



*North Carolina Medical Society
Employee Benefit Plan*

Health Care Benefit Highlights

*HRA 2700-100
(Blue OptionsSM HRA)
\$2,700 Individual Deductible
100% In-network Coinsurance*

Sponsored by:
North Carolina Medical Society

Marketed Exclusively by:
MMIC Agency, LLC
a Medical Mutual Group company

Administered by:
Blue Cross and Blue Shield
of North Carolina®

HRA 2700-100**Lifetime Maximum, Deductibles & Total Out of Pocket Maximums¹**

The following Deductibles and Total Out of Pocket Maximums apply to all services unless otherwise indicated:

	In-network	Out-of-network ²
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductibles		
Employee Coverage (per Benefit Period)	\$2,700	\$5,400
Family Coverage (per Benefit Period)	\$5,450	\$10,900
Total Out of Pocket Maximum		
Employee Coverage (per Benefit Period)	\$2,700	\$6,650
Family Coverage (per Benefit Period)	\$5,450	\$13,400

Physician Office Services**Office Visit**

Includes Office Surgery, Consultation, X-rays, Lab and benefit period maximum of 4 office visits for the evaluation and treatment of obesity in and out of network.

Primary Care Provider or Specialist 100% after deductible 70% after deductible

Preventive Care (Preventive Diagnosis Only - Regardless of the Place of Service) Well-Child Care (Age 3 and under), Immunizations, and the first service each benefit period for annual routine examinations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs), and other specified screening tests.

Primary Care Provider or Specialist 100%, no deductible 70% after deductible

Therapies

Short-Term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):

Physical/Occupational: 30 visits per Benefit Period

Speech Therapy: 30 visits per Benefit Period

Primary Care Provider or Specialist 100% after deductible 70% after deductible

Urgent Care Centers and Emergency Room

Urgent Care Centers 100% after deductible 100% after deductible

Emergency Room Visit 100% after deductible 100% after deductible

Ambulatory Surgical Center

100% after deductible 70% after deductible

Outpatient Hospital Services (Includes physician services, hospital and hospital-based services, outpatient clinic services, outpatient diagnostic services, and therapy services including short-term rehabilitative therapies and other therapies.)

100% after deductible 70% after deductible

Inpatient Hospital Services (Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care.)

Other Services

Skilled Nursing Facility (60 days per Benefit Period) 100% after deductible 70% after deductible

Home Health Care, Ambulance, 100% after deductible 70% after deductible

Durable Medical Equipment and Hospice

Maternity

Maternity Delivery includes Prenatal and Post-delivery care

Hospital Services (Delivery) 100% after deductible 70% after deductible

Professional Services (Delivery) 100% after deductible 70% after deductible

Transplants

Hospital Services 100% after deductible 70% after deductible

Professional Services 100% after deductible 70% after deductible

HRA 2700-100**Infertility and Sexual Dysfunction Services***Up to \$5,000 per Lifetime*

Primary Care Provider or Specialist

In-network

100% after deductible

Out-of-network²

70% after deductible

Hospital Services

100% after deductible

70% after deductible

Inpatient and Outpatient Professional Services

100% after deductible

70% after deductible

Infertility Drugs

100% after deductible

100% after deductible

Vision Care

Routine Eye Exam

100%, no deductible

70% after deductible

Prescription Drugs

100% after deductible

100% after deductible

*MAC C Pricing, Open Formulary***Mental Health and Substance Abuse Services****Certified*****Non-Certified²****Inpatient/Outpatient Certification is required. Call Magellan Behavioral Health at 1-800-359-2422.***Mental Health Services**

Office

100% after deductible

70% after deductible

Inpatient/Outpatient

100% after deductible

70% after deductible

Substance Abuse Services

Office Visit

100% after deductible

70% after deductible

Inpatient/Outpatient

100% after deductible

70% after deductible

Lens and Frame Coverage*BCBSNC will reimburse you up to the Benefit Period Maximum for glasses, hard, soft or disposable contact lenses.*

Prescribed Eyeglass Lens and Frame Benefit Period Maximum

\$150

¹ NOTICE: If you selected Employee Coverage, the Employee Coverage deductible and total out of pocket maximum will apply; if you selected Family Coverage the Family Coverage deductible and total out of pocket maximum will apply.² NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members.

ADDITIONAL INFORMATION

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

Allowed Amount

The charge that the Plan determines using a methodology that is applied to comparable providers for similar services under a similar health benefit plan.

Coinsurance Maximum

The dollar amount of coinsurance a member must pay prior to the Plan 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 and care management.

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 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, if medically necessary.

All inpatient and outpatient Mental Health and Substance Abuse services must be certified in advance by Magellan Behavioral Health. 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 provider. Obtaining certification for Mental Health and Substance Abuse services is the member's responsibility. Failure to obtain certification for Mental Health and Substance Abuse services will result in these services being paid at the out-of-network benefit level.

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 a 24-hour health information service, a health topics library, asthma and diabetes management, a prenatal program and other health and wellness programs. You will also receive a quarterly health magazine and have access to online health and wellness information at www.bcbsnc.com. With this 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

A waiting period for coverage of pre-existing conditions may apply to your coverage. The Plan defines pre-existing conditions as those conditions for which medical advice, diagnosis, care or treatment was received or recommended within 6 months of the date that your coverage begins. You may receive credit toward the 12-month waiting period if your enrollment date is within 63 days of the termination of your previous health coverage.

The benefit highlights is a summary of your 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.

Health Reimbursement Account

This HRA plan is not a Health Reimbursement Account (HRA) but instead is a health insurance plan intended to be paired with an HRA. The HRA is provided to you directly by a separate HRA Administrator. An HRA is a savings vehicle for medical care expenses. It helps to pay the expenses that insurance does not pay. Employers contribute money pre-tax into an HRA, to help pay the medical expenses that insurance does not pay.

The benefit highlights is a summary of the medical 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.

The HRA is provided to you directly by a separate HRA Administrator. Your detailed HRA benefit information is provided separately by that Administrator.