

Health Plan Benefit Summaries



Welcome!

Take advantage of your State Health Plan benefit choices! With health coverage through the State Health Plan you'll get the protection you need.



For questions about our plans, call 1-888-234-2416.

Be sure to visit our Web site at www.shpnc.org to find out more.



This is a summary of benefits. For a complete explanation, please refer to the Benefit Booklets.



P L A N C O M P A R I S O N S

		PPO Basic (70/30)	
Plan Design Feature		In-Network	Out-of-Network ²
Lifetime Maximum		Unlimited	Unlimited
Benefit Year Deductible		\$600 Individual \$1,800 Family	\$1,200 Individual \$3,600 Family
Plan Coinsurance		30% of eligible expenses after deductible	50% of eligible expenses and the difference between the allowed amount and the charge
Coinsurance Maximum (does not include deductible)		\$2,500 Individual \$7,500 Family	\$5,000 Individual \$15,000 Family
Primary Care		\$25 ¹ copayment	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Specialist		\$50 ¹ copayment	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Urgent Care		\$75 copayment	Same as in-network benefit
Emergency Room		\$250 copayment plus 30% coinsurance after deductible	Same as in-network benefit
Inpatient		\$200 copayment then 30% coinsurance after deductible	\$200 copayment then 50% coinsurance after deductible and the difference between the allowed amount and the charge
Outpatient Hospital and Ambulatory Surgical Center		30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Preventive Care		\$25 ¹ copayment - primary care \$50 ¹ copayment - specialist	Not covered ²
SHORT TERM THERAPIES	Physical / Occupational / Speech	\$25 ¹ copayment - primary care \$50 ¹ copayment - specialist 30% coinsurance after deductible - outpatient hospital	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
	Chiropractic	\$50 ¹ copayment - specialist 30 visit limit per benefit period	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Routine Eye Exam		\$25 copayment	Not covered
MENTAL HEALTH / CHEMICAL DEPENDENCY	Office Services Outpatient Services Inpatient Services	\$50 ¹ copayment - specialist 30% coinsurance after deductible \$200 copayment then 30% coinsurance after deductible	50% coinsurance 50% coinsurance after deductible \$200 copayment then 50% coinsurance after deductible (--and the difference between the allowed amount and the charge. Applies to all out-of-network services.) Deductible does not apply to out-of-network office visits.
		Prior authorization is required after visit 26 - combined in- and out-of-network office visits.	
Generic Rx Copay		\$10	Includes preferred diabetic supplies ³
Preferred Rx Copay (No Generic Equivalent)		\$30	
Preferred Rx Copay (Generic Equivalent)		\$40	
Non-Preferred Rx Copay		\$50	Includes non-preferred diabetic supplies ³ \$25 copay

1. PPO Options: In-network hospital owned or operated practices may be subject to deductible and coinsurance. Please call your physician or see the Provider Directory to determine if your physician's practice is hospital owned or operated.

All benefits are subject to medical necessity.

2007-2009 Benefits Comparison

PPO Standard (80/20)		PPO Plus (90/10)	
In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Unlimited	Unlimited	Unlimited	Unlimited
\$300 Individual \$900 Family	\$600 Individual \$1,800 Family	\$150 Individual \$450 Family	\$300 Individual \$900 Family
20% of eligible expenses after deductible	40% of eligible expenses and the difference between the allowed amount and the charge	10% of eligible expenses after deductible	30% of eligible expenses and the difference between the allowed amount and the charge
\$1,750 Individual \$5,250 Family	\$3,500 Individual \$10,500 Family	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family
\$20 ¹ copayment	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	\$15 ¹ copayment	30% of eligible expenses after deductible and the difference between the allowed amount and the charge
\$40 ¹ copayment	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	\$30 ¹ copayment	30% of eligible expenses after deductible and the difference between the allowed amount and the charge
\$50 copayment	Same as in-network benefit	\$50 copayment	Same as in-network benefit
\$200 copayment plus 20% coinsurance after deductible	Same as in-network benefit	\$150 copayment plus 10% coinsurance after deductible	Same as in-network benefit
\$150 copayment then 20% coinsurance after deductible	\$150 copayment then 40% coinsurance after deductible and the difference between the allowed amount and the charge	\$100 copayment then 10% coinsurance after deductible	\$100 copayment then 30% coinsurance after deductible and the difference between the allowed amount and the charge
20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	10% of eligible expenses after deductible	30% of eligible expenses after deductible and the difference between the allowed amount and the charge
\$20 ¹ copayment - primary care \$40 ¹ copayment - specialist	Not covered ²	\$15 ¹ copayment - primary care \$30 ¹ copayment - specialist	Not covered ²
\$20 ¹ copayment - primary care \$40 ¹ copayment - specialist 20% coinsurance after deductible - outpatient hospital	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	\$15 ¹ copayment - primary care \$30 ¹ copayment - specialist 10% coinsurance after deductible - outpatient hospital	30% of eligible expenses after deductible and the difference between the allowed amount and the charge
\$40 ¹ copayment - specialist 30 visit limit per benefit period	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	\$30 ¹ copayment - specialist 30 visit limit per benefit period	30% of eligible expenses after deductible and the difference between the allowed amount and the charge
\$20 copayment	Not covered	\$15 copayment	Not covered
\$40 ¹ copayment - specialist 20% coinsurance after deductible \$150 copayment then 20% coinsurance after deductible	40% coinsurance 40% coinsurance after deductible \$150 copayment then 40% coinsurance after deductible (--and the difference between the allowed amount and the charge. Applies to all out-of-network services.) Deductible does not apply to out-of-network office visits.	\$30 ¹ copayment - specialist 10% coinsurance after deductible \$100 copayment then 10% coinsurance after deductible	30% coinsurance 30% coinsurance after deductible \$100 copayment then 30% coinsurance after deductible (--and the difference between the allowed amount and the charge. Applies to all out-of-network services.) Deductible does not apply to out-of-network office visits.
Prior authorization is required after visit 26 - combined in- and out-of-network office visits.		Prior authorization is required after visit 26 - combined in- and out-of-network office visits.	
\$10	Includes preferred diabetic supplies ³	\$10	Includes preferred diabetic supplies ³
\$30		\$30	
\$40		\$40	
\$50	Includes non-preferred diabetic supplies ³ \$25 copay	\$50	Includes non-preferred diabetic supplies ³ \$25 copay

² The following preventive care benefits are available both in- and out-of-network: gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening and prostate specific antigen tests.

All benefits are subject to medical necessity.

Top 10 Health Care Tips

How to Get the Most Out of Your Health Care Plan

- 1. Access our Web site at www.shpnc.com.**

The North Carolina State Health Plan provides valuable information on its Web site. You can either explore the site for information you need or link to My Member Services to access your personal information instantly.
- 2. Read your Benefit Booklet.**

The North Carolina State Health Plan mails you a comprehensive Benefit Booklet after you enroll. This guide includes detailed information about your specific benefits and covered services. For questions, or to obtain another copy, call Customer Service at the number listed on the back of your ID card.
- 3. Carry your ID card at all times.**

Your ID card identifies you as a BlueOptionsSM PPO member. You will need to present it every time you or one of your dependents seek healthcare. You are always covered in case of an emergency, no matter where you are. Seek care from the closest emergency room.
- 4. Choose a doctor.**

We recommend that you select a primary care physician, even though it is not necessary in any of the PPO plans. Your doctor is your first source for information and can help you make decisions about your care. To find a primary care doctor of your own, visit the online "Find a Doctor" search feature, which you can find by visiting www.shpnc.org.
- 5. Choose in-network providers.**

This allows you the full freedom and flexibility to schedule an appointment. Most of the time you'll only pay a copayment for your care, which saves you money, plus, you won't have to worry about filing claims for your visit.
- 6. Obtain prior review and certification.**

Prior review is the process by which certain medical services or medications are reviewed against medical policy guidelines prior to the services being performed. Go to www.shpnc.org/sc-my-member-services.html and click on "Prior Authorization" for a complete list of the medical services affected and for affected pharmacy services click on www.shpnc.org/drugs-requiring-pa.html.
- 7. Understand what you owe.**

Learn how to understand what you owe after a visit to the doctor. View your claims history and status by selecting My Member Services at www.shpnc.org and download the brochure *Understand What You Owe*.
- 8. Get care when you live or travel outside of North Carolina.**

You're covered outside of North Carolina and in more than 200 countries and territories worldwide through BlueCard[®]. To find providers in the United States, Puerto Rico, and the U.S. Virgin Islands, use the BlueCard[®] Doctor and Hospital Finder online at bcbs.com/healthtravel/finder or call BlueCard[®] Worldwide Service Center in the U.S. at 1-800-810-2583.
- 9. Save money with generic drugs.**

You may be able to substantially lower your out-of-pocket expense by using a generic drug instead of a brand-name drug when appropriate. Generic drugs are identical to brand-name drugs in dosage formula, safety, strength, quality, performance characteristics and intended use. Talk to your doctor about generic drugs that are appropriate for you. Also you may visit My Rx Choices[®] at www.shpnc.org/pharmacy-savings.html for a personal and confidential comparison of your medications and potential savings if lower cost generic or over-the-counter options are chosen.
- 10. Take advantage of health and wellness programs designed especially for you.**

Valuable tools and services for managing your health are available to eligible State Health Plan members through NC HealthSmart. These tools include an on-line, confidential health risk assessment, videos and an audio library on over 475 topics, personal Health Coaches and more. Health Coaches are specially trained health care professionals who are ready to talk with you about your health concerns 24 hours a day, 7 days a week. Reach your personal health coach by calling 1-800-817-7044. NC HealthSmart tools and services are available at no additional cost to members whose primary health insurance is through the State Health Plan.

* NC HealthSmart services are available to members whose primary health insurance is through the North Carolina State Health Plan, and who are not on COBRA.

North Carolina HEALTHSmart

NC HealthSmart: Supporting a healthier YOU!

- **Call** a Health Coach, 24/7, 1-800-817-7044
- **Join** or **start** a wellness committee at work
- **Quit** smoking



“Getting involved with the worksite wellness program helped me to regain insight into my own interests and values. It heightened my personal performance at work and at home, and provided a greater feeling of self worth.

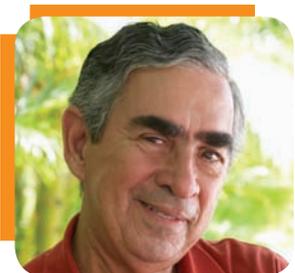
It was life-changing for me.”

– State Health Plan member on her worksite wellness program

“Like yourself enough to live. You may not physically feel well. You may not emotionally feel well. Emotions fluctuate. Convince yourself by repeating:

‘I am a nonsmoker’ – until you become one.”

– State Health Plan member on quitting tobacco



“As one health issue after another arose, and then surgery, it seemed like there was no end to the challenges. And then, I called the health coach program and talked to Sue.

My Health Coach has become a wonderful resource when I really need someone to talk to.”

– State Health Plan member on contacting a health coach

NC HealthSmart services are available to members whose primary health insurance is through the North Carolina State Health Plan, and who are not on COBRA.

www.shpnc.org/nc-healthsmart.html

Explore a range of health and wellness resources.

BlueExtrasSM Easy Reference Chart

Here's a list of discounts and programs provided to you as a North Carolina State Health Plan member. Take advantage of all of these offerings!

Discounts	Savings	How To Obtain Your Discount	For More Information
Alt Med BlueSM Alternative medicine services, yoga, acupuncture, massage, spas, homeopathy, fitness centers and more	Up to 25% (fitness center discounts available only in North Carolina)	Present your BCBSNC ID card.	Call 1-888-336-2583 or visit www.shpnc.org
Audio BlueSM Hearing aids	\$250 off MSRP or 25% off usual and customary fees, whichever provides a greater discount.	Present your BCBSNC ID card.	Call 1-877-979-8000 or visit www.shpnc.org
Blue PointsSM Physical activity and wellness incentives	Free prizes for physical activity and specified wellness activities.	Record your activity online.	Call 1-888-705-7050 , visit www.shpnc.org , or email bluepoints@bcbsnc.com
Cosmetic Dentistry BlueSM Cosmetic dentistry procedures such as tooth whitening, veneers, implants, bonding and more	At least 10% off (discounts available only in North Carolina)	Present your BCBSNC ID card.	Call 1-877-269-1097 or visit www.shpnc.org
Cosmetic Surgery BlueSM Cosmetic procedures such as facelifts, liposuction, rhinoplasty and more	15% off regular surgical fees (anesthesia and facility charges not included) (discounts available only in North Carolina)	Present your BCBSNC ID card.	Call 1-877-755-1111 or visit www.shpnc.org
Opti BlueSM Laser eye surgery	Discounts on laser eye surgery	Present your BCBSNC ID card.	Call 1-800-755-0507 or visit www.shpnc.org
Vita BlueSM Vitamins, minerals and herbal supplements	About 40%. An additional 50% for a second bottle of the same supplement of select products.	Call toll free or visit our Web site for more information.	Call 1-888-234-2413 or visit www.shpnc.org

SM Service marks of the Blue Cross and Blue Shield Association.