



Blue Options HSASM Proposal For
CITY OF KINSTON

Effective 07/2014

Prepared By
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Prospect Number 126190

Combo #: 277116

The Blue Options HAS plan is intended to be a high deductible health plan (HSHP) that qualifies its members to contribute to a health savings account (HAS), unless its members are otherwise ineligible under applicable federal requirements. Please consult a qualified tax advisor if you are unsure about whether or not you are eligible. In addition, the DEDUCTIBLE and OUT-OF-POCKET LIMIT amounts listed in the Summary of Benefits may be revised each year in accordance with Internal Revenue Service (RIS) rulings.

The benefit highlight is a summary of Blue Options HAS benefits. This is meant only to be a summary. You will also be receiving a Summary of Benefits and Coverage document (referred to as an SBC) required under Health Care Reform. Both documents are provided as a convenience to compare available health plan coverage options. Final interpretation of the Blue Options HAS health plan and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the Blue Options HAS benefit booklet from BCBSNC Customer Services. The HAS is provided to you directly by a separate HAS Administrator. Detailed information regarding your HAS is provided by that administrator.

Pharmacy deductible (if applicable), co-pays and coinsurance count towards true out-of-pocket limit

Blue Options HSA SM Benefit Highlights (HSA)

The coinsurance amounts that appear on this benefit highlight represent Plan responsibility. The coinsurance amounts that display in the benefit booklet represent member responsibility.

Lifetime Maximum, Deductibles & Out-of-Pocket Limits¹ In-network Out-of-Network²

The following Deductibles and Out-of-Pocket Limits apply to all services unless otherwise indicated:

Lifetime Maximum

Deductibles (per Benefit Period)

Employee only \$2,500 \$5,000

Family- Aggregate (Entire family contributes to the Deductible.) \$4,000 \$8,000

Out-of-Pocket(OOP) Limit(per Benefit Period)

Employee Only \$4,000 \$8,000

Family- Aggregate (Entire family contributes to the OOP Limit) \$8,000 \$16,000

Physician Office Services

Office Visit

Includes Office Surgery, Consultation, X-rays and Labs, and a benefit period maximum of 4 office visits for the evaluation and treatment of obesity In and out-of-network. See "Inpatient and Outpatient Services".

Primary Care Provider or Specialist 80% after deductible 50% after deductible

Preventive Care (Primary Preventative Diagnosis Only)

For the most updated list of general preventive/screenings. Immunizations, well-baby/well-child care and women's preventive care services mandated under Federal law, see our website at bcbsnc.com/preventive.

Routine eye exams are covered only In-Network as non-mandated Preventive Care.

Nutritional counseling is covered and available In-Network and Out-of-Network.

Routine Eye exams are covered as non-mandated Preventive Care.

Primary Care Provider or Specialist 100% no deductible 70% after deductible

Therapies

Rehabilitative and Habilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):

Physical/Occupational: 30 visits per Benefit Period;

Speech Therapy: 30 visits per Benefit Period

Primary Care Provider of Specialist 80% after deductible 50% after deductible

Urgent Care Centers and Emergency Room

Urgent Care Centers 80% after deductible 80% after deductible

Emergency Room Visit 80% after deductible 80% after deductible

Ambulatory Surgical Center

80% after deductible 50% after deductible

Outpatient Hospital Services (Includes physician services, hospital and hospital-based services, hospital-based clinics, outpatient diagnostic services, and therapy services including rehabilitative and Habilitative therapies and other therapies.)

80% after deductible 50% after deductible

Inpatient Hospital Services (Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care.)

80% after deductible 50% after deductible

Other Services

Skilled Nursing Facility (60 days per Benefit Period) 80% after deductible 50% after deductible

Home Health Care Durable Medical Equipment and Hospice 80% after deductible 50% after deductible

Ambulance 80% after deductible 80% after deductible

Maternity

Maternity Delivery includes Prenatal and Post-delivery care

Hospital Services (delivery) 80% after deductible 50% after deductible

Professional Services (delivery) 80% after deductible 50% after deductible

Transplants

Hospital Services 80% after deductible 50% after deductible

Professional Services 80% after deductible 50% after deductible

Blue Options HSA SM Benefit Highlights (HSA)

Infertility Services

Combined In-Network and Out-of-Network Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per Member for infertility services, provided in all places of services.

Primary Care Provider	80% after deductible	50% after deductible
Infertility Drugs	80% after deductible	50% after deductible
Limits apply to infertility drugs, refer to your benefits booklet.		
Hospital Services	80% after deductible	50% after deductible
Inpatient and Outpatient Professional Services	80% after deductible	50% after deductible

Mental Health and Substance Abuse Services

Mental Health Services

Office Visit	80% after deductible	50% after deductible
Inpatient/Outpatient	80% after deductible	50% after deductible

Substance Abuse Services

Office Visit	80% after deductible	50% after deductible
Inpatient/Outpatient	80% after deductible	50% after deductible

Prescription Drugs

MAC C Pricing, Open Formulary

You are responsible for charges over the allowed amount received from an out-of-network pharmacy.

	80% after deductible	50% after deductible
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Preventive OTC Medications and Contraceptive

Drugs and Devices as listed at bcbsnc.com/preventive	100% no deductible	100% no deductible
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1 NOTICE: If you selected Employee Only Coverage, the Employee Deductible and Out-of-Pocket limit will apply; if you selected Family Coverage, the Family Aggregate Deductible and Out-of-Pocket limit will apply. All covered family members contribute to the same Family Deductible and the same Family Out-of-Pocket limit which must be met before the respective benefit levels for each are payable by BCBCNC for any individual in the family.

2 NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members.

ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BCBSNC

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 BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Allowed Amount

The maximum amount that BCBSNC 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 BCBSNC 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.

Day and Visit Maximums

All day and visit maximums are on a combined In-and Out-of-Network bases.

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. If you would like a copy of a benefit booklet providing more information about our Utilization Management programs, call the toll free number listed in your information packet.

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 ono-maternity hospital admissions must be certified prior to the hospitalization. If the admission is not certified, a penalty will be applied. For maternity admissions, your provider is not required to obtain certification from BCBSNC 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. Your or your provider must request certification for coverage for additional days, which will be given by BCBSNC, if medically necessary. All inpatient and certain outpatient Mental Health and Substance Abuse services must be certified in advance by Magellan Behavioral Health. Call Megellan Behavioral Health at 1-800-359-2422. Office visits do not require certification. In-network providers are responsible for obtaining certifications. The member will bear no financial penalties if the in-network provider fails to obtain the appropriate authorization. The member is responsible for obtaining certification for services rendered by an out-of-network or out-of-state provider.

Health and Wellness Program

Because we want to help you stay health, we offer a variety of wellness benefits and services. You can take advantage of HealthLine Blue, our 24 hour health information service, a health topics library, asthma and diabetes management and a prenatal program. You will also have access to online health and wellness information at www.bcbsnc.com. With our program you can get health advice anytime you need ti, so you can learn how to take charge of your health.

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 of 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 treatment of sexual dysfunction not related to organic Disease
- For assisted reproductive technologies as defined by the Centers for Disease Control and Prevention
- For self-injectable drugs in the provider's office

Health Savings Account

Blue Options HSA is not a Health Savings Account (HSA), but it instead is a health insurance plan intended to be paired with an HAS. The HAS is provided to you directly by a separate HAS Administrator. An HSA is a savings vehicle for medical care expenses. It helps to pay the expenses that insurance does not pay. Individuals and employers can contribute money into an HAS on a tax-deductible or pre-tax basis for individuals. If used to pay for qualified health care expenses, your HAS roll over from year to year and are fully portable if an individual changes jobs. HAS's can only be opened by and contributed to on behalf of individuals who are covered under a qualified High Deductible Health Plan (HDHP). For more information on your HSA eligibility if you have other, additional health coverage, consult your tax advisor.

Employee: PB27270 R040080 MP45200 SP45300 C000100 V000100 D000100
Family: PB26910 R040080 MP45200 SP45300 C000100 V000100 D000100
Billing arrangement: ee, ee+spouse, ee+children, fam