

# Health Care Benefit Highlights

*HDHP 2700-80*

*(Blue Options <sup>SM</sup> HSA)*

*\$2,700 Individual Deductible*

*80% In-network Coinsurance*



North Carolina Medical Society  
*Employee Benefit Plan*

Sponsored by: **North Carolina Medical Society**

Marketed exclusively by: **Curi Benefits Solutions**

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

## Blue Options HSA<sup>SM</sup> Benefit Highlights (HSA)

The coinsurance amounts that appear on this benefit highlight represent Plan responsibility. The coinsurance amounts that display in the benefit booklet represent member responsibility.

### Lifetime Maximum, Deductibles & Out-of-Pocket Limits<sup>1</sup>

The following Deductibles and Out-of-Pocket Limits apply to all services unless otherwise indicated:

	In-network	Out-of-network <sup>2</sup>
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Deductibles (per Benefit Period)</b>		
Employee Only	\$2,700	\$5,400
Family Member	\$5,450	\$10,900
Family Total	\$5,450	\$10,900
<b>Out-of-Pocket(OOP) Limit (per Benefit Period)</b>		
Employee Only	\$5,000	\$10,000
Family Member	\$6,550	\$13,100
Family Total	\$10,000	\$20,000

### Physician Office Services

#### Office Visit

Includes Office Surgery, Consultation, X-rays and Labs, and a benefit period maximum of 4 office visits for the evaluation and treatment of obesity in and out-of-network. See "Inpatient Hospital Services" and "Outpatient Hospital Services".

Primary Care Provider or Specialist 80% after deductible 50% after deductible

#### Preventive Care (Primary Preventative Diagnosis Only)

For the most updated list of general preventive/screenings, immunizations, well-baby/well-child care and womens preventive care services mandated under Federal law, see our website at [bcbsnc.com/preventive](http://bcbsnc.com/preventive).

Nutritional counseling is covered and available In-Network and Out-of-Network.

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

#### Therapies

Rehabilitative and Habilitative 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 80% after deductible 50% after deductible

### Urgent Care Centers and Emergency Room

Urgent Care Centers 80% after deductible 80% after deductible

Emergency Room Visit 80% after deductible 80% after deductible

### Ambulatory Surgical Center

80% after deductible 50% after deductible

**Outpatient Hospital Services** (Includes physician services, hospital and hospital-based services, hospital-based clinics, outpatient diagnostic services, and therapy services including rehabilitative and habilitative therapies and other therapies.)

80% after deductible 50% after deductible

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

80% after deductible 50% after deductible

### Other Services

**Skilled Nursing Facility** (60 days per Benefit Period)

80% after deductible 50% after deductible

**Home Health Care, Durable Medical Equipment and Hospice**

80% after deductible 50% after deductible

**Ambulance**

80% after deductible 80% after deductible

#### Maternity

Maternity Delivery includes Prenatal and Post-delivery care

Hospital Services (Delivery) 80% after deductible 50% after deductible

Professional Services (Delivery) 80% after deductible 50% after deductible

#### Transplants

Hospital Services 80% after deductible 50% after deductible

Professional Services 80% after deductible 50% after deductible

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### Infertility Services

Combined In-Network and Out-of-Network Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per Member for Infertility services, provided in all places of service.

	In-network	Out-of-network <sup>2</sup>
Primary Care Provider or Specialist	80% after deductible	50% after deductible
Hospital Services	80% after deductible	50% after deductible
Inpatient and Outpatient Professional Services	80% after deductible	50% after deductible
Infertility Drugs	80% after deductible	80% after deductible

Limits apply to Infertility drugs, refer to your benefit booklet.

### Mental Health and Substance Abuse Services

#### Mental Health Services

Office Visit	80% after deductible	50% after deductible
Inpatient/Outpatient	80% after deductible	50% after deductible

#### Substance Abuse Services

Office Visit	80% after deductible	50% after deductible
Inpatient/Outpatient	80% after deductible	50% after deductible

#### Prescription Drugs

MAC B Pricing, Brand Penalty	80% after deductible	80% after deductible
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You are responsible for charges over the allowed amount received from an out-of-network pharmacy.

Preventive OTC Medications and Contraceptive Drugs and Devices as listed at <a href="http://bcbsnc.com/preventive">bcbsnc.com/preventive</a>	100%, no deductible	100%, no deductible
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#### Lens and Frame Coverage\*

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

80% after deductible

\*The PLAN will pay for either one pair of prescription eyeglasses, one pair of hard and soft contact lenses or one year supply of disposable contact lenses per BENEFIT PERIOD. Any services in excess of this BENEFIT PERIOD MAXIMUM are not COVERED SERVICES.

<sup>1</sup>NOTICE: If you selected Employee Only Coverage, the Employee Deductible and Out-Of-Pocket Limit will apply. If you selected Family Coverage, either the Family Member or Family Total Deductible and Out-of-Pocket Limit will apply. All covered family members contribute to the same Family Total Deductible and the same Family Total Out-of-Pocket Limit, however any individual Family Member who reaches his or her Family Member Deductible and Out-Of-Pocket Limit will have the benefit levels for each apply to them only, and not the entire Family. The Family Total Deductible and Out-Of-Pocket Limit must be met before the respective benefit levels for each are payable for all Family Members, regardless of whether each individual Family Member's Deductible and Out-Of-Pocket Limit has been met.

<sup>2</sup>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 ABOUT BLUE OPTIONS HSA FROM BCBSNC

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

### Allowed Amount

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

### Out-of-Pocket Limit

The dollar amount you pay for covered services in a benefit period before BCBSNC pays 100% of covered services. It includes deductible, coinsurance and copayments. It does not include charges over the allowed amount, premiums, and charges for non-covered 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 from BCBSNC 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 BCBSNC, if medically necessary.

All inpatient and certain outpatient Mental Health and Substance Abuse services must be certified in advance by Magellan Behavioral Health. Call Magellan Behavioral Health at 1-800-359-2422. 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 HealthLine Blue, our 24-hour health information service, a health topics library, asthma and diabetes management and a prenatal program. You will also have access to online health and wellness information at [www.bcbsnc.com](http://www.bcbsnc.com). With our program you can get health advice anytime you need it, so you can learn how to take charge of your health.

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### 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, except as specifically covered by the benefit plan
- 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
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For assisted reproductive technologies as defined by the Centers for Disease Control and Prevention
- For self-injectable drugs in the provider's office

### Health Savings Account

Blue Options HSA is not a Health Savings Account (HSA), but it instead is a health insurance plan intended to be paired with an HSA. The HSA is provided to you directly by a separate HSA Administrator. An HSA is a savings vehicle for medical care expenses. It helps to pay the expenses that insurance does not pay. Individuals and employers can contribute money into an HSA on a tax-deductible or pre-tax basis for individuals. If used to pay for qualified health care expenses, your HSA account's growth and use is tax-free. In addition, HSAs roll over from year to year and are fully portable if an individual changes jobs. HSAs can only be opened by and contributed to on behalf of individuals who are covered under a qualified High Deductible Health Plan (HDHP). For more information on your HSA eligibility if you have other, additional health coverage, consult your tax advisor.