



BlueCross BlueShield
of North Carolina

BlueAdvantage[®]

BlueSelect[®]

BlueValue[™]

BlueLocalSM
with Duke Health and WakeMed

BlueLocalSM
with Carolinas HealthCare System



2018 HEALTH PLANS | For individuals and families





BlueAdvantage[®]

BlueSelect[™]

BlueValue

BlueLocal[™]
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HEALTH CARE HAS CHANGED

We're here to help

There's a lot to think about when it comes to choosing health insurance. As the only homegrown, local insurer in all 100 counties of the state, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is here for you. With our expertise and broad range of plans, you can find the coverage that's right for you.

Take advantage of benefits like annual wellness visits, programs to help you stop smoking, a 24-hour nurse hotline and a variety of other in-network services. Discover how a Blue Cross NC plan can help you access and pay for the health care you need.

With our plans you'll enjoy:

- + **Customer service to make using insurance easier** – Our local customer service professionals are ready to answer your questions quickly and accurately.
- + **Online member tools** – Blue ConnectSM is your gateway 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 and want to understand costs? Can't remember all of your benefits? Blue Connect is personalized so relevant information is available at your fingertips. It's designed to make navigating health care easier. And it's yet another benefit of choosing Blue.
- + **Doctor and hospital choices** – Blue Cross NC offers a range of network choices to meet your needs. A network is a group of doctors, hospitals, pharmacies and other health care providers. Blue Advantage, our broadest plan, has a network that includes more than 97% of doctors and 99% of the hospitals in North Carolina.¹ Other plans, like Blue Local,² feature care from specific health care systems.
- + **Your health plan goes where you go** – With the BlueCard[®] program, your coverage extends worldwide, which means you have coverage at home and when you travel.³

Our plans offer key benefits:⁴

The benefits that are important for getting and staying healthy are at the core of all of our plans. We offer a wide range of options to help you find what fits your needs. It's what makes Blue Cross NC the right choice for you.

- + **No waiting period for pre-existing conditions** – All Blue Cross NC health insurance plans are available with no pre-existing condition(s) waiting periods.⁵
- + **Preventive care benefits** – For all Blue Cross NC individual plans mentioned in this brochure, preventive services are covered at no charge when you go to an in-network doctor.⁶ These covered services include annual exams, screenings for diabetes, mammograms and more. See [bcbsnc.com/preventive](https://www.bcbsnc.com/preventive) for a full list of covered services.
- + **Essential health benefits** – All Blue Cross NC plans mentioned in this brochure provide coverage for essential health benefits. 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://www.bcbsnc.com/essential).

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

- + **No lifetime maximums** – There are no lifetime dollar maximums on the plans featured in this brochure.
- + **Dental insurance** – Dental coverage is available through **Dental Blue for IndividualsSM**, a separate plan that provides dental-only coverage at an additional cost to your health plan premium.⁷ You may purchase dental insurance with or without the purchase of Blue Cross NC health coverage.





HEALTH CARE REFORM

The basics

The Affordable Care Act (ACA) is also known as health care reform. Here's what you should know:

- + **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.⁸
- + **Financial help is available if you meet certain requirements** – Financial assistance (also known as a subsidy) from the federal government may help you pay for your health insurance.⁹ Your local authorized Blue Cross NC agent can help you estimate your subsidy. Remember, your actual subsidy is decided by the federal government. In order to receive a subsidy, you must purchase your plan through the Marketplace.
- + **Annual open enrollment is between November 1 and December 15, 2017** – Open enrollment is the only time you know for certain you can buy health insurance. **You must apply by December 15 to get coverage that starts January 1, 2018. January 1, 2018 is the only available effective date this year.**
- + **Once open enrollment ends** you may be able to buy health insurance if you qualify for a *special enrollment period*. If you get married, have a new baby, or lose your health coverage, you may qualify.¹⁰ Documentation will be required.

The open enrollment period is November 1 — December 15, 2017.¹⁰

METALLIC LEVELS

Health care reform established metallic categories (bronze, silver and gold) to indicate the levels 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 lower out-of-pocket costs.

Metallic categories do not take into account all health plan features, such as provider network. Be sure to check if your doctors are in-network.



YOUR CHECKLIST

for buying health insurance

How to sign up, step-by-step:

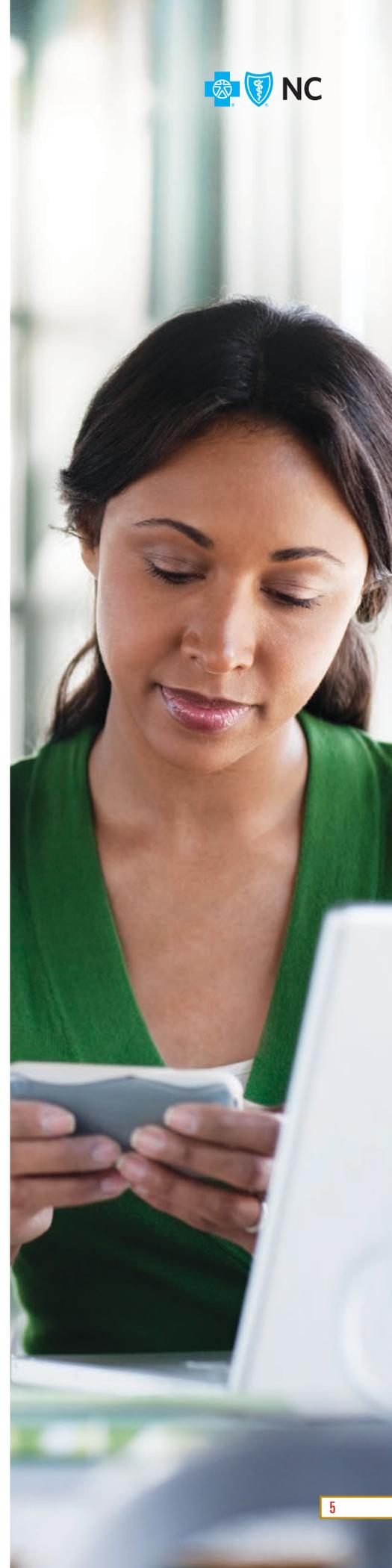
- ✓ Sign up between November 1 and December 15, 2017 during the open enrollment period.
- ✓ You will not be able to buy coverage outside the open enrollment period unless you qualify for a special enrollment period; for example, if you've had certain life events like having a baby or getting married.¹⁰
- ✓ Find out if you may receive a subsidy to help pay for your health insurance. Your local authorized Blue Cross NC agent can help.⁹
- ✓ Check the map on the next page to see which plans are available where you live.
- ✓ Think about your health care needs. Which metallic level (bronze, silver or gold) 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.
- ✓ Pay for your plan. Your new health insurance will not become effective until Blue Cross NC 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, this may be a good choice for you. With these plans, you pay the full cost of your medical expenses until you meet your deductible. Remember that a deductible is the amount a person pays for health care before your insurance starts to pay. After meeting your deductible, you will pay a coinsurance percentage for health care. This means you will share your health care costs with Blue Cross NC until you reach your out-of-pocket limit. Once you reach your out-of-pocket limit, Blue Cross NC 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 Blue Cross NC plans you can choose.

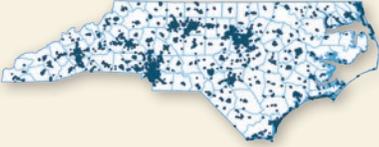
Legend

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





CHOOSE THE NETWORK that's right for you

PROVIDER LOCATIONS	DOCTOR & HOSPITAL NETWORK	CHOOSE THIS PLAN IF YOU ¹¹
<p>BLUE LOCAL with Duke Health and WakeMed</p> 	<p>Local network using only Duke Health and WakeMed and their affiliates for savings</p>	<p>Want lower premiums and care from Duke Health and WakeMed (and their affiliated doctors and hospitals)</p>
<p>BLUE LOCAL with Carolinas HealthCare System</p> 	<p>Local network using only Carolinas HealthCare System for savings</p>	<p>Want lower premiums and care from Carolinas HealthCare System doctors and hospitals</p>
<p>BLUE VALUE</p> 	<p>Limited statewide network for savings</p>	<p>Want lower monthly premiums and are flexible about which doctors you see</p>
<p>BLUE SELECT</p> <p>● Tier 1 ● Tier 2</p> 	<p>Full statewide network with tiered benefits for savings</p>	<p>Want savings along with access to our largest network of doctors, specialists and hospitals</p>
<p>BLUE ADVANTAGE</p> 	<p>Full statewide network with the most choice</p>	<p>Want a broad choice of in-network doctors, specialists and hospitals</p>

Maps reflect in-network providers as of 7/19/2017.

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

For more info

Contact your local authorized Blue Cross NC agent. He or she will be happy to help you.

CHOOSE your plan



BlueLocal™

with Duke Health and WakeMed

If you want lower premiums and wish to get care from Duke Health and WakeMed (and their affiliated doctors and hospitals), then this could be the right plan for you. Since all doctors are in the same system, it's easier for them to work together on your behalf. Just make sure any doctors and hospitals you currently use, or wish to see, are in-network.

BLUE LOCAL with Duke Health and WakeMed offers:

- + A primary care provider (PCP) who oversees all of your care for a better overall experience
- + Lower costs through a smaller, local network
- + Network that includes top-ranked Duke Health,¹² WakeMed hospitals and more than 1,200 physicians through WakeMed Key Community Care¹³
- + Network that does not include UNC Health Care or Rex

EMERGENCY CARE WILL BE COVERED AS IN-NETWORK AT ANY LOCATION WITHIN NORTH CAROLINA



Availability

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

- + Alamance
- + Caswell
- + Chatham
- + Durham
- + Franklin
- + Granville
- + Johnston
- + Lee
- + Orange
- + Person
- + Vance
- + Wake

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLAN	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
BLUE LOCAL WITH DUKE HEALTH AND WAKEMED BRONZE 6650¹⁵ (HSA ELIGIBLE)	\$6,650	\$6,650	0%	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
BLUE LOCAL WITH DUKE HEALTH AND WAKEMED SILVER 7000	\$7,000	\$7,350	30%	\$25	\$75	\$400	\$10/\$25/\$40/ \$80/25%/35%
BLUE LOCAL WITH DUKE HEALTH AND WAKEMED SILVER 4000	\$4,000	\$7,350	30%	\$10	\$40	\$200	\$10/\$25/\$40/ \$80/25%/35%
BLUE LOCAL WITH DUKE HEALTH AND WAKEMED GOLD 2500	\$2,500	\$7,350	10%	\$5	\$30	\$200	\$4/\$10/\$35/ \$80/25%/35%

Out-of-network (OON) deductible and OON out-of-pocket maximum (OOPM) are four 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 and coinsurance as other medical services

Prescription drug deductible must be met before receiving benefits

Emergency room copay is \$500 on Gold plans and \$600 or \$1,000 (depending on the plan) on Silver plans after the deductible is met

Emergency room visits are subject to deductible and coinsurance on Bronze plans

BlueLocalSM

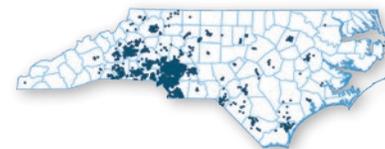
with Carolinas HealthCare System

Blue Local with Carolinas HealthCare System is a good option if you want lower premiums and wish to get care from Carolinas HealthCare System. Since all doctors are in the same system, it's easier for them to work together on your behalf. Just make sure any doctors and hospitals you currently use, or wish to see, are in the Blue Local with Carolinas HealthCare System network.

BLUE LOCAL with Carolinas HealthCare System offers:

- + Lower costs through a smaller, local network
- + Network that includes Carolinas HealthCare System with a children's hospital that's nationally ranked in six specialties, the region's only level 1 trauma center and more than 200 primary care and urgent care locations¹⁴
- + Network that does not include Novant or CaroMont

EMERGENCY CARE WILL BE COVERED AS IN-NETWORK AT ANY LOCATION WITHIN NORTH CAROLINA



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 PLAN	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM BRONZE 6650¹⁵ (HSA ELIGIBLE)	\$6,650	\$6,650	0%	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
BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM SILVER 7000	\$7,000	\$7,350	30%	\$25	\$75	\$400	\$10/\$25/\$40/ \$80/25%/35%
BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM SILVER 4000	\$4,000	\$7,350	30%	\$10	\$40	\$200	\$10/\$25/\$40/ \$80/25%/35%
BLUE LOCAL WITH CAROLINAS HEALTHCARE SYSTEM GOLD 2500	\$2,500	\$7,350	10%	\$5	\$30	\$200	\$4/\$10/\$35/ \$80/25%/35%

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

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

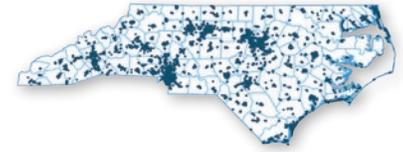
Integrated prescription drug benefits subject to the same deductible and coinsurance as other medical services

Prescription drug deductible must be met before receiving benefits

Emergency room copay is \$500 on Gold plans and \$600 or \$1,000 (depending on the plan) on Silver plans after the deductible is met

Emergency room visits are subject to deductible and coinsurance on Bronze plans

Blue Value is a good fit if you want lower monthly premiums and are flexible about which doctors you see – or if your doctor or hospital is part of this smaller network. The network is statewide, making it easy to get in-network care if you travel or have a child away at college.



BLUE VALUE offers:

- + Network that includes Novant, UNC Health Care and Rex
- + Network that does not include Duke Health, WakeMed or Carolinas HealthCare System

Availability

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

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

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLAN	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
BLUE VALUE BRONZE 6650¹⁵ (HSA ELIGIBLE)	\$6,650	\$6,650	0%	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
BLUE VALUE CATASTROPHIC¹⁶	\$7,350	\$7,350	0%	\$35x3	0%	Integrated	0%
BLUE VALUE SILVER 7000	\$7,000	\$7,350	30%	\$25	\$75	\$400	\$10/\$25/\$40/ \$80/25%/35%
BLUE VALUE SILVER 4000	\$4,000	\$7,350	30%	\$10	\$40	\$200	\$10/\$25/\$40/ \$80/25%/35%
BLUE VALUE GOLD 2500	\$2,500	\$7,350	10%	\$5	\$30	\$200	\$4/\$10/\$35/ \$80/25%/35%

Out-of-network (OON) deductible and OON out-of-pocket maximum (OOPM) are four 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 and coinsurance as other medical services
 Prescription drug deductible must be met before receiving benefits
 Emergency room copay is \$500 on Gold plans and \$600 or \$1,000 (depending on the plan) on Silver plans after the deductible is met
 Emergency room visits are subject to deductible and coinsurance on Bronze and Catastrophic plans

BlueSelect®

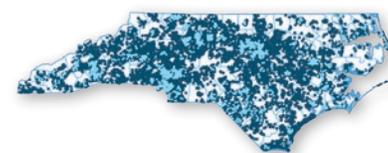
Choose Blue Select if you want savings along with access to our largest network of doctors, specialists and hospitals. This plan offers two tiers of in-network benefits. You may choose from either tier, but for the highest quality and the most savings, choose from Tier 1.

BLUE SELECT offers:

- + Two tiers of benefits. Tier 1 offers the savings that make this plan a lower-cost option to Blue Advantage.

How tiers work

- + Tier 1 doctors and hospitals have received our top ratings for quality outcomes, cost-efficiency and accessibility.
- + Tier 2 doctors and hospitals meet our standards for quality outcomes, cost-efficiency and/or accessibility.
- + In-network providers located outside the state are Tier 1 through the BlueCard® program.
- + Doctors and hospitals that are not Tier 1 or Tier 2 will be covered as out-of-network.
- + The following network providers are designated as either Tier 1 or Tier 2: hospital facilities, gastroenterology, cardiology, general surgery, obstetrics/gynecology, orthopedic surgery, neurology, endocrinology. All other providers are designated as Tier 1.



Availability

Blue Select 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									
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
BLUE SELECT SILVER 7000	\$7,000	\$7,350	30%	50%	\$25	\$75	\$150	\$400	\$10/\$25/\$40/ \$80/25%/35%
BLUE SELECT GOLD 2500	\$2,500	\$7,350	10%	30%	\$5	\$30	\$60	\$200	\$4/\$10/\$35/ \$80/25%/35%

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

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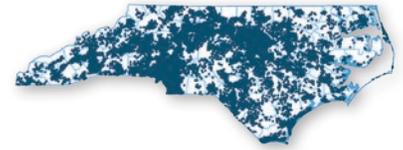
Emergency room copay is \$500 on Gold plans and \$600 or \$1,000 (depending on the plan) on Silver plans after the deductible is met

BlueAdvantage®

Blue Advantage gives you access to our largest statewide network. This is a good option if you want a broad choice of in-network doctors, specialists and hospitals.

BLUE ADVANTAGE offers:

- + More than 97% of doctors and 99% of the hospitals in North Carolina are in-network¹



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				
DEDUCTIBLE & COINSURANCE PLAN	Individual Deductible (Family=2x)	Individual Out-of-pocket Max (Family=2x)	Coinsurance	Prescription Drug Benefit
BLUE ADVANTAGE BRONZE 6650¹⁵ (HSA ELIGIBLE)	\$6,650	\$6,650	0%	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
BLUE ADVANTAGE CATASTROPHIC¹⁶	\$7,350	\$7,350	0%	\$35x3	0%	Integrated	0%
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BLUE ADVANTAGE SILVER 4000	\$4,000	\$7,350	30%	\$10	\$40	\$200	\$10/\$25/\$40/ \$80/25%/35%
BLUE ADVANTAGE GOLD 2500	\$2,500	\$7,350	10%	\$5	\$30	\$200	\$4/\$10/\$35/ \$80/25%/35%

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

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

Prescription drug deductible must be met before receiving benefits

Emergency room copay is \$500 on Gold plans and \$600 or \$1,000 (depending on the plan) on Silver plans after the deductible is met

Emergency room visits are subject to deductible and coinsurance on Bronze and Catastrophic plans



MAKING HEALTH CARE more affordable

Subsidies can help⁹

To help make health insurance more affordable, 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:⁹

- + 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 essential coverage, or if the plan is considered unaffordable. A plan is considered unaffordable if an individual’s self-only premium is more than 9.56% of the employee’s household 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 Marketplace.

The big picture

Overall, subsidies and CSRs can help lower your health insurance costs significantly if you qualify. Even a family of four with a household income of as much as \$98,400 may be eligible for a subsidy.¹⁷

- + 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) guidelines¹⁷

HOUSEHOLD SIZE	ANNUAL HOUSEHOLD INCOME		
	100% FPL	250% FPL	400% FPL
1	\$12,060	\$30,015	\$48,240
2	\$16,240	\$40,600	\$64,960
3	\$20,420	\$51,050	\$81,680
4	\$24,600	\$61,500	\$98,400
5	\$28,780	\$71,950	\$115,120
6	\$32,960	\$82,400	\$131,840

Household size of 1 at 100% FPL = \$12,060. Household size of 4 at 400% FPL = \$98,400.

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.
- + Below 100% of the FPL or above 400% of the FPL are ineligible for subsidies.

For more info

Contact your local authorized Blue Cross NC agent. He or she will be happy to help you.



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 Blue Cross NC determines is reasonable for covered services provided to a member. The allowed amount includes any Blue Cross NC 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 costs \$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 2018 a family of four that makes as much as \$98,400 a year (or 400% of FPL) may be eligible for a subsidy to help with health insurance premiums.¹⁷

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

Limited Network – A network where you have full access to a smaller number of health care providers.

Marketplace – An online insurance marketplace where individuals can compare, shop for and buy qualified health insurance plans. Visit healthcare.gov.

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, Blue Cross NC 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 Blue Cross NC to keep your health insurance policy active. Premiums are separate from other health insurance out-of-pocket costs, like copayments, deductibles and coinsurance.

Primary Care Provider (PCP) – A physician, nurse practitioner, nurse specialist or physician assistant who provides or coordinates health care for patients.

Special Enrollment Period – A time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a Special Enrollment Period if you've had certain life events, including losing health coverage, moving, getting married, having a baby or adopting a child.



Limitations & Exclusions

Like most health care plans, Blue Local with Carolinas HealthCare System, Blue Local with Duke Health 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 Health 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
- 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
- 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 Blue Cross NC 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 and Blue Local is ACAPOS-I, 5/17. The policy form number for Blue Select and Blue Advantage is NGFPPO-I, 5/17. 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 for more information.



Footnotes

- 1 Blue Cross NC Provider Internal Data; Percentages indicated represent Blue Cross NC's PPO Network as of May 11, 2017. Note: Not all plans are available in all areas.
- 2 Blue Cross NC has collaborated with Carolinas HealthCare System and Duke Health/WakeMed. Blue Local is a health insurance plan offered by Blue Cross NC with a limited provider network. Carolinas HealthCare System and Duke Health/WakeMed are independent companies and each one is solely responsible for the physicians and medical facilities it owns/operates and does not offer Blue Cross NC products or services.
- 3 Blue Cross and Blue Shield Association (BCBSA): <https://www.bcbs.com/the-health-of-america/articles/coverage-goes-where-you-go-travel-worry-free-blue-cross-blue-shield> (accessed June 2017).
- 4 All information discussed in this brochure pertains to Blue Cross NC individual-market, medical health insurance plans that are eligible for sale in 2018 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 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 Blue Cross NC 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 Blue Cross NC.
- 8 If you qualify for a health coverage exemption, you don't have to pay the fee. More information at healthcare.gov/exemptions-tool
- 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, <http://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview> (accessed September 2017).
- 13 WakeMed Key Community Care: wakemedkeycc.org/about-us (accessed June 2017).
- 14 U.S. News & World Report, <http://health.usnews.com/best-hospitals/area/nc/levine-childrens-hospital-PA6360280> (accessed September 2017).
- 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 for more details.
- 17 Families USA; familiesusa.org/product/federal-poverty-guidelines (accessed June 2017). These 2017 FPL guidelines are for the 48 contiguous states and Washington, D.C.

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- + Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- + Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service

Call: 1-888-206-4697, 1-800-442-7028 (TTY and TDD)

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

**Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office**

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201**

Call: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Customer Service: 1-888-206-4697**

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS: 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028)まで、お電話にてご連絡ください。



EASY STEPS to enroll

It's easy to apply for coverage!

Step 1

Contact your local authorized Blue Cross NC 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 card will be mailed to you.

Annual open enrollment is between November 1 and December 15, 2017

Open enrollment is the only time you know for certain you can buy health insurance. **You must apply by December 15 to get coverage that starts January 1, 2018.**

Once open enrollment ends you may be able to buy health insurance if you have what is called a *special enrollment period*. If you get married, have a new baby, or lose your health coverage, you may qualify.¹⁰ Documentation will be required.

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 Blue Cross NC agent. He or she will be happy to help you.

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