BlueCross BlueShield of North Carolina

2010 BlueOptionsHSA plans[1]

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.

First, select your deductible	Then, select your coinsurance for the deductible you choose	Now, view your benefits			
Benefit period deductible[2]	**Coinsurance**	**Prescription drugs**	**Preventive care**	**Total out-of-pocket maximum[2]**	**Annual contribution limit**
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)[9]	Routine physical exams and screening tests; well-baby and well-child care (including periodic assessments and immunizations)[3]	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[4, 5]

Individual

Coverage for one person

	Network		Network		Network		Network		Network		
	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	
$1,200 deductible	$1,200	$2,400	100%	70%	100%	70%	100%	70%	$1,200	$3,650	**$3,050**
			80%	50%	80%	50%	100%	50%	$4,000	$8,000	
			50%	50%	50%	50%	100%	50%	$4,000	$8,000	
$2,000 deductible	$2,000	$4,000	100%	70%	100%	70%	100%	70%	$2,000	$5,250	**$3,050**
			80%	50%	80%	50%	100%	50%	$4,000	$8,000	
			50%	50%	50%	50%	100%	50%	$4,000	$8,000	
$2,700 deductible	$2,700	$5,400	100%	70%	100%	70%	100%	70%	$2,700	$6,650	**$3,050**
			80%	50%	80%	50%	100%	50%	$5,000	$10,000	
			50%	50%	50%	50%	100%	50%	$5,000	$10,000	
$5,000 deductible	$5,000	$10,000	100%	70%	100%	70%	100%	70%	$5,000	$11,250	**$3,050**

Not subject to deductible

Family

Coverage for more than one person

	Network		Network		Network		Network		Network		
	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	IN[6]	OUT[7]	
$2,400 deductible	$2,400	$4,800	100%	70%	100%	70%	100%	70%	$2,400	$7,300	**$6,150**
			80%	50%	80%	50%	100%	50%	$7,000	$14,000	
			50%	50%	50%	50%	100%	50%	$7,000	$14,000	
$4,000 deductible	$4,000	$8,000	100%	70%	100%	70%	100%	70%	$4,000	$10,500	**$6,150**
			80%	50%	80%	50%	100%	50%	$7,000	$14,000	
			50%	50%	50%	50%	100%	50%	$7,000	$14,000	
$5,450 deductible	$5,450	$10,900	100%	70%	100%	70%	100%	70%	$5,450	$13,400	**$6,150**
			80%	50%	80%	50%	100%	50%	$10,000	$20,000	
			50%	50%	50%	50%	100%	50%	$10,000	$20,000	
$10,000 deductible	$10,000	$20,000	100%	70%	100%	70%	100%	70%	$10,000	$22,500	**$6,150**

Not subject to deductible

2010 BlueOptionsHSA℠ plans[1]

BlueCross BlueShield of North Carolina

Benefit type	Benefit description	Health plan benefits In-network coverage[6]
Office visits – in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology performed by the same doctor on the same day in office.	You pay:[6] Coinsurance after deductible
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations.	You pay: **0%**[11]
Prescription drugs	No annual limit for generic drugs. A $2,000 maximum for brand-name drugs per person, per benefit period.	You pay:[9] After deductible, **0%**, **20%** or **50%** **coinsurance depending on the plan you select**
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.	Deductible options:[10] Individual – **$1,200, $2,000, $2,700, $5,000**; Family – **$2,400, $4,000, $5,450, $10,000** Benefits vary depending on the deductible you select
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.	You pay: After deductible, **0%**, **20%** or **50%** **coinsurance depending on the plan you select.**
Total out-of-pocket maximum	The total amount of money you pay out of pocket in a benefit period.	Depending on the plan you select, Individual: **$1,200 - $5,000** out-of-pocket maximum Family: **$2,400 - $10,000** out-of-pocket maximum
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services.	Unlimited
Hospital	Inpatient and outpatient facility services, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays, lab work and well-baby care (including periodic assessments and immunizations).	Inpatient, you pay: Coinsurance after deductible
	Outpatient laboratory tests and mammograms performed alone. (May require pre-authorization.)	Outpatient, you pay: Coinsurance after deductible
Urgent care centers	Provide services for a sudden or unexpected condition requiring prompt diagnosis or treatment to prevent chronic illness, prolonged impairment or a more hazardous treatment. Examples: sprains, some lacerations and dizziness.	You pay: Coinsurance after deductible
Emergency room services	Services for the sudden onset of a condition that a person could reasonably expect the absence of immediate medical attention to result in placing one's health at risk.	You pay: Coinsurance after deductible
Ambulatory surgery centers	A licensed or certified non-hospital facility which has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.	You pay: Coinsurance after deductible
Mental health and substance abuse	Inpatient and outpatient professionals. A $2,000 benefit period maximum and a $10,000 lifetime maximum per member.	You pay: Coinsurance after deductible
Vision	Routine eye exam.	You pay: Coinsurance after deductible
Other services*	Durable medical equipment, home health care, home infusion therapy, hospice care, private duty nursing, ambulance services, skilled nursing facilities (to 60 days per year) and dental accident.	You pay: Coinsurance after deductible
Maternity rider	Pre- and post-natal coverage.	Rider available. You pay coinsurance after deductible.
Child-only coverage	Coverage for children 18 years of age and younger. No full-time student requirement.	Health benefits available. No HSA for children under 18.

*High-tech diagnostic imaging scans, such as CT scans, MRIs, MRAs and PET scans, are subject to deductible and coinsurance payments regardless of where service is provided.

Your plan for better health.SM1

2010 Blue Options HSA plans

Your coverage will automatically renew. Your coverage may be cancelled 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.[8]

This brochure contains a brief description 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.

1 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.

2 Deductible and out-of-pocket maximum amounts are subject to change year to year in order to comply with IRS requirements.

3 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.

4 These amounts will be updated annually for inflation. For the most up-to-date information, visit *www.irs.gov*.

5 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 2010.

6 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.

7 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.

8 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.

9 For Blue Options HSA, members pay a discounted amount for all prescription drugs until they meet the deductible. Once the deductible has been met, the member then pays any required coinsurance. There is a $2,000 annual benefit maximum for brand-name prescription drugs.

10 Blue Options HSA plans, deductible and out-of-pocket maximum amounts are subject to change year to year in order to comply with IRS requirements. For the most up-to-date requirement information, see *www.irs.gov*.

11 Blue Options HSA covers preventive care services, such as routine physical exams, gynecological exams, well-child and well-baby care, including periodic assessments and immunizations. Preventive care services are covered at 100%, before deductible, when received in an in-network office setting. Other covered services may be subject to deductible and coinsurance. When you receive preventive care out-of-network, you may pay more out of pocket.

To be eligible for Blue Options HSA coverage, you must: Be a North Carolina resident; Qualify medically; Not be covered by another insurance policy; Not be enrolled in Medicare. To open and fund an HSA, you must be 18 or older and not be claimed as a dependent on someone else's tax return.

Policy Number: BOptions HSA (Indiv.), 7/09
An independent licensee of the Blue Cross and Blue Shield Association. ®, SM Marks of the Blue Cross and Blue Shield Association. SM1 Mark of Blue Cross and Blue Shield of North Carolina. U3610, 9/09

Limitations & Exclusions

Like most health care plans, Blue Options HSA has some limitations and exclusions. If 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
- 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.