

2015 plan comparison¹

Individual & Family Health Insurance Plans

	Blue Advantage Bronze 2700 ² — Blue Value Bronze 2700 ²	Blue Advantage Bronze 5500 ² — Blue Value Bronze 5500 ²	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	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 ³ — Blue Value Catastrophic
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	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
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	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
Urgent Care Visit*	50% after deductible	0% after deductible	20% after deductible	\$75 copay	\$75 copay	\$75 copay	\$75 copay	50% of visit cost	\$75 copay	\$75 copay	\$45 copay	30% of visit cost	\$45 copay	\$30 copay	0% after deductible
Emergency Room Visit*	50% after deductible	0% after deductible	20% after deductible	0% after deductible	\$150/\$500 copay**	\$150/\$500 copay**	\$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

IN-NETWORK BENEFITS⁴

Individual Deductible	\$2,700	\$5,500	\$5,000	\$5,500	\$2,800	\$3,500	\$5,000	\$0**	\$3,000	\$3,500	\$1,000	\$0***	\$1,000	\$500	\$6,600
Family Deductible	\$5,400 ⁵	\$11,000 ⁵	\$10,000	\$11,000	\$5,600	\$7,000	\$10,000	\$0**	\$6,000	\$7,000	\$2,000	\$0***	\$2,000	\$1,000	\$13,200
Individual Out-of-Pocket Limit	\$6,350	\$5,500	\$6,350	\$6,500	\$6,350	\$6,350	\$6,350	\$6,350	\$6,600	\$6,350	\$4,000	\$5,000	\$4,000	\$1,500	\$6,600
Family Out-of-Pocket Limit	\$12,700	\$11,000	\$12,700	\$13,000	\$12,700	\$12,700	\$12,700	\$12,700	\$13,200	\$12,700	\$8,000	\$10,000	\$8,000	\$3,000	\$13,200
Coinsurance	50%	0%	20%	Tier 1: 0% Tier 2: 20%	30%	30%	30%	50%	30%	Tier 1: 30% Tier 2: 50%	20%	30%	Tier 1: 20% Tier 2: 40%	20%	0%

OUT-OF-NETWORK BENEFITS⁴

Individual Deductible	\$5,400	\$11,000	\$10,000	\$11,000	\$5,600	\$7,000	\$10,000	\$250	\$6,000	\$7,000	\$2,000	\$250	\$2,000	\$1,000	\$13,200
Family Deductible	\$10,800	\$22,000	\$20,000	\$22,000	\$11,200	\$14,000	\$20,000	\$750	\$12,000	\$14,000	\$4,000	\$750	\$4,000	\$2,000	\$26,400
Individual Out-of-Pocket Limit	\$12,700	\$12,250	\$12,700	\$13,000	\$12,700	\$12,700	\$12,700	\$12,700	\$13,200	\$12,700	\$8,000	\$10,000	\$8,000	\$3,000	\$14,450
Family Out-of-Pocket Limit	\$25,400	\$23,250	\$25,400	\$26,000	\$25,400	\$25,400	\$25,400	\$25,400	\$26,400	\$25,400	\$16,000	\$20,000	\$16,000	\$6,000	\$27,650
Coinsurance	60%	30%	50%	30%	60%	60%	60%	60%	60%	60%	50%	60%	50%	50%	30%

PRESCRIPTION DRUG BENEFITS*

Deductible ⁶	N/A	N/A	N/A	N/A	\$200	\$200	\$200	N/A	\$300	\$200	N/A	N/A	N/A	N/A	N/A
Preferred Generic Drugs	50% after medical deductible	0% after medical deductible	\$25 copay after medical deductible	0% after medical deductible	\$10 copay	\$10 copay	\$10 copay	50% of drug cost	\$10 copay	\$10 copay	\$10 copay	30% of drug cost	\$10 copay	\$4 copay	0% after medical deductible
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	\$25 copay	50% of drug cost	\$25 copay	\$25 copay	\$25 copay	30% of drug cost	\$25 copay	\$10 copay	0% after medical deductible
Brand Drugs	50% after medical deductible	0% after medical deductible	\$75 copay after medical deductible	0% after medical deductible	\$50 copay	\$50 copay	\$50 copay	50% of drug cost	\$50 copay	\$50 copay	\$45 copay	30% of drug cost	\$45 copay	\$30 copay	0% after medical deductible
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	\$70 copay	50% of drug cost	\$70 copay	\$70 copay	\$65 copay	30% of drug cost	\$65 copay	\$50 copay	0% after medical deductible
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	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

SUBSIDY ELIGIBILITY⁷

Cost-Sharing Reduction Subsidy	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Premium Tax Credit Subsidy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No



BlueCross BlueShield
of North Carolina

¹In-network and out-of-network benefits are the same.
²This is stepped benefit. The first visit requires a \$150 copayment and subsequent visits require \$500 copayments.
³Zero-dollar deductible plans allow you to benefit from day one. There's no deductible to meet prior to receiving benefits.

1 Chart provides an overview of key benefits. For full benefits see your benefit booklet.

2 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.

3 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 ***bcbssc.com*** for more details.

4 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.

5 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.

6 Must be met prior to receiving benefits.

7 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.