

# BlueAdvantage<sup>®</sup> BlueSelect<sup>SM</sup> BlueValue<sup>SM</sup>

Our new health plans for  
individuals and families

ALL PLANS MEET 2014  
AFFORDABLE CARE ACT  
REQUIREMENTS

WHAT'S  
INSIDE?

- + Choosing the right plan for you
- + Subsidy eligibility information
- + Plan comparison charts
- + Common questions about health insurance
- + Terms and definitions
- + How to enroll





BlueAdvantage<sup>®</sup>  
BlueSelect<sup>™</sup>  
BlueValue<sup>™</sup>

## We're here to help you find the plan that's right for you

You've got a lot to think about when you're deciding on a health insurance plan – especially with the changes that health care reform brings. This brochure is designed to walk you through the steps of choosing a plan that fits your budget and meets your needs. At Blue Cross and Blue Shield of North Carolina (BCBSNC), we've made it easier for you to consider all your options and get the plan that's right for you.

Health care reform means lots of changes. Learn more about what they mean for you.  
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BCBSNC is here to help you get the coverage that's right for you and your life.  
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Review the benefits of our plans and see which plan best meets your needs.  
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Learn about health savings accounts (HSA), plus healthy extras and additional coverage.  
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# Health care is changing.

## Let us show you the way.

### Health care reform and what it means for you

Health care reform means lots of change. Just consider:

- + Beginning in 2014, the federal government requires that individuals purchase health insurance or pay a tax penalty. (In 2014, the penalty is 1% of your income or \$95, whichever is greater.)\*
- + To make it easier to compare plans, plans must be labeled bronze, silver, gold or platinum – with each of these levels covering a specific percentage of medical costs. (See the chart on page 5.)
- + If you meet certain qualifications, the federal government offers subsidies – also known as advanced premium tax credits – that help you pay for health coverage. Getting your subsidy starts with a free rate quote, just contact your authorized BCBSNC agent. In your rate quote, you'll see your estimated subsidy and how it affects your premium. To get the actual amount of your subsidy, you'll need to go to the online Health Insurance Marketplace, which is also known as the Exchange – your agent can help you do this as well.
- + There's an online Health Insurance Marketplace, also known as the Exchange, that will allow you to compare and purchase health insurance plans at the different metallic levels from different health insurance providers, including BCBSNC.
- + Health insurance plans must meet or exceed certain coverage requirements regarding preventive care, deductible levels, out-of-pocket cost limits and more – to ensure that you receive the protection you need and want.\* All BCBSNC plans meet these coverage requirements and include comprehensive preventive care services.
- + You must enroll in a health insurance plan between **October 1, 2013 and March 31, 2014**, the annual enrollment period for 2014. You can enroll outside this period, if you have gone through a qualifying event such as marriage, divorce, or moving into North Carolina from out of state. Visit [bcbsnc.com](http://bcbsnc.com) for a complete listing of qualifying events.

\* For more information on coverage requirements, exemptions from coverage and tax penalties, visit [healthcare.gov](http://healthcare.gov).

### How do you navigate all this change?

Turn to BCBSNC. We can help you choose a BCBSNC plan that gives you the balance of benefits and cost that meets your needs and your budget.

WE'RE  
HERE TO  
HELP



# Making health care more affordable

## Subsidies can help

To help make health insurance more affordable and effective, the federal government offers advanced premium tax credits, 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:

- + 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 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 (CSR), another type of subsidy that provides further help for those between 100% and 250% of the federal poverty level. CSRs can reduce the amounts you pay out-of-pocket – such as money for copayments and deductibles. CSRs are essentially an upgrade of your plan at no additional cost to you.

To qualify for a CSR you must purchase a silver plan. And remember, you don't have to choose between a premium subsidy and a CSR. If you qualify for a CSR, you can also apply your premium subsidy to the monthly cost of your CSR plan.

### Big picture

Overall, subsidies and CSRs can lower health insurance costs significantly for those who qualify based on income. In fact, subsidies can reduce the monthly premium to as low as \$19 per month for those who qualify.\* So be sure to learn if you qualify. Even a family of four with a household income of as much as \$94,200 may be eligible for a subsidy.\*\*

- + 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.
- + You can use your subsidy on any BCBSNC plan except the catastrophic plan and grandfathered plans (See the following page for more detail on subsidies, CSRs and the metallic levels.)

### 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 premium tax credit subsidies and cost sharing reductions. Cost sharing reductions require the purchase of a silver level plan or higher.
- + Between 250% and 400% FPL are eligible for premium tax credit subsidies only. FPL guidelines help determine the level of the subsidy.
- + Greater than 400% of the FPL are ineligible for subsidies. People with incomes below 100% of the FPL may be eligible for Medicaid.

### Federal Poverty Level (FPL) guidelines\*\*

Household Size	Annual household income		
	100% FPL	250% FPL	400% FPL
1	\$11,490	\$28,725	\$45,960
2	\$15,510	\$38,775	\$62,040
3	\$19,530	\$48,825	\$78,120
4	\$23,550	\$58,875	\$94,200
5	\$27,570	\$68,925	\$110,280
6	\$31,590	\$78,975	\$126,360
7	\$35,610	\$89,025	\$142,440
8	\$39,630	\$99,075	\$158,520
<b>For each additional person, add</b>	<b>+ \$4,020</b>	<b>+ \$10,050</b>	<b>+ \$16,080</b>

\* BCBSNC Internal Data; Based on an estimated cost of the second-lowest cost silver plan for a 40 year old at 100% FPL located in Raleigh.

\*\* Source: <http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>. These 2013 FPL guidelines are for the 48 contiguous states and Washington D.C.

# Comparing plans made easier

## Metallic Values

Health care reform makes it easier to compare health insurance plans. These metallic levels (bronze, silver, gold and platinum) have been established to indicate the value of coverage in a plan. This allows you to easily compare plans with different deductibles, copayments and coinsurance requirements and determine which plan works best for you.

But keep in mind that the metallic values don't reflect some factors that may be important to you, such as:

- + The number of doctors and hospitals in the plan's network
- + Requirements for receiving benefits, such as prior approval for certain medical services
- + The plan's health and wellness programs

<b>Bronze</b>	Medical costs are covered at approximately <b>60%</b> .	Ideal for people who want lower monthly premiums and don't expect to need a lot of medical services.
<b>Silver</b>	Medical costs are covered at approximately <b>70%</b> .	Ideal for those who want to keep their monthly premiums and out-of-pocket medical costs more balanced.
<b>Gold</b>	Medical costs are covered at approximately <b>80%</b> .	If you receive medical services regularly, and you're okay with a higher monthly premium to have more of your health care costs covered, consider this level.
<b>Platinum</b>	Medical costs are covered at approximately <b>90%</b> .	If you receive medical services frequently, and you're willing to pay more each month for the lowest ongoing health care costs, consider this plan level.

All new health insurance plans offered in the individual market must fall within these metallic levels in 2014, except for catastrophic plans. (BCBSNC catastrophic plans however do meet bronze level requirements.)

<b>Catastrophic</b>	These plans may be a good value if you don't expect to have many medical expenses. The BCBSNC catastrophic plan can save as much as 22% over the the least expensive bronze plan. <sup>1</sup> You must be under age 30 or qualify based on a hardship exemption as defined by the federal government. For details, visit <a href="http://www.healthcare.gov">www.healthcare.gov</a> .
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# Choose peace of mind

You've got a lot to consider when you're looking to choose health insurance. You need to make sure your health coverage meets your specific needs and life circumstances. And today, with health care reform, there's even more you need to know.

So turn to Blue Cross and Blue Shield of North Carolina. You'll be with a company the people of North Carolina have trusted for health insurance for more than 80 years. In fact, we've earned the trust of more North Carolinians than any other health insurance company.<sup>2</sup>

**Blue**Advantage<sup>®</sup>  
**Blue**Select<sup>™</sup>  
**Blue**Value<sup>®</sup>

## Every BCBSNC plan offers you:

- + **Coverage when you need it most** – All of our new plans offer you comprehensive preventive care. All new plans offer protection should a catastrophic health event occur. And, all of our new plans have unlimited coverage for the lifetime of the policy.
- + **Provider accessibility** – With Blue Advantage and Blue Select, you have access to a provider network that includes 91% of the physicians and specialists and 99% of the hospitals in North Carolina.<sup>3</sup> And with Blue Value\*, you have access to a smaller, more streamlined provider network – that can help you save when you visit the plan's participating providers. But no matter which of our plans you choose, you're also covered in more than 200 countries and territories worldwide through the BlueCard<sup>®</sup> network.<sup>4</sup>
- + **Excellent, local customer service** – Our customer service call center lives where you do – right here in North Carolina. We treat you like a neighbor because you are one; you can count on our commitment to customer satisfaction.
- + **Your plan for better health**  
We do more than keep you covered. From comprehensive preventive care benefits to online health programs and wellness information, you have access to resources to help protect – and improve – your health.

\* Blue Value may not be available in all areas.

# The foundation of great coverage



## All new 2014 BCBSNC health insurance plans offer these key benefits

### No lifetime maximums

There are no lifetime dollar maximums with BCBSNC plans. BCBSNC plans offer members unlimited coverage for the lifetime of the policy.

### Preventive care benefits on all our plans

For all BCBSNC individual plans, preventive services are covered at 100% when you go to an in-network provider.<sup>5</sup> Among the covered services:

- + Annual exams
- + Blood tests
- + Colonoscopies
- + Immunizations
- + Mammograms
- + Nutritional counseling
- + Screening tests
- + And more

## Essential Health Benefits

Regardless of the coverage you choose, your BCBSNC plan provides coverage within these essential health benefit categories:

- + Ambulatory services
- + Emergency services
- + Hospitalization
- + Maternity and newborn care\*
- + Mental health and substance abuse services (including behavioral health)
- + Prescription drugs
- + Rehabilitative and habilitative services and devices
- + Laboratory services
- + Preventive/wellness services and chronic disease management
- + Pediatric services, including dental and vision\*

\* Maternity and newborn care as well as pediatric services are now a part of every new 2014 BCBSNC medical plan. Medical plans cover pediatric dental benefits for all members up to age 19. Preventive dental services covered at a \$25 copay. Basic, major and medically necessary orthodontia services are covered at 80% after deductible for in-network providers, 60% for out-of-network providers, except with catastrophic plans.



# Compare plan options

## Learn more about the features of our plans

We offer a variety of benefits with both Blue Advantage and Blue Value plans – giving you flexibility on how you pay for office visits and prescription drugs. Choose one of the plans below and then

choose Blue Advantage or Blue Value network options. That way, you can choose the combination of benefits and network that best suits your needs.



Please contact your authorized BCBSNC agent today.

## Blue Advantage<sup>®</sup> (Full Network) Blue Value<sup>™</sup> (Limited Network)

Metallic Value	Primary Care Physician Office Visits	In Network Benefit <sup>6</sup>				Out-of-Network Benefit <sup>6</sup>				Prescription Drug Benefit			Health Savings Account	Cost Sharing Reduction Eligible	Premium Tax Credit Eligible
		Individual Deductible	Family Deductible	Individual Out-of-pocket Limit	Family Out-of-pocket Limit	Individual Deductible	Family Deductible	Individual Out-of-pocket Limit	Family Out-of-pocket Limit	Deductible	Preferred Generic Drugs	Non-preferred Generic Drugs			
Bronze	50% after deductible	\$2,700	\$5,400	\$6,350	\$12,700	\$5,400	\$10,800	\$12,700	\$25,400	N/A	50% after medical deductible	50% after medical deductible	Yes <sup>7</sup>	No	Yes
Bronze	0% after deductible	\$5,500	\$11,000	\$5,500	\$11,000	\$11,000	\$22,000	\$11,000	\$22,000	N/A	0% after medical deductible	0% after medical deductible	Yes <sup>7</sup>	No	Yes
Bronze	\$45 copay for first 4 visits	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$12,700	\$25,400	N/A	\$25 copay after medical deductible	\$35 copay after medical deductible	No	No	Yes
Silver	\$30 copay	\$2,800	\$5,600	\$6,350	\$12,700	\$5,600	\$11,200	\$12,700	\$25,400	\$200	\$10 copay	\$25 copay	No	Yes	Yes
Silver	\$25 copay	\$3,500	\$7,000	\$6,350	\$12,700	\$7,000	\$14,000	\$12,700	\$25,400	\$200	\$10 copay	\$25 copay	No	Yes	Yes
Silver	\$25 copay	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$12,700	\$25,400	\$200	\$10 copay	\$25 copay	No	Yes	Yes
Silver	50% of visit cost	\$0*	\$0*	\$6,350	\$12,700	\$250	\$750	\$12,700	\$25,400	N/A	50% of drug cost	50% of drug cost	No	Yes	Yes
Silver	\$25 copay for first 4 visits	\$3,000	\$6,000	\$6,350	\$12,700	\$6,000	\$12,000	\$12,700	\$25,400	\$200	\$10 copay	\$25 copay	No	Yes	Yes
Gold	\$15 copay	\$1,000	\$2,000	\$4,000	\$8,000	\$2,000	\$4,000	\$8,000	\$16,000	N/A	\$10 copay	\$25 copay	No	No	Yes
Gold	30% of visit cost	\$0*	\$0*	\$5,000	\$10,000	\$250	\$750	\$10,000	\$20,000	N/A	30% of drug cost	30% of drug cost	No	No	Yes
Platinum	\$10 copay	\$500	\$1,000	\$1,500	\$3,000	\$1,000	\$2,000	\$3,000	\$6,000	N/A	\$4 copay	\$10 copay	No	No	Yes
Catastrophic	\$35 copay for first 3 visits	\$6,350	\$12,700	\$6,350	\$12,700	\$12,700	\$25,400	\$12,700	\$25,400	N/A	0% after medical deductible	0% after medical deductible	No	No	No

\* Zero-dollar deductible plans allow you to benefit from day one. There's no deductible to meet prior to receiving benefits.

### Blue Advantage

Blue Advantage offers you broad choice of doctors, specialists and hospitals with a deep, broad network.

- + Large provider network – 91% of doctors and 99% of hospitals in-network<sup>3</sup>
- + Fewer prescription drug requirements
- + No referrals needed
- + Plan pays 100% of preventive services<sup>5</sup>



Large Network



Fewer Requirements

### Blue Value

Blue Value features a limited network of providers and some of the lowest costs of all our plans. (Blue Value may not be available in all areas.)

- + Savings of up to 9%<sup>8</sup>
- + A limited network of doctors, hospitals and pharmacies to lower costs
- + More prescription drug requirements to help you save money
- + Plan pays 100% of preventive services<sup>5</sup>
- + No referrals needed
- + Go to "Find A Doctor" at [bcbsnc.com](http://bcbsnc.com) to see if your doctor is in the Blue Value network



Limited Network



More Requirements

Save 9%<sup>8</sup>



# Compare plan options con't.

## Learn more about the features of our plans

In addition to Blue Advantage and Blue Value, we also offer Blue Select. With Blue Select you can choose between two tiers of in-network providers to help you save.



Please contact your authorized BCBSNC agent today.

## BlueSelect™ (Tiered Benefit)

Metallic Value	Primary Care Physician Office Visits	Tier 1 Specialty Care Physician Office Visits	Tier 2 Specialty Care Physician Office Visits	In Network Benefit <sup>6</sup>						Out-of-Network Benefit <sup>6</sup>					Prescription Drug Benefit			Health Savings Account Eligible
				Individual Deductible	Family Deductible	Tier 1 Coinsurance	Tier 2 Coinsurance	Individual Out-of-pocket Limit	Family Out-of-pocket Limit	Individual Deductible	Family Deductible	Coinsurance	Individual Out-of-pocket Limit	Family Out-of-pocket Limit	Deductible	Preferred Generic Drugs	Non-Preference Generic Drugs	
<b>Silver</b>	\$25 copay	\$50 copay	\$75 copay	\$3,500	\$7,000	30%	50%	\$6,350	\$12,700	\$7,000	\$14,000	60%	\$12,700	\$25,400	\$200	\$10 copay	\$25 copay	No
<b>Gold</b>	\$15 copay	\$30 copay	\$60 copay	\$1,000	\$2,000	20%	40%	\$4,000	\$8,000	\$2,000	\$4,000	50%	\$8,000	\$16,000	N/A	\$10 copay	\$25 copay	No

## BlueSelect™

With Blue Select, we've tiered benefits and providers to help you make the most of your health care spending. We evaluated doctors and specialist physician practices on their quality outcomes, cost efficiency, and accessibility and created two categories. Tier 1 are providers who received our top ratings, and you'll receive a richer benefit when you choose these providers. Tier 2 are providers who still meet our usual standards for being part of the network, and you'll receive a less rich benefit when you choose these providers.

By tiering the benefits and providers, you'll save up to 6%<sup>9</sup> on your monthly premium and have a clear way to save more money by choosing Tier 1 providers. You can see which tier your providers are in by visiting the Find a Doctor tool at [bcbsnc.com](http://bcbsnc.com).

- + Savings up to 6%<sup>9</sup>
- + A large network of providers to choose from. Go to "Find A Doctor" at [bcbsnc.com](http://bcbsnc.com) to learn if your doctor is Tier 1 or Tier 2
- + More prescription drug requirements and a smaller pharmacy network help you save



Tiered Benefit



More Requirements

**Save 6%<sup>9</sup>**





# Learn more about HSA plans

And how they can work for you

If you want to save money on premiums, benefit from tax-advantaged savings and take greater control over your health care expenses, consider a BCBSNC bronze-level plan with a Health Savings Account (HSA). There are both Blue Advantage and Blue Value plans available that you can pair with an HSA.

## What is an HSA?

An HSA is an individual savings account. The funds you contribute to the account may be used to pay for qualified medical expenses – from contact lenses to copayments for visits to your doctor’s office. Unlike a Flexible Spending Account (FSA), an HSA is not a use-it-or-lose-it account. The funds in it roll over from year to year and the money in the account remains yours.

## Enjoy the tax advantages

There are many ways to save money with an HSA, not least of which is tax savings. An HSA enables you to save on taxes in several ways:

- + The money you put in is pre-tax or tax-deductible, up to the annual limit set by the IRS
- + Your savings grow tax-free
- + Any money you take out to pay for qualified medical expenses is income-tax free<sup>10</sup>

You can visit [irs.gov](http://irs.gov) for more information on the tax benefits of an HSA.

## Have greater control and convenience

An HSA plan gives you network benefits, with access to the broad-reaching BCBSNC provider network and worldwide coverage, plus online health plan and fund account management. There are no referrals needed for specialists and you can rest easy knowing you have BCBSNC as your health partner.

You have the power to choose:

- + How much you contribute to your account within IRS guidelines
- + When to use your savings to pay for (or reimburse yourself for) qualified medical expenses

# Take advantage of healthy extras

Wellness and discount programs

## HealthyOutcomes<sup>11</sup>

Reaching your health and wellness goals can feel overwhelming, but BCBSNC provides great tools and resources to help you get there – starting with Healthy Outcomes Wellness. Being a member of BCBSNC gives you exclusive access to the Healthy Outcomes Wellness portal, your personalized resource center for health and wellness programs.

On the dynamic, personalized wellness portal you’ll find a wealth of information and resources to help you maintain and improve your health.

Some of the features of Healthy Outcomes include:

- + **Health Assessment** – To identify health concerns and personalize your online experience in Healthy Outcomes programs
- + **Healthy Living Programs** – Cover a variety of topics including smoking cessation, stress relief, and diabetes. Weekly to-dos, email reminders, and interactive tools keep you motivated
- + **Online Monthly Seminars** – Fun and engaging 10-15 minute seminars on various health and wellness issues
- + **Tools and trackers** – From meal planners to fitness trackers, resources to help you stay on course for great health
- + **Healthy rewards** to recognize and motivate your healthy behaviors

## Blue365<sup>12</sup>

Staying healthy means more than just seeing the doctor once or twice a year – and BCBSNC is committed to helping its members find great savings wherever they can. Blue365 gives members access to exclusive discounts on healthy products and services at no additional cost. You’ll receive deals on:

- + **Gym memberships**
- + **Healthy eating options**
- + **Family activities**
- + **Eyewear**
- + **Lasik Plus**
- + **Hearing aids**
- + **And more**

When you register for Blue365 you’ll receive a weekly email. From fitness gear to medical bracelets to senior care, you’ll always find healthy savings with Blue365.

Visit [bcbsnc.com/blue365](http://bcbsnc.com/blue365) for more information.

# Want or need additional coverage?

## Turn to BCBSNC for dental coverage, too

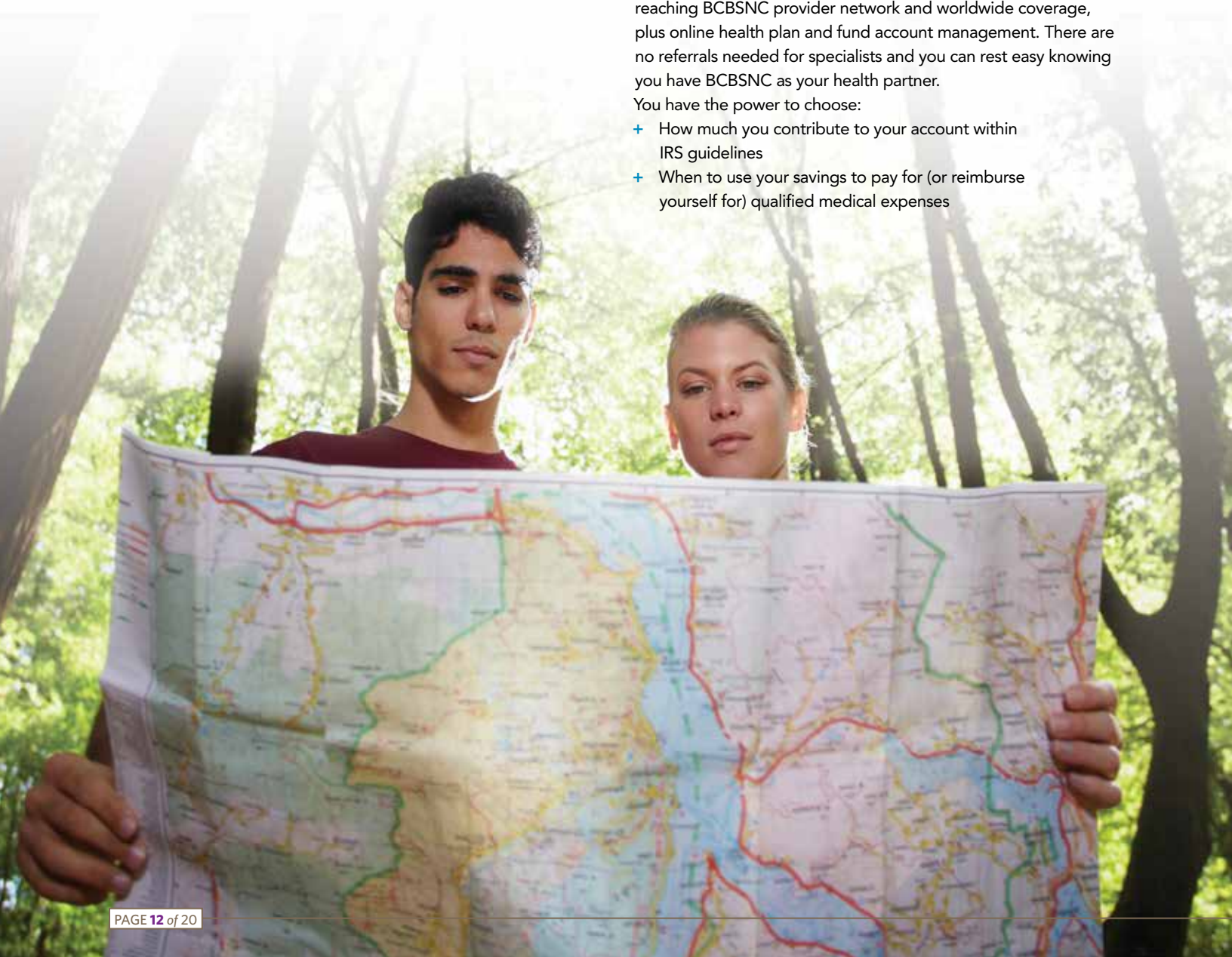
Dental coverage, in addition to the pediatric coverage included in all BCBSNC medical plans, is available through Dental Blue for Individuals<sup>SM</sup>, a separate plan that provides dental-only coverage at an additional cost to your health plan premium.<sup>13</sup> And this important coverage is available to you with or without the purchase of BCBSNC health coverage. Among many other benefits, Dental Blue for Individuals covers two preventive care visits at 100% each year. Basic services and major services are covered after you meet your dental deductible.

- + A convenient monthly premium
- + The freedom to see any licensed dentist in NC or choose a participating dentist from our expansive network
- + No deductible and no waiting period for preventive services
- + Coverage for basic services (routine fillings or extractions) and major services (crowns, dentures and bridges)

## Purchasing insurance for your child (or children) only

You can purchase a Blue Advantage, Blue Select or Blue Value plan to cover your child without being covered by the policy yourself. Your child will receive full plan benefits, including immunization, well-child and well-baby care coverage. When you apply, be sure to enter your child’s information (name, gender and birth date) as the primary applicant. If you plan to cover multiple children, each child must have his or her own policy, so you’ll need to apply for each policy separately. Multiple children may be covered on the same policy, as long as the parent is also covered by that same policy.

You can cover children up to age 26 on your policy, as long as they are your legal dependents. (However, children under age 18 are subject to certain tax guidelines and are not eligible to have their own health savings account. Consult a tax professional for more information.)





# Common questions about health insurance

If you're looking for health insurance, chances are you have a lot of questions. Take a look at some of the most common health insurance questions we receive.

## If I apply online for an insurance plan, am I obligated to buy?

No. You're under no obligation to buy a health insurance plan. Once you've received a final decision after applying, you'll be given the option to review the original plan you selected, as well as other plan options available to you.

## Do I have to buy health insurance?

In 2014, the Affordable Care Act mandates that taxpayers, with some exceptions, purchase health insurance or pay a penalty on their tax returns. For 2014, the penalty is a minimum of \$95 per year or up to 1% of annual individual income (whichever is greater).

## Do I qualify for a subsidy to help pay for my health insurance?

To be eligible for a subsidy, you must meet certain requirements.

- + Be between 100% and 400% of the federal poverty level (FPL). FPL is the amount of income that determines the poverty threshold and is based on the number of members in your household.
- + Not eligible for public coverage, such as Medicaid, the Children's Health Insurance Program, Medicare or military coverage.
- + Not have access to insurance through an employer.

An exception can be made if the employer's plan doesn't cover minimum benefits dictated by federal law or if the employee's share of the premium is more than 9.5% of his or her income. Employers can tell you if their plans meet these criteria.

You may be surprised who qualifies. A family of four with an annual income of as much as \$94,200 may receive a subsidy. Contact your authorized BCBSNC agent for help estimating your subsidy.

## What is a cost-sharing reduction subsidy?

In addition to advanced premium tax credits, the government also provides cost-sharing reductions (CSR) for those who qualify. CSRs allow you to pay for a standard silver plan, but get upgraded benefits. These upgraded benefits help you save on your plan's out-of-pocket expenses. To be eligible for CSRs, you must meet tax credit subsidy requirements but your income must be between 100% and 250% of the federal poverty level (FPL). CSRs are only available on silver plans.

## How do I get my subsidy?

Getting your subsidy starts with a free rate quote, just contact your authorized BCBSNC agent. In your rate quote, you'll see your estimated subsidy and how it affects your premium. To get the actual amount of your subsidy, you'll need to go to the online Health Insurance Marketplace, which is also known as the Exchange. You'll need your Social Security number, employer and income information to register and complete your subsidy application. Your BCBSNC agent will be happy to help.

## What income is used to determine my subsidy?

The income used to determine subsidy eligibility is MAGI (modified adjusted gross income). MAGI is the total of your adjusted gross income and tax-exempt interest income. These are found on Lines 8b and 37 of IRS Form 1040. The income used will be based on the 2012 income year (filed in 2013) and will be adjusted based on your expectations for 2014. Subsidy amounts will be reconciled in 2015 based on actual 2014 income and tax returns for that year.

## How will I receive my subsidy?

You can choose to receive your premium tax credit (premium subsidy) either in advance or on your 2015 (for 2014 income year) tax return. When you choose to receive your credit in advance, the amount is sent directly to the health insurance carrier so you only pay the difference on your monthly premium bill.

## If I visit a doctor or hospital outside the network, am I still covered?

Yes, you can see any doctor you choose, but remember: you save money when you visit a participating, in-network provider. Our full network includes 91% of doctors in North Carolina and 99% of hospitals in North Carolina.<sup>2</sup> Our Blue Value plan is more streamlined to help you save money but you will still have coverage out of network at a higher cost. Our online provider search can help you find out whether your physician is in our network.

## Do all of your health insurance plans use the same provider network?

No. Blue Advantage has the broadest, deepest network of providers. Blue Select offers a tiered network of doctors and hospitals. Blue Value has a smaller, limited network of providers.

## How will pre-existing conditions affect my health insurance plan?

No matter what condition(s) you may have or had in the past, all health insurance plans are available to you with no waiting periods or other restrictions.

## How much do I pay if I get sick?

With all our plans, there are maximum out-of-pocket limits you'll pay for your covered services that help protect you from endless medical bills. Deductibles, copayments and coinsurance count toward your out of pocket limits for both medical and drug benefits, but do not include premium amounts and payments for non-covered services. The out-of-pocket limits are \$6,350 for an individual and \$12,700 for a family. Your plan's may be less.

## Do I have to meet the deductible before I pay copayments for my doctor visits?

No. For Blue Advantage, Blue Value and Blue Select plans, deductibles and copayments work separately. For each covered service provided, you may be charged a copayment or a deductible, but not both. Copayments are a fixed dollar amount paid at the time of service. Deductibles go toward paying for covered services before your health insurance begins paying toward those expenses.

## Do copayments count toward the deductible?

No. Copayments do not count toward deductibles. They're a fixed dollar amount separate from your deductible.

## When can I enroll?

For the initial enrollment period, you can enroll between October 1, 2013 and March 31, 2014. There is, however, a special enrollment period going on throughout the year. This enrollment period allows individuals meeting certain criteria to enroll outside of the initial enrollment period. Contact your authorized BCBSNC agent to learn more.

## When will my health insurance coverage begin?

If you are purchasing a policy through the Health Insurance Marketplace, your policy will begin on the 1st of the month as long as you apply by the 15th of the prior month.

For the initial enrollment period, you may apply from October 1 through December 15th for a January 1st start date.

If you purchase through the Health Insurance Marketplace, your policy will begin on the 1st of the month. If you purchase off-Marketplace, it can be the 1st or the 15th. (If your online application is submitted by the 8th of the month, your coverage can begin as soon as the 15th of that same month. If your online application is submitted by the 22nd of the month, your coverage can begin as soon as the 1st of the following month.) Requested effective dates may not be more than 60 days from the date you submit your application.







# Glossary

Terms 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. Also referred to as the Patient Protection and Affordable Care Act (PPACA).

## 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

Your share of the costs of covered services, after you've met your deductible. Coinsurance is usually stated as a percentage of the allowed amount. For example, if BCBSNC lists coinsurance at 20% of covered medical expenses after you've met your deductible, then BCBSNC pays 80% of covered services, and you pay 20% until you reach your coinsurance 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 owe for certain covered services during a benefit period before your health insurance begins to pay.

## Family deductible

Depending on the deductible or benefits selected on a Blue Advantage, Blue Value or Blue Select plan, a family deductible is met once two members on a family policy each meet their individual deductibles.

## Federal Poverty Level (FPL)

An index of income level (by family size) that determines eligibility for premium tax credits. For example, a family of four that makes as much as \$94,200 a year (or 400% of FPL) may be eligible for a subsidy to help with health insurance premiums.

## Grandfathered

Refers to health insurance plans that were in effect prior to March 23, 2010 and that have not undergone specific changes.

## Health Insurance Marketplace

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

## 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.

## 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.

## Premium tax credits, or subsidies

These subsidies from the federal government will be made available to help low and middle-income Americans with their health insurance premiums.

# Accessible plan information

There when and where you need it

With health coverage from BCBSNC, you always have complete information on your plan right at your fingertips.

Whether you're at your computer or on your smart phone, at home or on the go, you'll have easy access to the tools you need to understand your plan and manage your health. Just visit Member Services at [mybcbsnc.com](http://mybcbsnc.com).

Your interactive personalized dashboard gets you to Blue365®, the Health Assessment, simplified claims displays, and many other resources in just a few clicks.

Your dashboard is a powerful tool for managing your BCBSNC plan...and your health.

## You can:

- + Print a temporary ID card, or update your account and contact information in just minutes.
- + View the balance of your deductible. Access information on your benefits and how they work.
- + Find and compare out-of-pocket cost estimates for specific services and providers.
- + See the current status of your claims and view explanation of benefits forms online. View a summary report of your healthcare expenses.
- + Find in-network healthcare providers. Compare out-of-pocket costs and quality ratings to find the best fit for your needs.
- + Research prescription drugs, compare out of pocket costs across pharmacies, and review generic alternatives.

Take advantage of all these special features – plus other tools and resources – just by logging in to Member Services at [mybcbsnc.com](http://mybcbsnc.com).





## Limitations & Exclusions

Like most health care plans, Blue Advantage, Blue Select and Blue Value have some limitations and exclusions. Once you're enrolled, you will receive a Member Guide. It will contain detailed information about your plan benefits, exclusions and limitations.

This is a partial list of benefits that are not payable to Blue Advantage, Blue Select and Blue Value:

- 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
- 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
- Services to correct nearsightedness or refractive errors, except as specifically covered by your health benefit plan
- Services for cosmetic purposes
- Services for routine foot care
- Travel, except as specifically listed in the benefit booklet
- Services for weight control or reduction, except for morbid obesity, or as specifically 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 age 26. Members will be notified 30 days in advance of any change in coverage. The policy form number for Blue Advantage and Blue Select is **NGFPPO-I, 4/13**. The policy form number for Blue Value is **Blue Value-I, 4/13**. This brochure contains a summary of the benefits only. It is not your insurance policy. Your policy is your insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. Blue Value is not available in all areas. Visit **bcbsnc.com** for more information.

## Footnotes

- BCBSNC Internal Data, percentage savings based on a 21 year old non-smoker in Raleigh.
- BCBSNC Brand Tracking Study; Prophet; March 2013.
- Consortium Health Plans, Inc., MarketQuest Network Compare, April 2013.
- Blue Cross and Blue Shield Association Internal Data: "<http://www.bcbs.com/already-a-member/coverage-home-and-away.html>" [www.bcbs.com/already-a-member/coverage-home-and-away.html](http://www.bcbs.com/already-a-member/coverage-home-and-away.html) (Accessed May 2013).
- Preventive care services as defined by recent federal regulations are covered at no charge to you. For Blue Advantage, Blue Select and Blue Value: 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.
- All services are limited to the allowed amount. BCBSNC allowed amount is the amount that BCBSNC determines is reasonable for covered services provided to a member, which may be established in accordance with an agreement between the provider and BCBSNC. If you see an out-of-network provider, actual expenses for covered services may exceed the stated coinsurance percentage, deductible or copayment amount because actual provider charges may not be used to determine the health benefit plan's and member's payment obligations. If you use an in-network provider, you will only be responsible for your deductible and any coinsurance amounts.
- Blue Advantage and Blue Value plans that are HSA-eligible are high-deductible health plans that may be combined with a health savings account (HSA). BCBSNC does not administer the HSA and is not affiliated with your HSA custodian or administrator.
- BCBSNC Internal Data, January 2014. Premium difference for Blue Value compared to a comparable Blue Advantage plan with \$1,000 Deductible and 80% Coinsurance. Actual savings will depend on geography and plan design selected.
- BCBSNC Internal Data, January 2014. Premium difference for Blue Select compared to a comparable Blue Advantage plan with \$1,000 Deductible and 80% Coinsurance. Actual savings will depend on geography and plan design selected.
- Withdrawals are tax-free only if used for qualified medical expenses. Specific regulations and a list of qualified medical expenses can be found in IRS publication 502, available at [www.irs.gov](http://www.irs.gov).
- BCBSNC offers Healthy Outcomes programs as a convenience to aid members in improving their health; results are not guaranteed. BCBSNC contracts with Alere Health Improvement Company, an independent third party vendor, for the provision of certain aspects of Healthy Outcomes programs and is not liable in any way for goods or services received from Alere. BCBSNC reserves the right to discontinue or change Healthy Outcomes programs at any time. The programs are educational in nature, and are intended to help members make informed decisions about their health, and to help members comply with their doctor's plan of care. Decisions regarding care should be made with the advice of a doctor.
- Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with BCBSNC. Any disputes regarding these products and services may be subject to BCBSNC's grievance process. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. BCBSA does not recommend, endorse, warrant or guarantee any specific Blue365 vendor or item. This program may be modified or discontinued at any time without prior notice.
- 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.

## Notes

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# 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.

Step 2 – Complete the application and select a plan.

Step 3 – Once you finalize your purchase and enroll, your ID cards will be mailed prior to your effective date.

You must enroll in a health insurance plan between **October 1, 2013** and **March 31, 2014**, the annual enrollment period for 2014. You can enroll outside this period, if you have gone through a qualifying event such as marriage, divorce, or moving into North Carolina from out of state. Visit [bcbsnc.com](http://bcbsnc.com) for a complete listing of qualifying events.

### BlueAdvantage

Our traditional plan offers you more choice with our large statewide network of providers

### BlueSelect

Our tiered-benefit plan that helps you save while having access to our full network of doctors and hospitals

### BlueValue

Our lower-cost plan that helps you save through a streamlined network of doctors and hospitals

**Look inside to find the plan that's right for you!**

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.



\*Awarded to BCBSNC by the Ethisphere Institute in 2013. Over 5,000 companies were reviewed and out of those 145 companies were designated as World's Most Ethical.

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