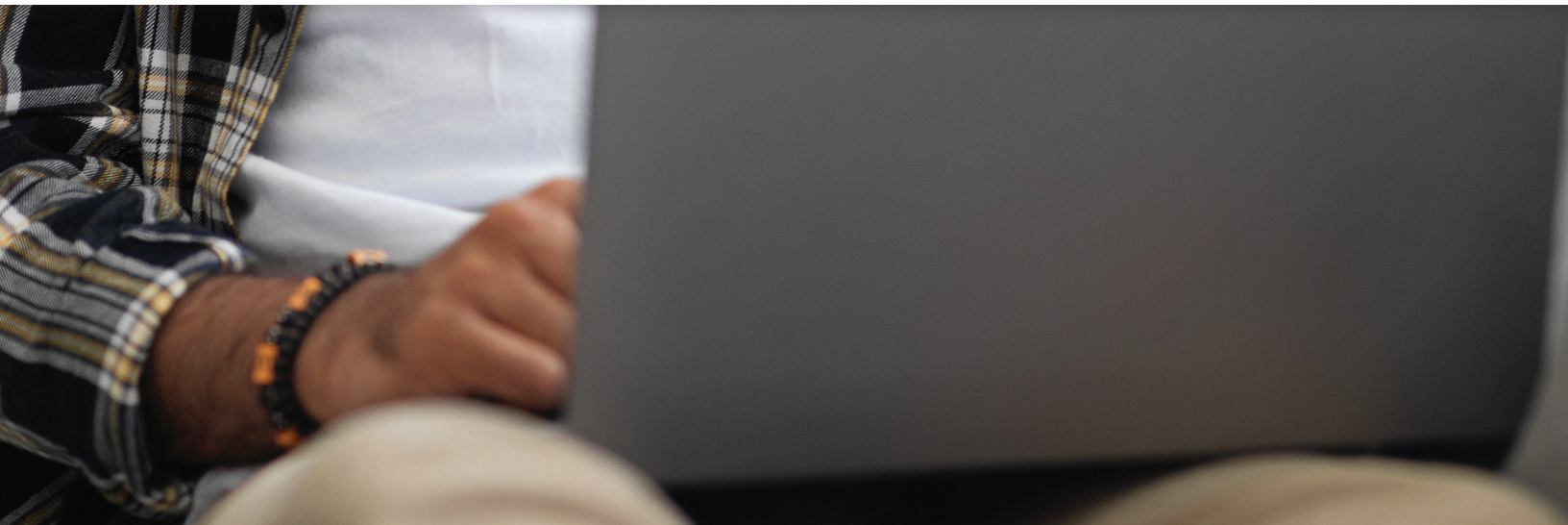




BlueCross BlueShield
of North Carolina

BlueOptions®

Benefit Highlights



Blue Options Benefit Highlights (PPO)

The amounts that appear on this benefit highlight represent Member responsibility.

Deductibles, Out-of-Pocket Limits & Benefit Maximums

The following Deductibles, Out-of-Pocket Limits, and Benefit Maximums apply to all services. All copays are before deductible, if applicable.

Embedded Deductibles

	In-network	Out-of-network ¹
Individual (per Benefit Period)	\$0	\$1,000
Family (per Benefit Period)	\$0	\$2,000

Embedded Out-of-Pocket Limits

	In-network	Out-of-network
Individual (per Benefit Period)	\$0	\$2,000
Family (per Benefit Period)	\$0	\$4,000

Benefit Maximums:

Lifetime Total Dollar Maximum

Unlimited

Lifetime Infertility Benefit Maximum

Ovulation Induction Cycles (with or without insemination, per Member, in all places of service)	3 Cycle Limits
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Annual Benefit Maximums:

Maximums apply to Home, Office and Outpatient Settings only, unless otherwise indicated. Maximums include both Habilitative and Rehabilitative services unless otherwise indicated. All maximums are on a combined In- and Out-of-Network basis per Member, per Benefit Period. There are no limits on therapy and nutritional counseling visits related to mental illness diagnoses.

Physical, Occupational and Chiropractic Therapies (combined)	150 visits
Speech Therapy	150 visits
Adaptive Behavior Treatment	Unlimited
Skilled Nursing Facility Stay	60 days
Provider Office visits for the evaluation and treatment of obesity (maximum does not apply to dietician/nutritional visits)	4 visits
Nutritional Counseling	Unlimited

Physician Office Services

(See "Outpatient Services" for "outpatient clinic" or "hospital-based" services.)

Office Visits

Includes all Office Visits regardless of specialty or diagnosis (including medical, mental health, substance use disorder, infertility, therapies and pre-natal/post-delivery care unable to be included in the global delivery fee). Includes Office Surgery, Consultation, Labs, and X-rays, unless otherwise specified.

Primary Care Provider	0% no deductible	20% after deductible
Specialist	0% no deductible	20% after deductible

Mental Health and Substance Use Disorder Office-Based Services

0% no deductible 20% after deductible

Vendor Telehealth

Includes Telehealth services for acute care, mental health, and dermatology

0% no deductible Not available

Preventive Care (Primary Preventive Diagnosis Only)

For the most updated list of general preventive/screenings, immunizations, well-baby/well-child care, women's preventive care services, nutritional counseling and other services mandated under Federal law, see our website at bluecrossnc.com/preventive. State mandated services include colorectal screening, bone mass measurement, newborn hearing screening, prostate specific antigen tests (PSAs), gynecological exams, cervical cancer screening, ovarian cancer screening and screening mammograms.

Primary Care Provider	0% no deductible	20% after deductible
Specialist	0% no deductible	20% after deductible

Blue Options Benefit Highlights (PPO)

Urgent and Emergency Care

Ambulance
Emergency Room Visit* (with or without Observation)
Emergency Room Visit* (with Inpatient Admission)
Urgent Care Centers

In-network

0% no deductible
0% no deductible
0% no deductible
0% no deductible

Out-of-network¹

0% no deductible
0% no deductible
0% no deductible
0% no deductible

*Out-of-Network Emergency Room services are payable at the In-Network level and applied to the In-Network Out-of-Pocket Limit regardless of where they are obtained.

Inpatient Hospital Services

Includes all Inpatient Hospital Services regardless of diagnosis (including, but not limited to, medical, mental health, substance use disorder, infertility, therapies, transplants, deliveries, and surgeries.) If you receive care at a Blue Distinction Center (BDC), your out-of-pocket expenses may be less. Depending on your plan, you may save \$250 in an outpatient setting or \$500 in an inpatient setting via a copayment reduction OR reduce your coinsurance by 10% simply by utilizing an outpatient or inpatient Blue Distinction Center. Please visit [<https://www.bluecrossnc.com/bdc>] for more information, including the most up-to-date list of specialties, and to find a Blue Distinction® Center near you.]

Inpatient Hospital Facility Services
Inpatient Hospital Professional Services

0% no deductible
0% no deductible

20% after deductible
20% after deductible

Outpatient Services

Hospital Based or Free-standing Facility Services (other than preventive services above)
Outpatient lab tests
Preventive Mammography
Diagnostic Mammography
Outpatient X-rays, ultrasounds, and other diagnostic tests such as EEGs and EKGs
Mental Health and Substance Use Disorder Outpatient Services

0% no deductible
0% no deductible
0% no deductible
0% no deductible
0% no deductible
0% no deductible

20% after deductible
0% no deductible
20% after deductible
20% after deductible
20% after deductible
20% after deductible

Other Services

Skilled Nursing Facility
Home Health Care and Hospice
Durable Medical Equipment, Medical Supplies, Orthotic Devices and Prosthetic Appliances
CT scans, MRIs, MRAs and PET scans in any location, including a physician's office

0% no deductible
0% no deductible
0% no deductible
0% no deductible

20% after deductible
20% after deductible
20% after deductible
20% after deductible

Prescription Drugs

Enhanced 4 Tier Commercial Formulary, Broad Plus Network.
Prior Plan approval, step therapy and quantity limits may apply.

Preventive OTC Medications and Contraceptive Drugs and Devices as listed at bluecrossnc.com/preventive
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In-network

0% no deductible

Out-of-network¹

0% no deductible

Tier 1 - Tier 4 Drugs

0% no deductible

0% no deductible

¹NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

ADDITIONAL INFORMATION ABOUT BLUE OPTIONS

Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Allowed Amount

The maximum amount that Blue Cross NC determines is to be paid for covered services provided to a member.

Out-of-Pocket Limit

The dollar amount you pay for covered services in a benefit period before Blue Cross NC pays 100% of covered services. It includes deductible, coinsurance and copayments. It does not include charges over the allowed amount, premiums, and charges for non-covered services.

Utilization Management

To make sure you have access to high quality, cost-effective health care, we manage utilization through a variety of programs including certification, transplant management, concurrent and retrospective review. If you have a concern regarding the final determination of your care, you have the right to appeal the decision. For further information about our Utilization Management programs, please refer to your benefit booklet.

Certification

Certification is a program designed to make sure that your care is given in a cost effective setting and efficient manner.

If you need to be hospitalized, you must obtain certification. Non-emergency and non-maternity hospital admissions must be certified prior to the hospitalization. If the admission is not certified, the claim will be denied.

For maternity admissions, your provider is not required to obtain certification from Blue Cross NC for prescribing a length of stay up to 48 hours for a normal vaginal delivery, or up to 96 hours for delivery by cesarean section. You or your provider must request certification for coverage for additional days, which will be given by Blue Cross NC, if medically necessary.

All inpatient and certain outpatient Mental Health and Substance Use Disorder services and all Adaptive Behavior Treatment must be certified in advance by Blue Cross NC or services will not be covered. Call Blue Cross NC at 1-800-359-2422. Mental Health and Substance Use Disorder office visits do not require certification.

In-network providers in North Carolina are responsible for obtaining certifications. The member will bear no financial penalties if the in-network provider in North Carolina fails to obtain the appropriate authorization. The member is responsible for obtaining certification for services rendered by an out-of-network provider in North Carolina or by any provider outside of North Carolina.

Health and Wellness Program

Your benefits provide access to a variety of wellness programs and services to help you stay healthy. These include nurse support for chronic conditions, pregnancy and behavioral health, as well as tobacco cessation programs and exclusive member discounts on things like gym memberships, glasses, hearing aids and more. You can also access a wide selection of online and digital health and wellness tools and resources at bluecrossnc.com to help you take charge of your health!

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What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your health benefit plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- For injury or illness resulting from an act of war
- For personal hygiene and convenience items
- For inpatient admissions that are primarily for diagnostic studies
- For palliative or cosmetic foot care
- For investigative or experimental purposes
- For hearing aids or tinnitus maskers, except as specifically covered by the benefit plan
- For cosmetic services or cosmetic surgery
- For custodial care, domiciliary care or rest cures
- For treatment of obesity, except for surgical treatment of morbid obesity, or as specifically covered by your health benefit plan
- For reversal of sterilization
- For assisted reproductive technologies as defined by the Centers for Disease Control and Prevention
- For self-injectable drugs in the provider's office

Embedded Deductible Definition

Members must meet their individual deductible before benefits are payable under the health benefit plan. However, once the family deductible is met, all covered family members will be in benefit. Any member who meets their individual Out-Of-Pocket Limit will have the benefit levels apply to them only and not the entire family. However, once the family Out-Of-Pocket Limit is met, the benefit levels will apply to the entire family.