



STEP 4

Learn more

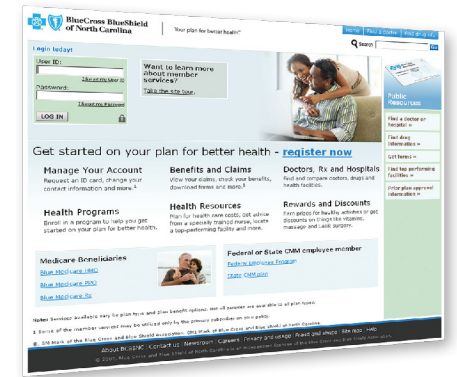
Call us

Call the Customer Service number on your BCBSNC ID card if you have questions about your plan.

Save time online

The Member Services section of bcbsnc.com is your one-stop shop for information about your plan and your health. Register today to:

- + View claims 24/7
- + Get complete health plan details
- + Find a doctor
- + And much more



Insider tip! Understanding your bills

If you go to the hospital, you may receive multiple bills. Check your Explanation of Benefits (EOB) online by visiting the Member Services section of bcbsnc.com. You'll see the amount you owe and the amount BCBSNC pays.

Limitations & Exclusions

Like most health plans, Blue Options has some limitations and exclusions. Once you're enrolled, you'll have access to your Member Guide, which contains detailed information about plan benefits, exclusions and limitations.

This is a partial list of benefits that are not payable:

- Services for or related to conception by artificial means or for reversal of sterilization
- Treatment of sexual dysfunction not related to organic disease
- Treatment for transsexualism, sex changes or modifications including surgery
- Services that are investigational in nature
- Services for complications or side effects arising from excluded services, procedures or treatments
- Dental care except as provided in your Member Guide
- Services that are not medically necessary
- Services or expenses that are covered by any governmental unit except as required by federal law
- Services received from an employer-sponsored dental or medical department
- Services received or hospital stays before the effective date of coverage
- Custodial care, domiciliary care or rest cures
- Eyeglasses or contact lenses or refractive eye surgery
- Services to correct nearsightedness or refractive errors; hearing aids, supplies, tinnitus maskers, or exams for hearing aids
- Services for cosmetic purposes
- Services for routine foot care
- Travel, except as specifically listed in the Member Guide
- Services for weight control or reduction, except for morbid obesity
- Inpatient admissions that are primarily for physical therapy, diagnostic studies, or environmental change
- Services that are rendered by or on the direction of those other than doctors, hospitals, facility and professional providers; services that are in excess of the customary charge for services usually provided by one doctor when done by multiple doctors
- Services that are the result of war or while in military service
- Services for which a charge is not normally made in the absence of insurance, or services provided by an immediate relative
- Non-prescription drugs and prescription drugs or refills which exceed the maximum supply

- Personal hygiene, comfort and/or convenience items
- Telephone consultations; charges for failure to keep scheduled visits, for completion of any form, or for medical information required by the plan
- Services primarily for educational purposes
- Services for conditions related to developmental delay and/or learning differences
- Long-term rehabilitative therapy
- Services not specifically listed as covered services

Your coverage may be cancelled by Blue Cross and Blue Shield of North Carolina for certain reasons. Coverage for dependent children ends at age 26. Consult your employer regarding dependent eligibility requirements. Members will be notified 30 days in advance of any change in coverage. A waiting period for coverage of pre-existing conditions may apply to your coverage.

- 1 Some services and supplies received by members in an office setting or in connection with an office visit are in fact outpatient hospital-based services provided by hospital-owned or operated practices. These services and supplies may be subject to your deductible and coinsurance. Please see the BCBSNC provider listing to identify these providers. Some Blue Options plans are available with deductible and coinsurance only. Information contained in this brochure does not apply to those plans.
- 2 Referrals may be needed for mental health and substance abuse services.
- 3 Blue Cross and Blue Shield Association Internal Data, 2007: www.bcbs.com/news/press/facts/bluecard.html (December 2007).
- 4 Brand Strength Measure Survey, Synovate, Inc. [2004-2006]; Harris Interactive[®] Brand and Reputation Practice-EquiTrend[™] Brand Study, Spring 2004, "Financial Services/Insurance Brands," Table 4: www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=818 (December 2007).

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BlueOptions[™]

Quick Start Guide

Our Preferred Provider Organization (PPO) plan (Copayment plan)



STEP 1

Insider tips and more for Blue Options

With Blue Options, you can see in-network doctors for just a copayment.¹ And, you'll pay a deductible and coinsurance for other services.

In this guide, you'll find information about:

- + How your plan works
- + How to save money on your health care
- + How to get the most out of your health plan
- + Where to get more information

! Look for insider tips throughout this guide to learn how to avoid paying too much for your health care.

Welcome to BlueOptions

STEP 2

Understand your plan

With Blue Options, you can visit any provider in our network, and you'll be covered by your plan. You can also visit out-of-network providers, but your coverage levels will be different. Log in to the Member Services section of bcbsnc.com to check your Member Guide for complete details.

+ Office visits - You can see any primary care doctor or specialist in our network for just a copayment.¹ And, annual preventive care is covered. Additional covered services include: routine physical exams, immunizations, well-baby and well-child visits, OB/GYN exams, Pap smears and breast and prostate cancer screenings.

+ Hospitalization and outpatient care - When you're hospitalized or when you have outpatient procedures performed, you'll typically pay a deductible and coinsurance. Coinsurance will apply after you've met your deductible.

+ Prescription drug coverage - You have access to our large network of pharmacies. Use them and pay only a copayment or coinsurance. Prescription drugs are covered at different levels, depending on the type of drug you purchase. And, your prescription costs can be even lower when you select generic drugs. For more details, check your Member Guide, or visit bcbsnc.com and select the "Find a drug" link.

+ Primary care provider - Family practice doctors, general practice doctors or OB/GYNs.

+ Specialist - Doctors like dermatologists, cardiologists or surgeons who treat certain diseases or perform specific procedures.

+ Copayment - A flat out-of-pocket amount you pay when you receive a service.

+ Deductible - The amount of money you are responsible for during the year before Blue Cross and Blue Shield of North Carolina (BCBSNC) starts paying for some or all of the cost.

+ Coinsurance - A percentage of the cost of a service. Coinsurance applies after you meet your deductible. You'll be responsible for part of the cost, and BCBSNC will pay the rest. Once you meet your coinsurance maximum, you'll pay 0% for the rest of the plan year.

! **Insider tip! Finding a provider**
You can find information about providers and networks in the Member Services section of bcbsnc.com.

STEP 3

Know before you go

Understanding these four things will make a big difference in how much you pay for your care:

1. Office care visits

You can visit your primary care provider for most medical procedures and services, and when you do you'll save money. You can also see specialists without a referral but at a higher copayment.²

2. Location makes a difference

Make sure you know what type of provider or facility you are visiting before you go. Outpatient clinics and providers affiliated with certain hospitals (in certain locations) will be covered differently than primary care providers and specialists that are not affiliated with hospitals.

3. In-network vs. out-of-network

The BCBSNC network of doctors and hospitals is extensive. You can visit any provider in our network, and you'll be covered by your plan. You can also visit out-of-network providers, but your coverage levels will be different. Check your Member Guide for complete details.

Our network goes way beyond North Carolina too. If you need to see a doctor while outside the state, no need to worry. The BlueCard[®] network keeps you covered in over 200 countries and territories worldwide.³ To find a health care provider near you, just call the BlueCard number on your BCBSNC ID card.

4. Prior review

Some diagnostic services, like MRIs and CT scans, must be approved by BCBSNC before they'll be covered by your plan. This is called "prior review." Before you go, make sure your provider has requested prior review so you won't end up paying unnecessary fees for these services. You can also find out if a service requires prior review by calling the number on your BCBSNC ID card.

Member Services

As a BCBSNC member, you have access to a lot more than just your health plan. From programs that reward you for being healthy to tools that help you plan for your health care costs or research health conditions, we make it easy to start your plan for better health today.

- Health Programs
- Health Resources
- Rewards and Discounts
- Online Account Management

To get started, visit bcbsnc.com/memberservices.

You can be confident knowing that your plan offers you all of these services, plus:

- + Our largest provider network
- + Coverage in more than 200 countries and territories worldwide³
- + The #1 health care brand in America⁴

