

BlueAdvantage[®] BlueSelectSM BlueValueSM

Health plans for
individuals and families



WHAT'S
INSIDE?

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



Health care has changed

We're here to help

There's a lot to consider when selecting health insurance. Now with health care reform, there's even more you need to know. By choosing Blue Cross and Blue Shield of North Carolina (BCBSNC), you'll be with a company that's earned the trust of more North Carolinians than any other health insurance company.¹ With our depth of experience and range of plans, we can help you find coverage that's right for you – and your budget.

With our plans you'll enjoy:

Doctor and hospital accessibility

The BCBSNC network includes more than 95% of physicians and 98% of the hospitals in North Carolina.²

Local customer service

Our customer service call center is right here in North Carolina. We treat you like a neighbor, because you are one!

Simpler, more personalized health care

Blue ConnectSM is our new, enhanced member services experience. It's your source for all tools and information about your health plan. And it's accessible on any mobile device.

Need to find a doctor? Planning for surgery? Can't remember all of your benefits?

Blue Connect is customizable so the tools and information you need are one click away. It's designed to make health care easier. It gives you on-the-go access, when, where and how you want it. And it's yet another benefit of being Blue.



This brochure features health insurance plans that offer these key benefits³

No lifetime maximums

There are no lifetime dollar maximums on the plans featured in this brochure.

No medical qualifications

No matter what condition(s) you have, including any pre-existing condition(s), all BCBSNC health insurance plans are available⁴ to you with no “pre-existing condition(s)” waiting periods.

No referrals needed for specialists

Unlike some other insurance providers, BCBSNC does not require a referral to go see a specialist. This makes getting the care you need easier, faster and more convenient.

Preventive care benefits

For all BCBSNC individual plans mentioned in this brochure, preventive services are covered at 100% when you go to an in-network provider.⁵ These covered services include annual exams, colonoscopies, mammograms and more. See [bcbsnc.com/preventive](https://www.bcbsnc.com/preventive) for a full list of covered services.

Essential health benefits

All BCBSNC plans mentioned in this brochure provide coverage for essential health benefits, which are now required by law. Maternity, newborn care and pediatric services, including dental and vision, are just some of services covered. Visit [bcbsnc.com/ehb](https://www.bcbsnc.com/ehb) for the full listing of these benefits.

Dental insurance

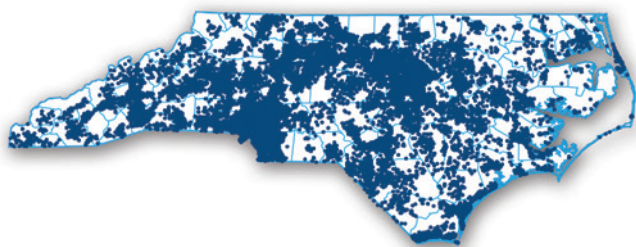
In addition to the pediatric dental coverage included in all BCBSNC medical plans, dental coverage is available through **Dental Blue for IndividualsSM**, a separate plan that provides dental-only coverage at an additional cost to your health plan premium.⁶ You may also purchase dental insurance with or without the purchase of BCBSNC health coverage.

Choose the plan that's right for you

Everyone has different needs when it comes to health insurance. Our range of products let you weigh the balance between price, provider access and prescription coverage to find the plan that best meets your needs and your budget.

BlueAdvantage®

Broad provider network/payment flexibility

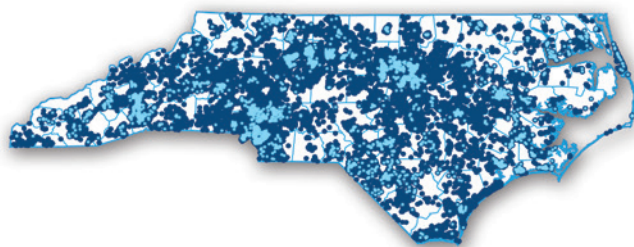


Is it right for you? BlueAdvantage is a good option if you want a broad choice of doctors, specialists and hospitals along with flexibility in how much you pay for doctor visits and prescription drugs.

- + Large provider network covers all 100 counties
- + Over 95% of physicians and 98% of the hospitals in North Carolina are in-network²
- + More pharmacy & prescription drug options
- + Two ways to pay for medical expenses: copayments or deductibles/coinsurance

BlueSelect™

Tiered benefits/lower monthly premiums



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

- + A savings of up to **6%** over Blue Advantage⁷
- + Two tiers of in-network benefits to choose from
- + Copayments for predictable costs
- + Limited pharmacy network to help save you money
- + More prescription drugs requiring preauthorization

You have a choice

Tier 1 doctors and hospitals received our top ratings for quality outcomes, cost-efficiency and accessibility.

Tier 2 doctors and hospitals met our standards for quality outcomes, cost-efficiency and/or accessibility.

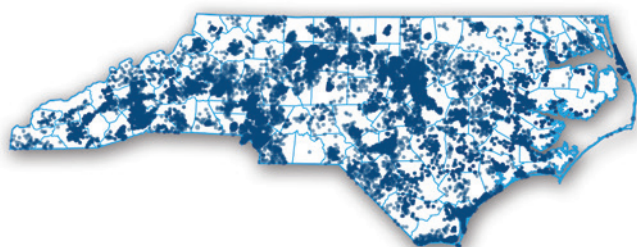
See which tier your providers are in. Go to "Find a Doctor" at bcbsnc.com.

FOR
MORE
INFO

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

BlueValue™

Limited provider network/
lower monthly premiums



Is it right for you? The biggest difference between Blue Value and Blue Advantage is the limited network of doctors, specialists and hospital systems. It could be a good fit if you want savings on your monthly premium and don't have a strong doctor or hospital preference or if you know your doctor or hospital is already in the limited network. (Blue Value may not be available in all areas.)

- + Savings of up to **15%** over Blue Advantage⁷
- + A limited network of providers and pharmacies to lower costs
- + More prescription drugs requiring preauthorization & a smaller pharmacy network
- + Two ways to pay for medical expenses: copayments or deductibles/coinsurance

Make sure your doctors are in-network. Not all hospital systems and doctors are included within the limited network offered through Blue Value. This is one way we can reduce the cost to you. Once you have enrolled in Blue Value, you cannot change to a different plan, with a different network, until the next enrollment period.⁸ So before you enroll, be sure to confirm that any preferred doctors and hospital systems are within the **Blue Value network**. You may do this by calling them directly, and to avoid any confusion, ask specifically whether they are in the **Blue Value network**, not simply the Blue Cross and Blue Shield of North Carolina network. You may also go to "Find a Doctor" at bcbsnc.com to see if your doctor or hospital is in the **Blue Value network**.

Metallic levels

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



Bronze: Good for people who want lower monthly premiums and don't expect to need a lot of medical services



Silver: Good for people who want to keep monthly premiums and out-of-pocket medical costs more balanced



Gold: Good for people who receive medical services regularly and who are okay with a higher monthly premium to have more health care costs covered



Platinum: Good for people who receive medical services frequently and who are willing to pay more each month for the lowest ongoing health care costs

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

Compare our plans⁹

Individual & Family Health Insurance Plans						
	Blue Advantage Bronze 2700 ¹⁰ — Blue Value Bronze 2700 ¹⁰	Blue Advantage Bronze 5500 ¹⁰ — Blue Value Bronze 5500 ¹⁰	Blue Advantage Bronze 5000 — Blue Value Bronze 5000	Blue Select Bronze 5500	Blue Advantage Silver 2800 — Blue Value Silver 2800	Blue Advantage Silver 3500 — Blue Value Silver 3500
Primary Care Physician Office Visit	In-network: 50% after deductible Out-of-network: 60% after deductible	In-network: 0% after deductible Out-of-network: 30% after deductible	In-network: \$45 copay for first 4 visits Out-of-network: 50% after deductible	In-network: \$40 copay Out-of-network: 30% after deductible	In-network: \$30 copay Out-of-network: 60% after deductible	In-network: \$25 copay Out-of-network: 60% after deductible
Specialist Office Visit	In-network: 50% after deductible Out-of-network: 60% after deductible	In-network: 0% after deductible Out-of-network: 30% after deductible	In-network: 20% after deductible Out-of-network: 50% after deductible	Tier 1: \$80 copay Tier 2: 20% after deductible	In-network: \$60 copay Out-of-network: 60% after deductible	In-network: \$50 copay Out-of-network: 60% after deductible
Urgent Care Visit*	50% after deductible	0% after deductible	20% after deductible	\$75 copay	\$75 copay	\$75 copay
Emergency Room Visit*	50% after deductible	0% after deductible	20% after deductible	0% after deductible	\$150/\$500 copay**	\$150/\$500 copay**
IN-NETWORK BENEFITS ¹²						
Individual Deductible	\$2,700	\$5,500	\$5,000	\$5,500	\$2,800	\$3,500
Family Deductible	\$5,400 ¹³	\$11,000 ¹³	\$10,000	\$11,000	\$5,600	\$7,000
Individual Out-of-Pocket Limit	\$6,350	\$5,500	\$6,350	\$6,500	\$6,350	\$6,350
Family Out-of-Pocket Limit	\$12,700	\$11,000	\$12,700	\$13,000	\$12,700	\$12,700
Coinsurance	50%	0%	20%	Tier 1: 0% Tier 2: 20%	30%	30%
OUT-OF-NETWORK BENEFITS ¹²						
Individual Deductible	\$5,400	\$11,000	\$10,000	\$11,000	\$5,600	\$7,000
Family Deductible	\$10,800	\$22,000	\$20,000	\$22,000	\$11,200	\$14,000
Individual Out-of-Pocket Limit	\$12,700	\$12,250	\$12,700	\$13,000	\$12,700	\$12,700
Family Out-of-Pocket Limit	\$25,400	\$23,250	\$25,400	\$26,000	\$25,400	\$25,400
Coinsurance	60%	30%	50%	30%	60%	60%
PRESCRIPTION DRUG BENEFITS*						
Deductible ¹⁴	N/A	N/A	N/A	N/A	\$200	\$200
Preferred Generic Drugs	50% after medical deductible	0% after medical deductible	\$25 copay after medical deductible	0% after medical deductible	\$10 copay	\$10 copay
Non-Preferred Generic Drugs	50% after medical deductible	0% after medical deductible	\$35 copay after medical deductible	0% after medical deductible	\$25 copay	\$25 copay
Brand Drugs	50% after medical deductible	0% after medical deductible	\$75 copay after medical deductible	0% after medical deductible	\$50 copay	\$50 copay
Non-Preferred Brand Drugs	50% after medical deductible	0% after medical deductible	\$100 copay after medical deductible	0% after medical deductible	\$70 copay	\$70 copay
Specialty Drugs	50% after medical deductible	0% after medical deductible	25% after medical deductible	0% after medical deductible	25% of drug cost	25% of drug cost
SUBSIDY ELIGIBILITY						
Cost-Sharing Reduction Subsidy	No	No	No	No	Yes	Yes
Premium Tax Credit Subsidy	Yes	Yes	Yes	Yes	Yes	Yes

*In-network and out-of-network benefits are the same.

**This is stepped benefit. The first visit requires a \$150 copayment and subsequent visits require \$500 copayments.

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



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



Blue Advantage Silver 5000 — Blue Value Silver 5000	Blue Advantage Silver 0 — Blue Value Silver 0	Blue Advantage Silver 3000 — Blue Value Silver 3000	Blue Select Silver 3500	Blue Advantage Gold 1000 — Blue Value Gold 1000	Blue Advantage Gold 0 — Blue Value Gold 0	Blue Select Gold 1000	Blue Advantage Platinum 500 — Blue Value Platinum 500	Blue Advantage Catastrophic ^{††} — Blue Value Catastrophic
In-network: \$25 copay Out-of-network: 60% after deductible	In-network: 50% of visit cost Out-of-network: 60% after deductible	In-network: \$30 copay Out-of-network: 60% after deductible	In-network: \$25 copay Out-of-network: 60% after deductible	In-network: \$15 copay Out-of-network: 50% after deductible	In-network: 30% of visit cost Out-of-network: 60% after deductible	In-network: \$15 copay Out-of-network: 50% after deductible	In-network: \$10 copay Out-of-network: 50% after deductible	In-network: \$35 copay for first 3 visits Out-of-network: 30% after deductible
In-network: \$50 copay Out-of-network: 60% after deductible	In-network: 50% of visit cost Out-of-network: 60% after deductible	In-network: \$80 copay Out-of-network: 60% after deductible	Tier 1: \$50 copay Tier 2: \$75 copay Out-of-network: 60% after deductible	In-network: \$30 copay Out-of-network: 50% after deductible	In-network: 30% of visit cost Out-of-network: 60% after deductible	Tier 1: \$30 copay Tier 2: \$60 copay Out-of-network: 50% after deductible	In-network: \$20 copay Out-of-network: 50% after deductible	In-network: 0% after deductible Out-of-network: 30% after deductible
\$75 copay	50% of visit cost	\$75 copay	\$75 copay	\$45 copay	30% of visit cost	\$45 copay	\$30 copay	0% after deductible
\$150/\$500 copay**	50% of visit cost	\$750 copay	\$250 copay	\$150/\$500 copay**	30% of visit cost	\$150 copay	\$225 copay	0% after deductible
\$5,000	\$0**	\$3,000	\$3,500	\$1,000	\$0***	\$1,000	\$500	\$6,600
\$10,000	\$0**	\$6,000	\$7,000	\$2,000	\$0***	\$2,000	\$1,000	\$13,200
\$6,350	\$6,350	\$6,600	\$6,350	\$4,000	\$5,000	\$4,000	\$1,500	\$6,600
\$12,700	\$12,700	\$13,200	\$12,700	\$8,000	\$10,000	\$8,000	\$3,000	\$13,200
30%	50%	30%	Tier 1: 30% Tier 2: 50%	20%	30%	Tier 1: 20% Tier 2: 40%	20%	0%
\$10,000	\$250	\$6,000	\$7,000	\$2,000	\$250	\$2,000	\$1,000	\$13,200
\$20,000	\$750	\$12,000	\$14,000	\$4,000	\$750	\$4,000	\$2,000	\$26,400
\$12,700	\$12,700	\$13,200	\$12,700	\$8,000	\$10,000	\$8,000	\$3,000	\$14,450
\$25,400	\$25,400	\$26,400	\$25,400	\$16,000	\$20,000	\$16,000	\$6,000	\$27,650
60%	60%	60%	60%	50%	60%	50%	50%	30%
\$200	N/A	\$300	\$200	N/A	N/A	N/A	N/A	N/A
\$10 copay	50% of drug cost	\$10 copay	\$10 copay	\$10 copay	30% of drug cost	\$10 copay	\$4 copay	0% after medical deductible
\$25 copay	50% of drug cost	\$25 copay	\$25 copay	\$25 copay	30% of drug cost	\$25 copay	\$10 copay	0% after medical deductible
\$50 copay	50% of drug cost	\$50 copay	\$50 copay	\$45 copay	30% of drug cost	\$45 copay	\$30 copay	0% after medical deductible
\$70 copay	50% of drug cost	\$70 copay	\$70 copay	\$65 copay	30% of drug cost	\$65 copay	\$50 copay	0% after medical deductible
25% of drug cost	50% of drug cost	25% of drug cost	25% of drug cost	25% of drug cost	30% of drug cost	25% of drug cost	25% of drug cost	0% after medical deductible
Yes	Yes	Yes	Yes	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Health care reform – the basics

While the Affordable Care Act (ACA) – also known as health care reform – went into effect in 2014, it's still relatively new. Here is a brief overview of some of the more important changes you should be aware of when considering health insurance:

- + **You must have health insurance coverage**

The federal government now requires that most individuals purchase health insurance or they may be subject to a tax penalty.

- + **Financial help is available to those who qualify**

If you meet certain requirements, you can get subsidies – also known as advanced premium tax credits – from the federal government to help you pay for your health insurance. You'll find an online subsidy calculator at bcbsnc.com/subsidies to help estimate any subsidy you may qualify for. Your actual subsidy is determined by the federal government.

- + **Annual open enrollment is between November 15, 2014 and February 15, 2015**

To have coverage for 2015, you need to enroll during the annual enrollment period. You can enroll outside this period if you have gone through a qualifying event such as marriage, the birth of a child or moving into North Carolina from a different state. Visit bcbsnc.com for a complete listing of qualifying events.





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:¹⁵

- + 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 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. Keep in mind, to get these benefits you must choose a Silver plan.

The big picture

Overall, subsidies and CSRs can help lower your health insurance costs significantly if you qualify based on income. So be sure to learn if you qualify. Even a family of four with a household income of as much as \$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.

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% FPL are eligible for premium tax credit subsidies only. FPL guidelines help determine the level of the subsidy.
- + People with incomes below 100% of the FPL or above 400% of the FPL are ineligible for subsidies.

Federal Poverty Level (FPL) guidelines*

Household Size	Annual household income		
	100% FPL	250% FPL	400% FPL
1	\$11,670	\$29,175	\$46,680
2	\$15,730	\$39,325	\$62,920
3	\$19,790	\$49,475	\$79,160
4	\$23,850	\$59,625	\$95,400
5	\$27,910	\$69,775	\$111,640
6	\$31,970	\$79,925	\$127,880

* Source: <http://familiesusa.org/product/federal-poverty-guidelines> (accessed August, 2014). These 2014 FPL guidelines are for the 48 contiguous states and Washington D.C.

FOR
MORE
INFO

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

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.

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 any combination of family members 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, in 2015 a family of four that makes as much as \$95,400 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.

Your checklist for buying health insurance

Here's a quick list of things to remember and consider as you work with your agent:

- ✓ Annual open enrollment is between November 15, 2014 and February 15, 2015
- ✓ Determine if you are eligible for subsidies
- ✓ Think about your health care needs - which metallic level works best?
- ✓ Think about your network needs - make sure your preferred providers and hospital system are in the network of the plan you select
- ✓ Submit your application
- ✓ Pay for your plan - your new policy will not become effective until BCBSNC receives and processes your first month's premium



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 covered by your health benefit plan
- 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, 5/14**. The policy form number for Blue Value is **ACAPOS-I, 5/14**. 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

- 1 BCBSNC Brand Tracking Study; Prophet; March 2013.
- 2 BCBSNC Internal Data, 2011. Percentages indicated represent BCBSNC's PPO network.
- 3 All information discussed in this brochure pertains to BCBSNC individual-market, medical health insurance plans that are eligible for sale in 2015 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.
- 4 Eligibility requirements apply. See benefit booklet for details.
- 5 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 for more details.
- 6 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.
- 7 BCBSNC Internal Data, percentage savings based on a 45-year-old male, non-smoker, in Mecklenburg county.
- 8 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.
- 9 Chart provides an overview of key benefits. For full benefits see your benefit booklet.
- 10 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.
- 11 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.
- 12 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.
- 13 Aggregate deductible: eligible plans offer an aggregate deductible which means you and all members of your family must meet the family deductible before benefits are payable. Certain preventive care services are covered before the deductible is met.
- 14 Must be met prior to receiving benefits.
- 15 The information contained herein is for educational purposes only. Subsidy eligibility and amounts are determined solely by the federal government. Please visit www.healthcare.gov for further information regarding subsidies.

Annual open enrollment is between November 15, 2014 and February 15, 2015.

To have coverage for 2015, you need to enroll during the annual enrollment period. You can enroll outside this period if you have gone through a qualifying event such as marriage, the birth of a child or moving into North Carolina from a different state. Visit bcbsnc.com for a complete listing of qualifying events.

Easy steps to enroll

It's easy to apply for coverage!

STEP
1

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

STEP
2

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

STEP
3

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

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

FOR
MORE
INFO

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

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