

Compare plan benefits

Take a look at our side-by-side comparison of benefits for our Blue Advantage and Blue Options HSA plans.

Benefit type	Benefit description	Plan A: In-network coverage ¹⁵
Office visits - in network	Primary doctors and specialists, including surgery, lab work, therapy and radiology performed by the same doctor on the same day in office.	You pay: ¹⁵ \$15 copayment for primary physicians, ¹⁶ \$30 copayment for specialists
Preventive care	Routine physical exams, including gynecological exam; well-child and well-baby care, including periodic assessments and immunizations.	You pay: ^{2,15} \$15 copayment for primary physicians, ¹⁶ \$30 copayment for specialists
Prescription drugs	No annual limit for generic drugs. A \$2,000 maximum for brand-name drugs per person, per benefit period.	You pay: ⁴ \$10 copayment for generics, \$35 or \$50 for brand-name, 25% coinsurance for specialty brand
Deductible	The amount you pay during the benefit period for some services before BCBSNC pays its portion.	Deductible options: \$250, \$500, \$1,000 or \$2,500 Benefits vary depending on the deductible selected
Coinsurance	The percentage of covered medical expenses that you pay after you've paid your deductible.	You pay: After deductible, 20%, 0% (0% coinsurance is not available on the \$2,500 deductible option)
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.	Individual: \$0 for 0% coinsurance plans; \$2,000 for 20% for coinsurance plans; Family: \$0 for 0% coinsurance plans; \$4,000 per family for 20% for coinsurance plans
Out-of-pocket expenses	The total amount of money you pay out of pocket in a benefit period.	You pay: Deductible(s), coinsurance (up to the maximum) and copayment(s)
Lifetime maximum	The maximum amount BCBSNC will pay per member for covered services.	Unlimited
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).	Inpatient, you pay: Coinsurance after benefit period deductible
	Outpatient laboratory tests and mammograms performed alone. (May require pre-authorization.)	Outpatient, you pay: 0% with no deductible
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.	You pay: \$30 copayment
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.	You pay: \$150 copayment ¹⁷
Ambulatory surgery centers	A licensed or certified non-hospital facility which has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis and does not provide inpatient accommodations.	You pay: Coinsurance after benefit period deductible
Mental health and substance abuse	Inpatient and outpatient professionals. A \$2,000 benefit period maximum and a \$10,000 lifetime maximum per member.	You pay: 50% after deductible
Vision	Routine eye exam.	You pay: \$15 copayment
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.	You pay: Coinsurance after benefit period deductible
Maternity coverage	Pre- and post-natal coverage.	Option available. You pay coinsurance after benefit period deductible.
Child-only coverage	Coverage for children 18 years of age and younger. No full-time student requirement.	Available

***Please note:** The Blue Options HSA \$1,200 Individual and \$2,400 Family deductible options may not be available for policy purchase throughout the entire 2009 benefit period. To verify current deductible options, contact your agent.

BlueAdvantage

Plan B:

In-network coverage¹⁵

You pay:¹⁵ **\$25** copayment for primary physicians,¹⁶
\$50 copayment for specialists

You pay:^{2,15} **\$25** copayment for primary physicians,¹⁶
\$50 copayment for specialists

You pay:⁴ After \$200 deductible per member,
\$10 copayment for generics, **\$35** or **\$50** for brand-name,
25% coinsurance for specialty brand

Deductible options: **\$500, \$1,000, \$2,500, \$3,500**
or **\$5,000**

You pay: After deductible, **30%**

Individual: **\$3,000**;
Family: **\$6,000**

You pay: Deductible(s), coinsurance (up to the
maximum) and copayment(s)

\$5 million

Inpatient, you pay: Coinsurance after benefit period
deductible

Outpatient, you pay: **0%** with no deductible

You pay: **\$50** copayment

You pay: **\$150** copayment¹⁷

You pay: Coinsurance after benefit period deductible

You pay: **50%** after deductible

Not available

You pay: Coinsurance after benefit period deductible

Option available. You pay coinsurance after benefit
period deductible.

Available

Plan C:

In-network coverage¹⁵

You pay:¹⁵ **\$30** copayment for primary physicians,¹⁶
\$60 copayment for specialists

You pay:^{2,15} **\$30** copayment for primary physicians,¹⁶
\$60 copayment for specialists

You pay:⁴ After \$500 deductible per member, **\$10**
copayment for generics, **\$35** or **\$50** for brand-name
25% coinsurance for specialty brand

Deductible options: **\$1,000, \$2,500, \$3,500** or **\$5,000**

You pay: After deductible, **50%**

Individual: **\$3,000**;
Family: **\$6,000**

You pay: Deductible(s), coinsurance (up to the
maximum) and copayment(s)

\$5 million

Inpatient, you pay: Coinsurance after benefit period
deductible

Outpatient, you pay: **0%** with no deductible

You pay: **\$60** copayment

You pay: **\$150** copayment¹⁷

You pay: Coinsurance after benefit period deductible

You pay: **50%** after deductible

Not available

You pay: Coinsurance after benefit period deductible

Option available. You pay coinsurance after benefit
period deductible.

Available