

# BlueAssurance<sup>SM</sup>

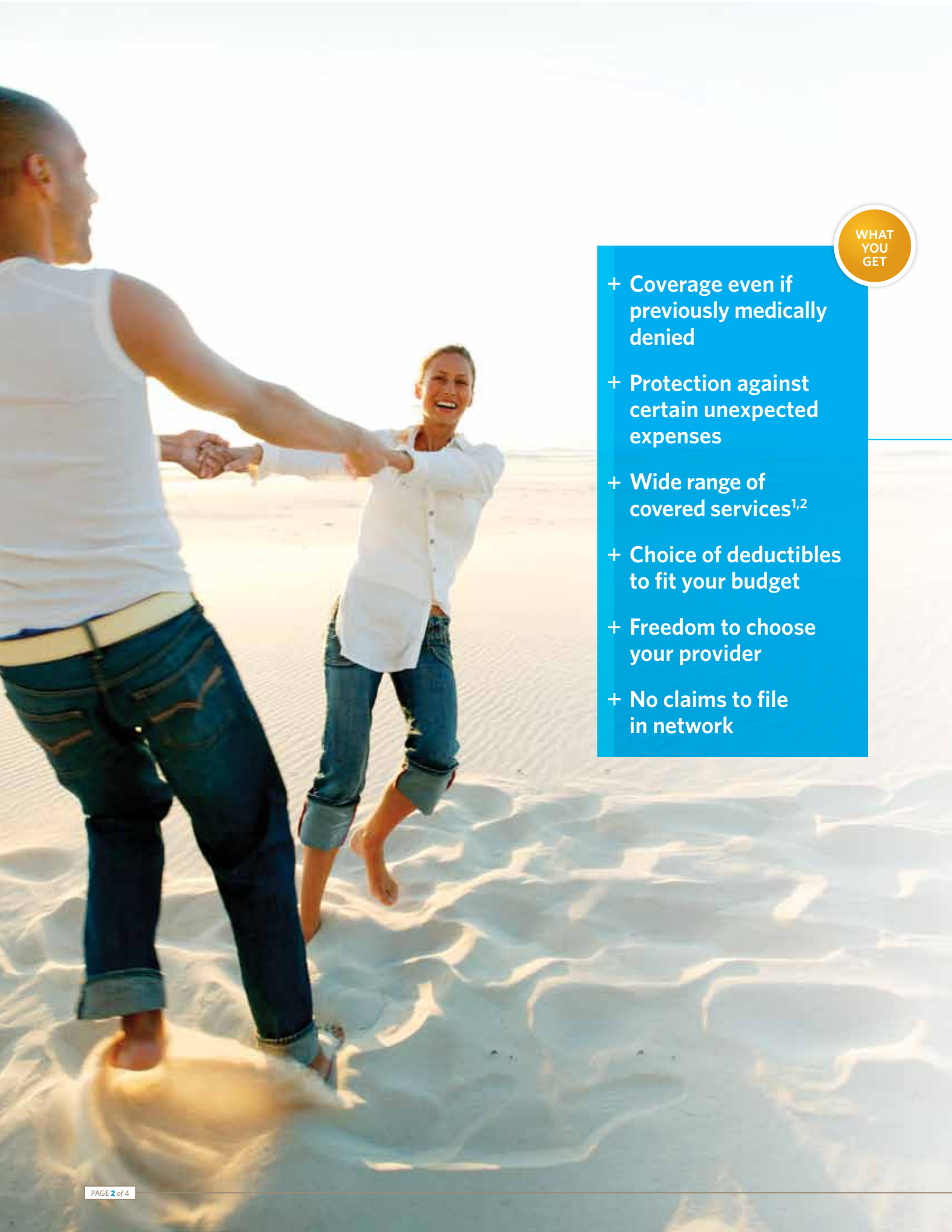
Our comprehensive major medical plan  
for individuals



Visit us at [bcbsnc.com](http://bcbsnc.com)



**BlueCross BlueShield  
of North Carolina**



WHAT  
YOU  
GET

- + Coverage even if previously medically denied
- + Protection against certain unexpected expenses
- + Wide range of covered services<sup>1,2</sup>
- + Choice of deductibles to fit your budget
- + Freedom to choose your provider
- + No claims to file in network



Blue Assurance™

# Quality health care coverage when you need it most

HOW IT  
WORKS  
FOR  
YOU

## Your care, under your control

Whether you're moving from an employer group plan to an individual plan, or you're having difficulty qualifying for other insurance plans, Blue Assurance can help. It offers benefits similar to those found in the standard health care plans offered by Blue Cross and Blue Shield of North Carolina (BCBSNC).<sup>3</sup> You can choose your own doctors, specialists and hospitals – without referrals<sup>4</sup> – and have the comfort of knowing preventive and wellness procedures, emergency care and other important services are available to you.

## A broad range of covered services

Blue Assurance provides coverage for a variety of health benefits and services, including doctor visits, emergency care, hospital stays and prescription medication coverage. Other services are also included, such as maternity care,<sup>5</sup> inpatient and outpatient surgical care, physical therapy<sup>2</sup> and more.

## A choice of deductibles

With Blue Assurance, you can select from three deductible options: \$100, \$500 or \$1,000. When your deductible is met, you pay 20 percent of covered services up to \$1,000 per individual or \$3,000 per family, per benefit period.<sup>6</sup> Then when the individual coinsurance maximum is met, benefits are paid at 100 percent of covered services for the rest of the benefit period.<sup>6,7</sup> If your family is included in your plan, the maximum number of individual deductibles required each year is three. There is no deductible for prescriptions. You simply pay the coinsurance. Any coinsurance you pay for prescriptions does not apply toward your plan's deductible.

## The convenience of our large network

Blue Assurance gives you the freedom to choose any health care provider. But if you select a provider that participates in BCBSNC's Classic Blue® network, you'll save money. That's because participating providers have agreed to accept the allowed amount for covered services as payment in full. They'll even file your claims for you. And, you can get prescription coverage within our large network of pharmacies.

## No-hassle eligibility

To be eligible for Blue Assurance, you must be a resident of North Carolina, between the ages of 18 and 65, and not covered under any other health care plan, including Medicare.<sup>8</sup> Blue Assurance is also available to individuals leaving BCBSNC group coverage or transferring from other Blue Cross and Blue Shield plans. And, your coverage is automatically renewed by paying your premiums when they are due.<sup>9</sup>

## Rates<sup>9</sup>

Deductible	\$100	\$500	\$1,000
Individual	\$1,506	\$1,307	\$1,247
Parent/child	\$2,259	\$1,961	\$1,871
Family	\$3,313	\$2,875	\$2,743

\*Rates are effective through December 31, 2012.

\*NOTE: Your actual rate is based on the deductible and plan you choose and the number of family members covered. Deductibles, coinsurance, limitations and exclusions apply to this coverage. Pre-existing condition waiting periods may also apply. Further details of coverage, limitations and exclusions, and terms under which the policy can be continued in force, will be included in your free information package.



# Get started with BlueAssurance<sup>SM</sup>

Blue Assurance offers you comprehensive major medical coverage for doctor and specialist visits, emergency care, hospital stays, prescription drugs and more. Get the flexibility you need in a health care plan today.

## Limitations & Exclusions

Like most health plans, Blue Assurance limits or does not provide coverage for certain health care services or supplies. When your application is approved, you will receive a Member Guide. It will contain detailed information about health plan benefits, exclusions and limitations. Members will be notified 30 days in advance of any change in coverage.

Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina for failure to pay premiums when due and for fraudulent statements on your application, among other reasons. Coverage for dependent children ends at age 26. If you are age 19 or older, you may have a 12-month waiting period for coverage of pre-existing conditions. This brochure summarizes some of the plan's benefits. It is not your insurance policy. Your BA Assurance, 9/11 policy is your insurance contract. If there is any difference between the brochure and the policy, the provisions of the policy will control. Blue Assurance is not a High-Deductible Health Plan (HDHP) under the tax code, and is not intended to be paired with a Health Savings Account.

- 1 Inpatient mental health and substance abuse care is covered at 50% after your deductible is met and limited to 10 office or outpatient visits and five inpatient days per benefit period, per member.
- 2 Skilled nursing facility care is limited to 60 days per benefit period. Short-term therapy is limited to 30 visits per benefit period for speech therapy and 30 visits per benefit period for combined physical therapy and occupational therapy.
- 3 Other individual policies are available. If you feel you may qualify for one of these products, please call us at 1-800-324-4973. These programs require a formal health appraisal process known as medical underwriting.
- 4 Referrals may be needed for mental health and substance abuse services.
- 5 Maternity care benefits, including prenatal care, labor and delivery, and post-delivery care, are available to all female members. However, maternity benefits for dependent children cover only treatment for complications of pregnancy.
- 6 Your actual expenses for covered services may exceed the stated coinsurance percentage because actual provider charges may not be used to determine the health benefit plan's and member's payment obligations.
- 7 Your deductible does not apply to your coinsurance maximum. Mental health, substance abuse and prescription drug charges also do not apply to your coinsurance maximum. Individual must meet his or her own coinsurance maximum and members of the family plan must meet the combined family coinsurance maximum.
- 8 Other eligibility requirements may apply. Your Blue Assurance coverage will be effective at least 30 days, but no more than 60 days after the date the application is signed. For individuals converting from group coverage, a completed application and first premium payment must be received by BCBSNC within 31 days after the date of termination of either prior insurance or COBRA/Continuation of Coverage to avoid a gap in coverage. For individuals transferring from another Blue Cross and/or Blue Shield plan, the completed application and first month premium payment must be received within 63 days of date of termination of other coverage to avoid a gap in coverage.
- 9 Rates are effective through December 31, 2012. Member's premiums may be adjusted with 30 days notice. After the first premium adjustment, the premium cannot be adjusted more frequently than 12 months and will not be changed at any other time unless an adjustment is required by law, or you make changes to your policy.

HOW  
CAN WE  
HELP?

### 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 or studies leading to or in connection with sex changes or modifications and related care
- Services that are 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
- 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
- Maintenance therapy
- Services not specifically listed as covered services

For more information about Blue Assurance, call 1-800-324-4973, Monday – Friday, 8 a.m. – 5 p.m.



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