OPTIONS® BENEFIT HIGHLIGHTS (PPO)

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

	In-Network	Out-of-Network <sup>1</sup>
<b>Campus Health Services</b> (medical services)	No charge	Not applicable
<b>Physician Office Visit</b> 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
<b>Preventive Care</b> 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		
<b>Therapies</b> 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
<b>Urgent Care Centers and Emergency Room</b>		
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
<b>Ambulatory Surgical Center</b>	20% after deductible	30% after deductible
<b>Inpatient and Outpatient Hospital Services</b>		
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
<b>Hospital and Professional</b>		
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
<b>Other Services</b>		
<b>Skilled Nursing Facility</b> (60 days per benefit period)	20% after deductible	30% after deductible
<b>Home Health Care, Durable Medical Equipment and Hospice</b>	20% after deductible	30% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible
<b>Maternity</b> (includes prenatal and post-delivery care)		
Hospital services (delivery)	20% after deductible	30% after deductible
Professional services (delivery)	20% after deductible	30% after deductible
<b>Transplants</b>		
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-Network <sup>1</sup>
<b>Infertility Services</b>		
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
<b>Lifetime Maximum, Deductibles and Coinsurance Maximums</b>		
The following deductibles and coinsurance maximums also apply to the services on the previous page and mental health and substance use services below.		
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b>		
Individual ( <i>per benefit period</i> )	\$500	\$1,000
Family ( <i>per benefit period</i> )	\$1,500	\$3,000
<b>Out-of-Pocket Maximum</b>		
Individual ( <i>per benefit period</i> )	\$2,100	\$4,200
Family ( <i>per benefit period</i> )	\$6,300	\$12,600
<b>Mental Health and Substance Use Services</b>		
Precertification required for inpatient and certain outpatient services.		
<b>Mental Health Services</b>		
Office visit	20% after deductible	30% after deductible
Inpatient/outpatient	20% after deductible	30% after deductible
<b>Substance Use Services</b>		
Office visit	20% after deductible	30% after deductible
Inpatient/outpatient	20% after deductible	30% after deductible
<b>Prescription Drugs</b>		
<b>Campus Health Services</b>		
Generic or brand ( <i>30 day supply</i> )	\$10 copayment	Not applicable
<b>Other Pharmacy</b>		
Up to 30 day supply. 31-60 day supply is two copayments, and 61-90 day supply is three copayments.		
<b>Tier 1</b>	\$20 copayment	Copayment + charge over in-network allowed amount
<b>Tier 2</b>	\$35 copayment	Copayment + charge over in-network allowed amount
<b>Tier 3</b>	\$50 copayment	Copayment + charge over in-network allowed amount
<b>Tier 4</b>	\$75 copayment	Copayment + charge over in-network allowed amount
<b>Tier 5</b>	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.		

<sup>1</sup> 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.

## ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BLUE CROSS NC

### 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 Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

### Allowed Amount

The maximum amount that Blue Cross NC determines is to be paid for covered services provided to a member.

### Out-of-Pocket Maximum

The dollar amount a member must pay prior to Blue Cross NC paying 100% for certain services.

### 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 Blue Cross NC 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 Blue Cross NC, if medically necessary.

All inpatient and certain outpatient mental health and substance use services must be certified in advance. Office visits do not require certification.

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 or out-of-state provider.

### 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 Health Line Blue<sup>SM</sup>, 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 [BlueCrossNC.com](http://BlueCrossNC.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, domiciliary 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

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 found 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 Blue Cross NC Customer Service.

Blue Cross NC provides the Health Line Blue program for your convenience. Blue Cross NC is not liable in any way for the goods or services received through Health Line Blue. Blue Cross NC reserves the right to discontinue or change the program at any time without prior notice. Decisions regarding your care should be made with the advice of a doctor. Depending on your plan, selected programs may not be available to you at this time. Check with your benefits administrator or Blue Cross NC Customer Service to determine your eligibility. Blue Cross NC has contracted with a third-party vendor independent from Blue Cross NC to bring you Health Line Blue.