

Some benefit features are only available with certain plan combinations. Your premium will vary depending on the plan selected. Your benefits are listed in the same row as the coinsurance percentage you select.

| <b>First,</b><br>select your deductible  | <b>Then,</b><br>select your coinsurance for the deductible you choose   | <b>Now,</b><br>view your benefits  |   |   |   |
|--|---|--|---|---|---|
| <b>Benefit period deductible<sup>2</sup></b>   | <b>Coinsurance</b>  | <b>Prescription drugs</b>  | <b>Preventive care</b>  | <b>Total out-of-pocket maximum<sup>2</sup></b>  | <b>Annual contribution limit</b>  |
| The benefit period deductible is the amount or expense for covered services that you must pay before your insurance benefits apply for all or part of the remaining cost of covered services | Coinsurance is the percentage of the allowed amounts for covered services that BCBSNC will pay after you meet your deductible | Unlimited coverage for generic drugs (combined in- and out-of-network maximum of \$2,000 for brand-name drugs per person per benefit period) | Routine physical exams and screening tests; well-baby and well-child care (including periodic assessments and immunizations) <sup>3</sup> | Your maximum out-of-pocket expense, including your deductible and your share of the coinsurance expense | The maximum amount you can contribute to an HSA in any year you are eligible <sup>4,5</sup> |

## Individual

Coverage for one person

|                           | Network         |                  | Network         |                  | Network         |                  | Network                   |                  | Network         |                  |                |                |
|---------------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|---------------------------|------------------|-----------------|------------------|----------------|----------------|
|                           | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup>           | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> |                |                |
| <b>\$1,200 deductible</b> | \$1,200         | \$2,400          | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$1,200          | \$3,650        | <b>\$3,000</b> |
|                           |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$4,000          | \$8,000        |                |
|                           |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$4,000          | \$8,000        |                |
| <b>\$2,000 deductible</b> | \$2,000         | \$4,000          | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$2,000          | \$5,250        | <b>\$3,000</b> |
|                           |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$4,000          | \$8,000        |                |
|                           |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$4,000          | \$8,000        |                |
| <b>\$2,700 deductible</b> | \$2,700         | \$5,400          | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$2,700          | \$6,650        | <b>\$3,000</b> |
|                           |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$5,000          | \$10,000       |                |
|                           |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$5,000          | \$10,000       |                |
| <b>\$5,000 deductible</b> | \$5,000         | \$10,000         | 100%            | 70%              | 100%            | 70%              | 100%                      | 70%              | \$5,000         | \$11,250         | <b>\$3,000</b> |                |

## Family

Coverage for more than one person

|                            | Network         |                  | Network         |                  | Network         |                  | Network                   |                  | Network         |                  |                |                |
|----------------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|---------------------------|------------------|-----------------|------------------|----------------|----------------|
|                            | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> | IN <sup>6</sup>           | OUT <sup>7</sup> | IN <sup>6</sup> | OUT <sup>7</sup> |                |                |
| <b>\$2,400 deductible</b>  | \$2,400         | \$4,800          | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$2,400          | \$7,300        | <b>\$5,950</b> |
|                            |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$7,000          | \$14,000       |                |
|                            |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$7,000          | \$14,000       |                |
| <b>\$4,000 deductible</b>  | \$4,000         | \$8,000          | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$4,000          | \$10,500       | <b>\$5,950</b> |
|                            |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$7,000          | \$14,000       |                |
|                            |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$7,000          | \$14,000       |                |
| <b>\$5,450 deductible</b>  | \$5,450         | \$10,900         | 100%            | 70%              | 100%            | 70%              | Not subject to deductible | 100%             | 70%             | \$5,450          | \$13,400       | <b>\$5,950</b> |
|                            |                 |                  | 80%             | 50%              | 80%             | 50%              |                           | 100%             | 50%             | \$10,000         | \$20,000       |                |
|                            |                 |                  | 50%             | 50%              | 50%             | 50%              |                           | 100%             | 50%             | \$10,000         | \$20,000       |                |
| <b>\$10,000 deductible</b> | \$10,000        | \$20,000         | 100%            | 70%              | 100%            | 70%              | 100%                      | 70%              | \$10,000        | \$22,500         | <b>\$5,950</b> |                |



# 2009 Blue Options HSA plans

Your coverage will automatically renew. Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina for failure to pay premiums and for misstatements in or omissions of information from your application. Coverage for dependent children ends at age 26. Members will be notified 30 days in advance of any change in coverage. A waiting period for coverage of pre-existing conditions may apply to your coverage.<sup>8</sup>

This brochure contains a summary of 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.

**PLEASE NOTE:** Federal guidelines and interpretations are subject to change.

To be eligible for Blue Options HSA coverage, you must: Be a North Carolina resident between the ages of 18 and 64; Qualify medically; Not be covered by another insurance policy; Not be claimed as a dependent on someone else's tax return; Not be enrolled in Medicare.

- Blue Cross and Blue Shield of North Carolina (BCBSNC) does not administer your HSA. Your HSA custodian is Mellon Trust of New England, N.A. BCBSNC is not affiliated with your HSA custodian or administrator.
- Deductible and out-of-pocket maximum amounts are subject to change year to year in order to comply with IRS requirements.
- Includes in-network annual routine physical exam, well-baby and well-child care and certain immunizations. Screenings or other covered services may be subject to deductible and coinsurance.
- These amounts will be updated annually for inflation. For the most up-to-date information, visit [www.irs.gov](http://www.irs.gov).
- Amount is limited to the amount established by the IRS for each year for single or family coverage. Anyone age 55 or older can contribute an additional \$1,000 to their HSA in 2009.
- 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 use an in-network provider you will only be responsible for your deductible and any coinsurance amounts.
- Your actual expenses for covered services may exceed the stated amount because actual provider charges may not be used to determine the payment obligations of BCBSNC or its members.
- Pre-existing conditions are those for which medical advice, diagnosis, care or treatment was received or recommended within 12 months of the date that your Blue Options HSA coverage begins. You may receive credit toward the 12-month waiting period if we receive your completed Blue Options HSA application within 63 days of the termination of your previous health coverage.

Policy Number: BOptions HSA (Indiv.), 7/08  
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# Limitations & Exclusions

Like most health care plans, Blue Options HSA has some limitations and exclusions. When your application is approved, you will receive a Member Guide. It will contain detailed information about plan benefits, exclusions and limitations.

This is a partial list of benefits that are not payable:

- Services for or related to conception by artificial means or for reversal of sterilization
- Treatment of sexual dysfunction not related to organic disease
- Treatment for transsexualism, sex changes or modifications including surgery
- Services that are investigational in nature
- Services for complications or side effects arising from excluded services, procedures or treatments
- Services that are not medically necessary
- Dental care except as provided in your benefit booklet
- 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 the effective date of coverage
- Custodial care, domiciliary care or rest cures
- Eyeglasses or contact lenses or refractive eye surgery
- Vision exams except for some diagnoses
- Services to correct nearsightedness or refractive errors; hearing aids, supplies, tinnitus maskers, or exams for hearing aids
- 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
- Services for maternity or elective abortion except as provided by the maternity rider option, if purchased
- 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
- Services that are the result of war or while in military service
- Services for which a charge is not normally made in the absence of insurance, or services provided by an immediate relative
- Non-prescription drugs and prescription drugs or refills which exceed the maximum supply
- Personal hygiene, comfort and/or convenience items
- Telephone consultations; charges for failure to keep scheduled visits, for completion of any form, or for medical information required by the plan
- Services primarily for educational purposes
- Services for conditions related to developmental delay and/or learning differences
- Long-term rehabilitative therapy
- Services not specifically listed as covered services
- Mental health and substance abuse services use combined in- and out-of-network \$2,000 benefit period maximum per member, and combined in- and out-of-network lifetime maximum of \$10,000 per member, provided in all places of service.