

BlueAdvantage Saver™	
Benefit type	Benefit description
Office visits - in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology when performed by the same doctor on the same day in office.
Prescription drugs	No annual limit for generic drugs. For Saver 1 only: Copayment for brand-name drugs up to \$2,000, then you pay 50% coinsurance. ¹
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.
Coinsurance maximum	The total amount of coinsurance you're required to pay for covered services in a year. Once you reach the coinsurance maximum, you will not have to pay any more for coinsurance for covered medical expenses for the remainder of the year.
Vision	Routine eye exam.
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations. Visit bcbsnc.com/preventive for details. ²
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services. BCBSNC plans offer unlimited coverage for the lifetime of the policy.
Hospital	Inpatient and outpatient facility services, drugs, blood, supplies, medical care, surgical care, therapy services, diagnostic tests, X-rays, lab work and well-baby care (including periodic assessments and immunizations).
	Outpatient laboratory tests and mammograms performed alone. May require prior review (prior plan approval).
Urgent care centers	Provide services for a sudden or unexpected condition requiring prompt diagnosis or treatment to prevent chronic illness, prolonged impairment or a more hazardous treatment. Examples: sprains, some lacerations and dizziness.
Emergency room services	Services for the sudden onset of a condition that a person could reasonably expect the absence of immediate medical attention to result in placing one's health at risk.
Ambulatory surgery centers	A licensed or certified non-hospital facility that has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.
Mental health and substance abuse	Inpatient and outpatient professionals. Includes 10 office (or) outpatient visits and five inpatient day limits.
Out-of-pocket expenses	The total amount of money you pay out of pocket in a benefit period.
Other services*	Durable medical equipment, home health care, home infusion therapy, hospice care, private duty nursing, ambulance services, skilled nursing facilities (to 60 days per year) and dental accident-related services.
Maternity rider option ³	Pre- and post-natal coverage.
Child-only coverage	Coverage for children 18 years of age and younger.

* High-tech diagnostic imaging scans, such as CT scans, MRIs MRAs and PET scans, are subject to deductible and coinsurance payments regardless of where service is provided. Prior review (prior plan approval) is required for these services.

2011 BlueAdvantage Saver[™] plan options

		BlueAdvantage Saver [™]		
Benefit type	Saver 1 In-network coverage ⁴	Saver 2 In-network coverage ⁴	Saver 3 In-network coverage ⁴	
Office visits - in network	You pay ⁴ \$25 copayment for primary physicians; ⁵ coinsurance after deductible for specialists	You pay ⁴ \$25 copayment for up to four primary care provider visits; ⁵ then covered by deductible and coinsurance; for specialists, you pay coinsurance after deductible	You pay \$0 after deductible	
Prescription drugs	After \$500 deductible per member, you pay \$10 copayment for generics, \$45 or \$65 for brand-name drugs, 25% coinsurance for specialty brands	You pay \$10 copayment for generics; members receive discounted rate for brand-name drugs		
Deductible	Deductible options: \$1,000 , \$2,500 , \$3,500 or \$5,000	Deductible options: \$1,000 , \$2,500 , \$3,500 , \$5,000 , \$10,000 or \$20,000	Deductible options: \$10,000 or \$20,000	
Coinsurance	After deductible, you pay 30%	After \$1,000 - \$5,000 deductible, you pay 40% After \$10,000 or \$20,000 deductible, you pay 0%	After deductible, you pay 0%**	
Coinsurance maximum	Individual: \$3,000 Family: \$6,000	Individual: \$4,000 ; Family: \$8,000 ; For \$10,000 or \$20,000 deductible options, you pay \$0 after deductible	For Individual and Family, you pay \$0 after deductible	
Vision	You pay \$25 copayment		After deductible, you pay \$0	
All three Blue Advantage Saver plans have these benefits				
Preventive care	You pay \$0 ; preventive services are covered at 100%			
Lifetime maximum	Unlimited			
Hospital	For inpatient, you pay coinsurance after benefit period deductible			
	For outpatient, you pay 0% with no deductible			
Urgent care centers	For Saver plans 1 and 2, you pay coinsurance after deductible; for Saver plan 3, you pay \$0 after deductible			
Emergency room services	After deductible, you pay coinsurance			
Ambulatory surgery centers	For Saver plans 1 and 2, you pay coinsurance after deductible; for Saver plan 3, you pay \$0 after deductible			
Mental health and substance abuse	After deductible, you pay 50%			
Out-of-pocket expenses	You pay deductible(s), coinsurance (up to the maximum) and copayment(s)			
Other services*	For Saver plans 1 and 2, you pay coinsurance after deductible; for Saver plan 3, you pay \$0 after deductible			
Maternity rider option ³	Maternity rider available: Cost depends on the deductible and coinsurance you select			
Child-only coverage	Available			

** For mental health and substance abuse professionals, you pay 50% after deductible.

Limitations & Exclusions

Like most health care plans, Blue Advantage Saver has some limitations and exclusions. You must be a North Carolina resident under 65 years of age, not be covered by another health insurance policy, not be enrolled in Medicare, and qualify medically. If your application is approved, 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 Saver:

- Services for or related to conception by artificial means 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
- Investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Side effects and complications of noncovered 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
- Services to correct nearsightedness or refractive errors
- Services for cosmetic purposes
- Services for routine foot care
- Travel, except as specifically listed in the benefit booklet
- Services for weight control or reduction, except for morbid obesity, or as specifically covered by your health benefit plan
- Services for maternity or elective abortion except as provided by the maternity rider option, if purchased
- 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 and 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 for conditions related to developmental delay and/or learning differences
- Long-term rehabilitative therapy
- Services not specifically listed as covered services
- 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 and 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 for conditions related to developmental delay and/or learning differences
- Long-term rehabilitative therapy
- Services not specifically listed as covered services

Your coverage will automatically renew. Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina (BCBSNC) for fraud or intentional misrepresentation of information on your application. Coverage for dependent children ends at age 26. 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.⁶ (Pre-existing conditions apply only to adults age 19 and older and do not apply to children age 18 or younger.) The policy form number for Blue Advantage Saver is PPO-I, 7/10. 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.

Please note: Blue Advantage Saver plans are not a high-deductible health plans (HDHP) under the federal tax code, and therefore are not intended to be paired with a health savings account (HSA).

- 1 Blue Advantage Saver prescription drug benefits are divided into four drug-formulary tiers with varying copayment/coinsurance amounts based on the tier placement of a drug. Specific drug information can be found on the Prescription Drug Search tool at bcbsnc.com. Diabetic supplies are covered at 75% under the prescription drug benefit. In addition, benefits are provided for over-the-counter drugs when listed as covered in the formulary and a provider's prescription for that drug is presented at the pharmacy. Specialty brand-name drugs require member coinsurance.
- 2 Blue Advantage Saver in-network preventive care services are covered at 100%. Coverage for many preventive services (such as annual routine physical exams, well-baby and well-child care, and immunizations) is limited to in-network benefits. 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.
- 3 Maternity coverage benefits are not included in the rates for Blue Advantage Saver. For costs and further details about maternity coverage, including exclusions and reductions or limitations and terms under which the policy may be continued in force, contact your agent or BCBSNC.
- 4 All services are limited to the allowed amount. Actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the health benefit plan's and member's payment obligations. 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 use an in-network provider, you will only be responsible for your deductible and any coinsurance amounts.
- 5 Blue Advantage Saver primary physicians are in-network providers designated by BCBSNC as a primary care provider (PCP). Please check with BCBSNC to confirm that your provider is in our network.
- 6 Pre-existing conditions apply only to adults age 19 and older and do not apply to children age 18 or younger. Pre-existing conditions are those for which medical advice, diagnosis, care or treatment was received or recommended within the 12 months immediately preceding the date that your plan's coverage begins. You may receive credit toward the 12-month waiting period if you have not had a break in coverage of more than 63 consecutive days between your prior health plan and this health plan, and if we receive proof of such prior coverage.

An independent licensee of the Blue Cross and Blue Shield Association. U7323, 11/10

PAGE 3 of 3

