



**Blue**Advantage<sup>®</sup>

**Blue**Select<sup>®</sup>

**Blue**Value<sup>™</sup>

**Blue**Local<sup>™</sup>  
with Duke Medicine and WakeMed

**Blue**Local<sup>™</sup>  
with Carolinas HealthCare System



## **2016 HEALTH PLANS** | For individuals and families





**Blue**Advantage™

**Blue**Select™

**Blue**Value™

**Blue**Local™  
with Duke Medicine and WakeMed

**Blue**Local™  
with Carolinas HealthCare System



# HEALTH CARE HAS CHANGED

## We're here to help

There's a lot to think about when you choose 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.<sup>1</sup> We are the experts and we have a broad range of health plans available, so we can help you find the one that's right for you – and your budget.

### **With our plans you'll enjoy:**

- + **Customer service to make using insurance easier** – Our customer service professionals are ready to answer your questions quickly and accurately.
- + **Easy-to-use online tools** – Blue Connect<sup>SM</sup> is our new, enhanced member services experience. It's your source for all tools and what you need to know about your health plan. And you can use it on any mobile phone, tablet or laptop. Need to find a doctor? Planning for surgery? Can't remember all of your benefits? Blue Connect is customizable so what you need is ready for you right away. It's designed to make health care easier. And it's yet another benefit of choosing Blue.
- + **Doctor and hospital choices** – BCBSNC offers a range of network choices to meet your needs and budget. Depending on which plan you choose, the BCBSNC network you can use may include more than 92% of doctors and 98% of the hospitals in North Carolina.<sup>2</sup> (A network is a group of doctors, hospitals, pharmacies and other health care experts.)
- + **Your health plan goes where you go** – With BlueCard<sup>®</sup> your coverage extends worldwide, which means you have coverage at home and when you travel.<sup>3</sup>

### Our plans offer these key benefits<sup>4</sup>

- + **No lifetime maximums** – There are no lifetime dollar maximums on the plans featured in this brochure.
- + **No waiting period for pre-existing conditions** – All ACA health insurance plans offered by BCBSNC are available with no pre-existing condition(s) waiting periods.<sup>5</sup>
- + **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.<sup>6</sup> These covered services include annual exams, colonoscopies, mammograms and more. See [bcbsnc.com/preventive](https://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. These services include:
  - Preventive care
  - Professional services
  - Hospital services
  - Outpatient services
  - Urgent and emergency services
  - Maternity services
  - Mental health/chemical dependency services
  - Pediatric dental and pediatric vision care

For a complete list, visit [bcbsnc.com/essential](https://bcbsnc.com/essential).

To see a sample member booklet, visit [bcbsnc.com/booklets](https://bcbsnc.com/booklets).

- + **Dental insurance** – Dental coverage is available through **Dental Blue for Individuals<sup>SM</sup>**, a separate plan that provides dental-only coverage at an additional cost to your health plan premium.<sup>7</sup> You may also purchase dental insurance with or without the purchase of BCBSNC health coverage.





# HEALTH CARE REFORM

## The basics

The Affordable Care Act (ACA) – also known as health care reform – went into effect in 2014. So, it is still relatively new. Here are some of the changes you should know about when choosing health insurance:

- + **You must have health insurance coverage** – The federal government now requires that most individuals purchase health insurance. Those who don't may be subject to a tax penalty.<sup>8</sup>
- + **Financial help is available if you meet certain rules** – Financial assistance (also known as a subsidy) from the federal government may help you pay for your health insurance.<sup>9</sup> BCBSNC will help you estimate your subsidy at [bcbsnc.com/shopping](http://bcbsnc.com/shopping). Remember, your actual subsidy is decided by the federal government.
- + **Annual open enrollment is between November 1, 2015 and January 31, 2016** – Annual enrollment is the only time you know for certain you can buy health insurance. Apply by December 15 to get coverage that starts January 1, 2016.
- + **Once open enrollment ends** you may still be able to buy health insurance if you have what is called a *qualifying life event*. If you get married, have a new baby, or lose your health coverage, you may qualify.<sup>10</sup>

The annual enrollment period is November 1, 2015 - January 31, 2016.<sup>10</sup>

### 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.



# YOUR CHECKLIST

## for buying health insurance

### How to sign up, step-by-step:

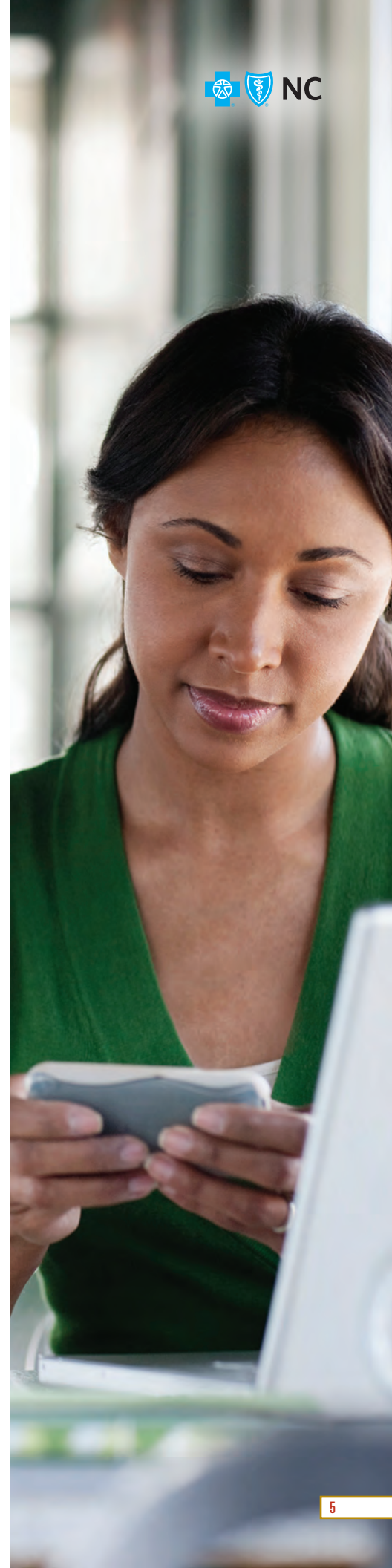
- ✓ Sign up between November 1, 2015 and January 31, 2016 during the annual enrollment period
- ✓ Outside the annual enrollment period, if you get married, have a baby, move from another state, or lose your health insurance, you may be able to buy coverage during special enrollment<sup>8</sup>
- ✓ Find out if you may receive subsidies to help pay for your health insurance (BCBSNC can help)<sup>9</sup>
- ✓ Check the map on page 6 to see which plans are available where you live
- ✓ Think about your health care needs – which metallic level (bronze, silver, gold or platinum) works best?
- ✓ Think about your network needs – make sure your favorite doctors and hospitals are in the network of the plan you select
- ✓ Submit your application to BCBSNC
- ✓ Pay for your plan – your new health insurance will not become effective until BCBSNC receives and processes your first month's premium

### Two ways to pay for medical expenses:

Choose a plan with predictable copayments or deductible and coinsurance.

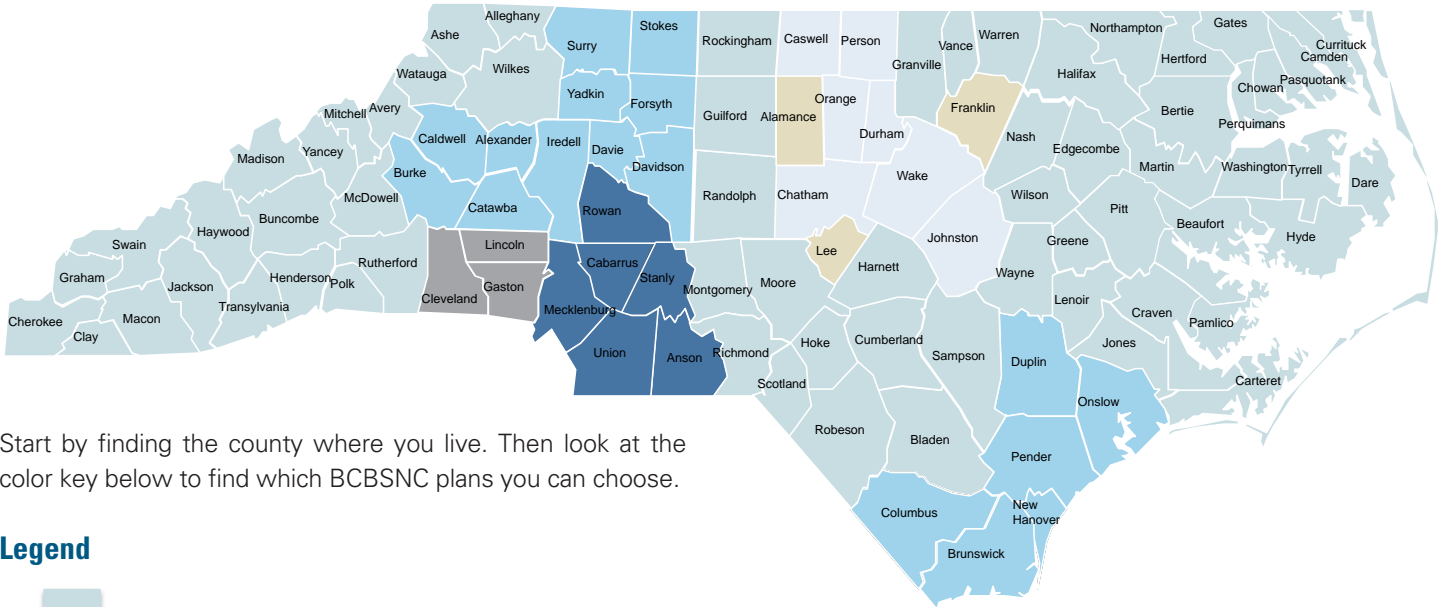
**Copayment plans** offer a fixed copayment (or copay) for things like office visits and prescriptions. While you'll know what you're going to pay with copay plans, they come at a higher monthly premium cost. These plans are ideal for someone who wants predictable costs and doesn't mind paying more in premiums.

**Deductible and coinsurance plans** have lower premiums than copayment plans. If you don't expect a lot of medical expenses and want to save money on premiums, these may be the plans for you. For these plans, you pay the full cost of your medical expenses until you meet your deductible. (A deductible is the amount a person pays for health care before your insurance starts to pay.) Then you pay a coinsurance percentage, sharing the cost with BCBSNC until you reach your out-of-pocket limit. After that, BCBSNC pays all covered costs.



# WHICH PLANS

## are available where you live?



Start by finding the county where you live. Then look at the color key below to find which BCBSNC plans you can choose.



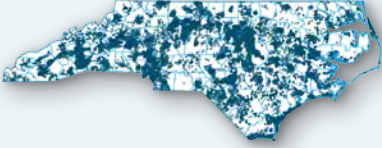
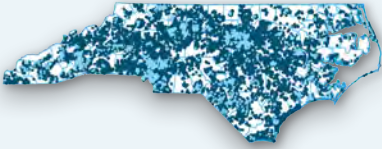
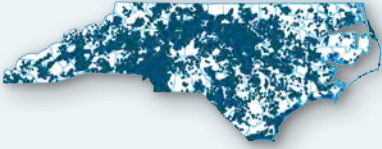
### Legend

- Blue Advantage, Blue Select
- Blue Advantage, Blue Select, Blue Value
- Blue Advantage, Blue Select, Blue Local with Carolinas HealthCare System
- Blue Value, Blue Local with Carolinas HealthCare System
- Blue Value, Blue Local with Duke Medicine and WakeMed
- Blue Value





# CHOOSE THE NETWORK that's right for you

PROVIDER LOCATIONS	DOCTOR & HOSPITAL NETWORK	PHARMACY NETWORK	CHOOSE THIS PLAN IF YOU <sup>11</sup>
<p><b>BLUE LOCAL with Duke Medicine and WakeMed</b></p> 	<p><b>Limited, regional network</b></p>	<p><b>Limited pharmacy network</b></p>	<p>Want care from Duke Medicine and WakeMed doctors and hospitals and a limited pharmacy network</p>
<p><b>BLUE LOCAL with Carolinas HealthCare System</b></p> 	<p><b>Limited, regional network</b></p>	<p><b>Limited pharmacy network</b></p>	<p>Want care from Carolinas HealthCare System and affiliated providers and a limited pharmacy network</p>
<p><b>BLUE VALUE</b></p> 	<p><b>Limited network</b></p>	<p><b>Limited pharmacy network</b></p>	<p>Want to save on monthly premiums by using limited provider and pharmacy networks</p>
<p><b>BLUE SELECT</b></p> 	<p><b>Broad network</b> with tiered benefits</p>	<p><b>Limited pharmacy network</b></p>	<p>Want to manage costs by using select doctors and hospitals and a limited pharmacy network</p>
<p><b>BLUE ADVANTAGE</b></p> 	<p><b>Broadest network</b> of doctors and hospitals in North Carolina<sup>2</sup></p>	<p><b>Broad pharmacy network</b></p>	<p>Want access to our broad provider and pharmacy networks</p>

To find out which networks include your favorite doctors and hospitals, go to [bcbsnc.com](http://bcbsnc.com) and click on [Find a Doctor](#).

# CHOOSE your plan



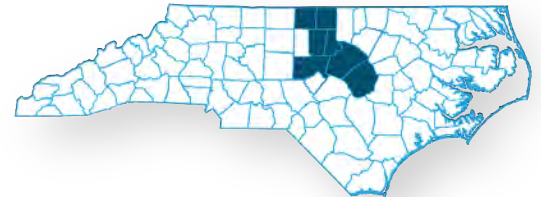
## BlueLocal<sup>SM</sup>

with Duke Medicine and WakeMed

If you would like a closer relationship with your doctors, and enjoy the benefits of world-class<sup>12</sup> health care at a lower cost,<sup>13</sup> then this could be the right plan for you. BCBSNC and our partners Duke Medicine and WakeMed are giving the Triangle a new choice in health coverage.

### BLUE LOCAL offers:

- + Savings on your monthly premiums
- + A network that includes Duke Medicine, ranked as one of the best health systems in the country<sup>12</sup>
- + Access to WakeMed hospitals and more than 1,000 physicians through WakeMed Key Community Care<sup>14</sup>
- + Two ways to pay for medical expenses: a plan with predictable copayments or deductible and coinsurance



### Availability

Blue Local with Duke Medicine and WakeMed is available to residents of these Triangle area counties:

- + Caswell
- + Chatham
- + Durham
- + Johnston
- + Orange
- + Person
- + Wake

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED BRONZE 6850</b>	\$6,850	\$6,850	0%	Integrated
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED BRONZE 5000<sup>15</sup> (HSA ELIGIBLE)</b>	\$5,000	\$6,550	20%	Integrated

IN-NETWORK BENEFIT							
COPAY PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Maximum (Family=2x)	Coinsurance	Primary Care Provider Copay	Specialist/ Urgent Care Copay	Prescription Drug Deductible	Prescription Drug Benefit
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED SILVER 5000</b>	\$5,000	\$6,850	30%	\$25	\$50	\$300	\$10/\$25/\$50/\$70/25%
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED SILVER 3500</b>	\$3,500	\$6,850	30%	\$25	\$50	\$200	\$10/\$25/\$50/\$70/25%
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED GOLD 1000</b>	\$1,000	\$4,000	20%	\$15	\$30	\$0	\$10/\$25/\$45/\$65/25%
<b>BLUE LOCAL WITH DUKE MEDICINE AND WAKEMED PLATINUM 5000</b>	\$500	\$2,500	10%	\$5	\$10	\$200	\$4/\$10/\$30/\$50/25%

Out-of-network (OON) deductible and OON out-of-pocket maximum (OOPM) are two times the in-network deductible and in-network OOPM

Member pays 30% more coinsurance when seeking services out of network

Integrated prescription drug benefits subject to the same deductible & coinsurance as other medical services

Prescription drug deductible must be met before receiving benefits

Emergency room copay is \$500 on Silver & Gold Metallic copay plans and \$300 on Platinum copay plans and subject to deductible & coinsurance on Bronze and Catastrophic plans



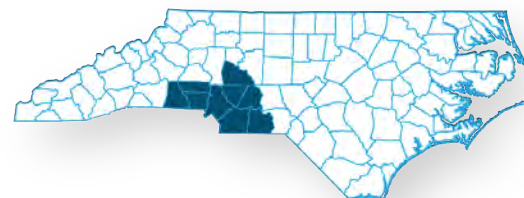
# BlueLocal<sup>SM</sup>

with Carolinas HealthCare System

Now you can get access to all of the doctors, specialists and hospitals within Carolinas HealthCare System and its affiliates – and save money. This system-centered network naturally lends itself to more coordinated care. And since all Carolinas HealthCare System doctors and hospitals are in-network and in your local community, your out-of-pocket costs are lower and care is easier to access.

### BLUE LOCAL offers:

- + Savings on your monthly premiums
- + Provider network limited to Carolinas HealthCare System and its affiliates
- + Better coordination of care by using an integrated health care system
- + Two ways to pay for medical expenses: a plan with predictable copayments or deductible and coinsurance



### Availability

Blue Local with Carolinas HealthCare System is available to residents of these metro-Charlotte area counties:

- + Anson
- + Cabarrus
- + Cleveland
- + Gaston
- + Lincoln
- + Mecklenburg
- + Rowan
- + Stanly
- + Union

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM BRONZE 6850</b>	\$6,850	\$6,850	0%	Integrated
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM BRONZE 5000<sup>15</sup> (HSA ELIGIBLE)</b>	\$5,000	\$6,550	20%	Integrated

IN-NETWORK BENEFIT							
COPAY PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Maximum (Family=2x)	Coinsurance	Primary Care Provider Copay	Specialist/ Urgent Care Copay	Prescription Drug Deductible	Prescription Drug Benefit
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM SILVER 5000</b>	\$5,000	\$6,850	30%	\$25	\$50	\$300	\$10/\$25/\$50/\$70/25%
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM SILVER 3500</b>	\$3,500	\$6,850	30%	\$25	\$50	\$200	\$10/\$25/\$50/\$70/25%
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM GOLD 1000</b>	\$1,000	\$4,000	20%	\$15	\$30	\$0	\$10/\$25/\$45/\$65/25%
<b>BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM PLATINUM 5000</b>	\$500	\$2,500	10%	\$5	\$10	\$200	\$4/\$10/\$30/\$50/25%

Out-of-network (OON) deductible and OON out-of-pocket maximum (OOPM) are two times the in-network deductible and in-network OOPM

Member pays 30% more coinsurance when seeking services out of network

Integrated prescription drug benefits subject to the same deductible & coinsurance as other medical services

Prescription drug deductible must be met before receiving benefits

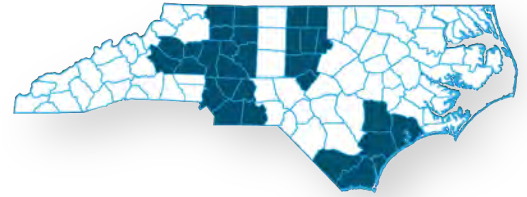
Emergency room copay is \$500 on Silver & Gold Metallic copay plans and \$300 on Platinum copay plans and subject to deductible & coinsurance on Bronze and Catastrophic plans

# BlueValue™

Blue Value 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** offers:

- + Lower costs through a limited network of providers and pharmacies
- + Two ways to pay for medical expenses: a plan with predictable copayments or deductible and coinsurance



## Availability

Blue Value is available to residents of these North Carolina counties:

- + Alamance
- + Alexander
- + Anson
- + Brunswick
- + Burke
- + Cabarrus
- + Caldwell
- + Caswell
- + Catawba
- + Chatham
- + Columbus
- + Davidson
- + Davie
- + Duplin
- + Durham
- + Forsyth
- + Iredell
- + Lee
- + Mecklenburg
- + New Hanover
- + Onslow
- + Orange
- + Pender
- + Person
- + Rowan
- + Stanly
- + Stokes
- + Surry
- + Union
- + Yadkin

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
<b>BLUE VALUE BRONZE 6850</b>	\$6,850	\$6,850	0%	Integrated
<b>BLUE VALUE BRONZE 5000<sup>15</sup> (HSA ELIGIBLE)</b>	\$5,000	\$6,550	20%	Integrated

IN-NETWORK BENEFIT							
COPAY PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Primary Care Provider Copay	Specialist/ Urgent Care Copay	Prescription Drug Deductible	Prescription Drug Benefit
<b>BLUE VALUE CATASTROPHIC<sup>16</sup></b>	\$6,850	\$6,850	0%	\$35x3	0%	Integrated	0%
<b>BLUE VALUE SILVER 5000</b>	\$5,000	\$6,850	30%	\$25	\$50	\$300	\$10/\$25/\$50/\$70/25%
<b>BLUE VALUE SILVER 3500</b>	\$3,500	\$6,850	30%	\$25	\$50	\$200	\$10/\$25/\$50/\$70/25%
<b>BLUE VALUE SILVER 2500</b>	\$2,500	\$6,850	30%	\$30	\$60	\$200	\$10/\$25/\$50/\$70/25%
<b>BLUE VALUE GOLD 1000</b>	\$1,000	\$4,000	20%	\$15	\$30	\$0	\$10/\$25/\$45/\$65/25%
<b>BLUE VALUE PLATINUM 500</b>	\$500	\$2,500	10%	\$5	\$10	\$200	\$4/\$10/\$30/\$50/25%

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Member pays 30% more coinsurance when seeking services out of network

Integrated prescription drug benefits subject to the same deductible & coinsurance as other medical services

Prescription drug deductible must be met before receiving benefits

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# BlueSelect®

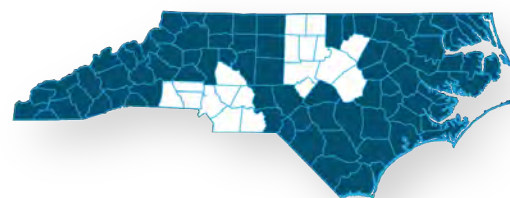
Choose Blue Select if you want savings along with access to our largest network of doctors, specialists and hospitals. Blue Select offers two tiers of in-network benefits. You may choose from either tier, but for the highest quality and the most savings, choose from Tier 1.

## BLUE SELECT offers:

- + Savings over Blue Advantage while still offering broad network access
- + Two tiers of in-network benefits
- + Copayments for predictable costs
- + Limited pharmacy network to help save you money
- + Providers located outside the state are included as Tier 1 providers through the BlueCard® network<sup>3</sup>

## How tiers work

- + 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<sup>17</sup>



## Availability

Blue Select is available in all North Carolina counties **except**:

- + Alamance
- + Anson
- + Cabarrus
- + Caswell
- + Cleveland
- + Chatham
- + Durham
- + Franklin
- + Gaston
- + Johnston
- + Lee
- + Lincoln
- + Mecklenburg
- + Orange
- + Person
- + Rowan
- + Stanly
- + Union
- + Wake

IN-NETWORK BENEFIT									
TIERED NETWORK PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Tier 1 Coinsurance	Tier 2 Coinsurance	Primary Care Provider Copay	Tier 1 Specialist/ Urgent Care Copay	Tier 2 Specialist Copay	Prescription Drug Deductible	Prescription Drug Benefit
<b>BLUE SELECT SILVER 5000</b>	\$5,000	\$6,850	30%	50%	\$25	\$50	\$75	\$300	\$10/\$25/\$50/\$70/25%
<b>BLUE SELECT GOLD 1000</b>	\$1,000	\$4,000	20%	40%	\$15	\$30	\$60	\$0	\$10/\$25/\$45/\$65/25%

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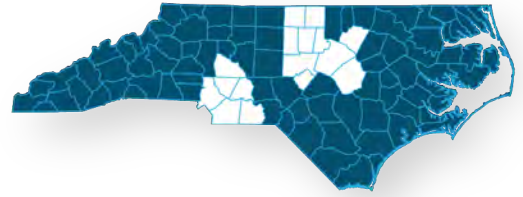
Tier 2 inpatient hospital admits incur a \$500 surcharge copay in addition to being subject to deductible and coinsurance

# BlueAdvantage®

Blue Advantage 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.

**BLUE ADVANTAGE** offers:

- + Over 92% of physicians and 98% of the hospitals in North Carolina in-network<sup>2</sup>
- + More pharmacy options
- + Two ways to pay for medical expenses: a plan with predictable copayments or deductible and coinsurance



## Availability

Blue Advantage is available in all North Carolina counties

**except:**

- + Alamance
- + Anson
- + Cabarrus
- + Caswell
- + Chatham
- + Durham
- + Franklin
- + Johnston
- + Lee
- + Mecklenburg
- + Orange
- + Person
- + Rowan
- + Stanly
- + Union
- + Wake

IN-NETWORK BENEFIT				
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<b>BLUE ADVANTAGE BRONZE 5000<sup>15</sup></b> (HSA ELIGIBLE)	\$5,000	\$6,550	20%	Integrated

IN-NETWORK BENEFIT							
COPAY PLANS	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Primary Care Provider Copay	Specialist/ Urgent Care Copay	Prescription Drug Deductible	Prescription Drug Benefit
<b>BLUE ADVANTAGE CATASTROPHIC<sup>16</sup></b>	\$6,850	\$6,850	0%	\$35x3	0%	Integrated	0%
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<b>BLUE ADVANTAGE SILVER 2500</b>	\$2,500	\$6,850	30%	\$30	\$60	\$200	\$10/\$25/\$50/\$70/25%
<b>BLUE ADVANTAGE GOLD 1000</b>	\$1,000	\$4,000	20%	\$15	\$30	\$0	\$10/\$25/\$45/\$65/25%
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# MAKING HEALTH CARE more affordable

## Subsidies can help<sup>9</sup>

To help make health insurance more affordable and effective, the federal government offers financial assistance, 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:<sup>9</sup>

- + 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 [also known as minimum essential coverage] 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 (CSRs), 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 services. Keep in mind, to get these benefits you must choose a Silver plan on the federal insurance marketplace.

### 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 \$97,000 may be eligible for a subsidy.<sup>18</sup>

- + 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.

### Federal Poverty Level (FPL) guidelines<sup>18</sup>

HOUSEHOLD SIZE	ANNUAL HOUSEHOLD INCOME		
	100% FPL	250% FPL	400% FPL
1	\$11,770	\$29,425	\$ 47,080
2	\$15,930	\$39,825	\$ 63,720
3	\$20,090	\$50,225	\$ 80,360
4	\$24,250	\$60,625	\$ 97,000
5	\$28,410	\$71,025	\$113,640
6	\$32,570	\$81,425	\$130,280

### 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% of the 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.



## WORDS you'll want to know

**Affordable Care Act (ACA)** – The law intended to address issues with our health care system by increasing access to health insurance, introducing a number of health care reforms and improving quality.

**Advanced premium tax credits, or subsidies** – These subsidies from the federal government are available to help low- and middle-income Americans with their health insurance premiums.

**Allowed amount** – The maximum amount that BCBSNC determines is reasonable for covered services provided to a member. The allowed amount includes any BCBSNC payment to the provider, plus any deductible, coinsurance or copayment.

**Benefit period** – The specified period of time during which charges for covered services provided to a policy member must be incurred in order to be eligible for payment.

**Coinsurance** – When you pay a percentage of the cost of a covered service, after you've met your deductible. Say your plan has 25% coinsurance. After you meet your deductible, if a doctor's visit cost \$100, you would pay \$25 and insurance would pay \$75. You stop paying coinsurance when you meet your out-of-pocket maximum.

**Copayment** – A fixed dollar amount you may pay for a covered service at the time you receive it. Copayments can vary depending on the service.

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

**Federal Poverty Level (FPL)** – An index of income level (by family size) that determines eligibility for premium tax credits. For example, in 2016 a family of four that makes as much as \$97,000 a year (or 400% of FPL) may be eligible for a subsidy to help with health insurance premiums.<sup>18</sup>

**Health Insurance Marketplace** – An online insurance marketplace where individuals can compare, shop for and buy qualified health insurance plans. Also known as an "Exchange."

**Integrated prescription drug benefit** – Your prescription drug benefits are subject to the same deductible and coinsurance as other medical services.

**Member** – A member is a person in a health plan; someone with insurance coverage.

**Network** – The hospitals, doctors, pharmacies and other providers your health insurer or plan has contracted with to provide health care services.

**Out-of-pocket limit** – The maximum you will pay from your own funds for covered services in a benefit period. Once you have met this amount, BCBSNC will pay 100% of your remaining covered services. Deductibles, copayments and coinsurance for covered medical and drug benefits apply to this limit. Premiums and non-covered services as well as out-of-network charges beyond the allowed amount do not apply to the out-of-pocket limit.

**Outpatient** – Person who gets hospital care but is not admitted to the hospital.

**Premium** – A premium is the periodic payment made to BCBSNC to keep your health insurance policy active. Premiums are separate from other health insurance out-of-pocket costs, like copayments, deductibles and coinsurance.

## Limitations & Exclusions

Like most health care plans, Blue Local with Carolinas HealthCare System, Blue Local with Duke Medicine and WakeMed, Blue Advantage, Blue Select and Blue Value have some limitations and exclusions. Once you're enrolled, a Member Guide will be made available to you. It will contain detailed information about your plan benefits, exclusions and limitations.

This is a partial list of benefits that are not covered for Blue Local with Carolinas HealthCare System, Blue Local with Duke Medicine and WakeMed, Blue Advantage, Blue Select and Blue Value members:

- Services for or related to assisted reproductive technology or for reversal of sterilization
- Treatment of sexual dysfunction not related to organic disease
- Treatment or studies leading to or in connection with sex changes or modifications and related care
- Services that are investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment, except as specifically covered by this health benefit plan
- Side effects and complications of non-covered services, except for emergency services in the case of an emergency
- Services that are not medically necessary
- Dental services provided in a hospital, except as specifically covered by your health benefit plan
- Services or expenses that are covered by any governmental unit except as required by federal law
- Services received from an employer-sponsored dental or medical department
- Services received or hospital stays before (or after) the effective dates of coverage
- Custodial care, domiciliary care or rest cures
- Eyeglasses or contact lenses or refractive eye surgery, except as specifically covered by your health benefit plan
- Routine eye examinations for adults
- Services for cosmetic purposes, except as specifically covered by this health benefit plan
- Services for routine foot care that is palliative or cosmetic
- Travel, except as covered by your health benefit plan
- Inpatient admissions that are primarily for physical therapy, diagnostic studies, or environmental change
- Services that are rendered by or on the direction of those other than doctors, hospitals, facility and professional providers; services that are in excess of the customary charge for services usually provided by one doctor when done by multiple doctors

- For any condition suffered as a result of any act of war or while on active or reserve military duty
- Services for which a charge is not normally made in the absence of insurance, or services provided by an immediate relative
- Non-prescription drugs, except as specifically covered by your health benefit plan
- Prescription drugs or refills which exceed the maximum supply
- Personal hygiene, comfort and/or convenience items
- For telephone consultations, charges for failure to keep a scheduled visit, charges for completion of a claim form, charges for obtaining medical records, and late payment charges
- Services primarily for educational purposes
- Services not specifically listed as covered services

Your coverage will automatically renew. Your coverage may be canceled by BCBSNC for fraud or intentional misrepresentation of material fact on your application. Coverage for dependent children ends at the end of the month they become age 26. Members will be notified 30 days in advance of any change in coverage. The policy form number for Blue Value, Blue Local is ACAPOS-1, 4/15. The policy form number for Blue Select and Blue Advantage is NGFPP0-1, 4/15. This brochure contains a summary of the benefits only. It is not your insurance policy. Your policy and application are your contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. Visit [bcbsnc.com](http://bcbsnc.com) for more information.

## Footnotes

- 1 BCBSNC Brand Image and Advertising Tracking; Vision Critical; March 2014.
- 2 Consortium Health Plans, Inc., MarketQuest Network Compare, March 2015. Percentages indicated represent BCBSNC's PPO network. Note: Not all plans are available in all areas.
- 3 Blue Cross and Blue Shield Association Internal Data: [bcbs.com/shop-for-health-insurance/coverage-home-and-away.html](http://bcbs.com/shop-for-health-insurance/coverage-home-and-away.html) (Accessed September, 2015).
- 4 All information discussed in this brochure pertains to BCBSNC individual-market, medical health insurance plans that are eligible for sale in 2016 and meet Affordable Care Act guidelines. The information contained does not apply to plans that are grandfathered, transitional, group, dental-only or other plan types. All details regarding plan benefits and design contained herein are for informational purposes only. Please see the product benefit booklet for all terms and conditions that apply.
- 5 Eligibility requirements apply. See benefit booklet for details.
- 6 Preventive care services as defined by recent federal regulations are covered at no charge to you. For Blue Advantage, Blue Select and Blue Value and Blue Local: 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 deductible and coinsurance, plus charges over the allowed amount. Visit [bcbsnc.com/preventive](http://bcbsnc.com/preventive) for more details.
- 7 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 reductions or limitations and terms under which the policy may be continued in force, contact your agent or BCBSNC.
- 8 If you qualify for a health coverage exemption you don't have to pay the fee. More information at [healthcare.gov/fees-exemptions/exemptions-from-the-fee/](http://healthcare.gov/fees-exemptions/exemptions-from-the-fee/)
- 9 Subsidies only available for plans purchased through the federal health insurance marketplace. Eligibility for and actual amount of any subsidy is determined by the federal marketplace.
- 10 You must have a qualifying life event to enroll in the federal marketplace outside of the open enrollment period. The federal marketplace determines if you qualify.
- 11 Chart provides an overview of key benefits. For full benefits see your benefit booklet.
- 12 U.S. News & World Report, 2014-15.
- 13 As compared to our other BCBSNC plans.
- 14 Source: [www.wakemedkeycc.org/about-us/wakemed-health-hospitals/](http://www.wakemedkeycc.org/about-us/wakemed-health-hospitals/) (accessed October, 2015).
- 15 2016 HSA Aggregate Cost Share - Starting in 2016, the "self-only" dollar limit will apply to each covered person. Thus, each covered family member may reach the self-only limit or the family limit, whichever comes first.
- 16 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](http://bcbsnc.com) for more details.
- 17 Tier 2 providers may not have met one or more of the standards necessary for inclusion in Tier 1.
- 18 Source: [familiesusa.org/product/federal-poverty-guidelines](http://familiesusa.org/product/federal-poverty-guidelines) (accessed September, 2015). These 2015 FPL guidelines are for the 48 contiguous states and Washington D.C.





# EASY STEPS to enroll

**It's easy to apply for coverage!**

## Step 1

Contact your local authorized BCBSNC agent. He or she will be happy to help you complete the application and select a plan.

## Step 2

Your policy will not become effective until your first month's premium payment has been received and processed.

## Step 3

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

### **Annual open enrollment is between November 1, 2015 and January 31, 2016**

Annual enrollment is the only time you know for certain you can buy health insurance. Apply by December 15 to get coverage that starts January 1, 2016.

Once open enrollment ends you may still be able to buy health insurance if you have what is called a *qualifying life event*. If you get married, have a new baby, or lose your health coverage, you may qualify.<sup>10</sup>

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

## For more info

**Contact your local authorized BCBSNC agent.  
He or she will be happy to help you.**

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