

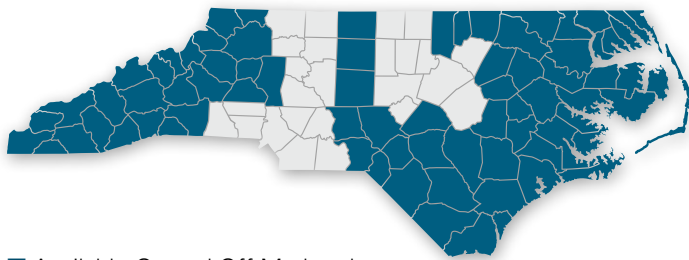
# BlueAdvantage®

Blue Advantage gives you access to our largest statewide network. This is a good option if you want a broad choice of in-network doctors, specialists and hospitals.

**BLUE ADVANTAGE** offers:

- More than 98% of doctors and 98% of the hospitals in North Carolina are in-network<sup>1</sup>

## Product Availability



- Available On and Off Marketplace
- Available Off Marketplace Only

Blue Advantage is available on and off Marketplace to residents in all North Carolina counties EXCEPT the following, where it is available only off Marketplace:

- Alamance
- Anson
- Cabarrus
- Caswell
- Chatham
- Cleveland
- Davidson
- Davie
- Durham
- Forsyth
- Franklin
- Gaston
- Johnston
- Lee
- Lincoln
- Mecklenburg
- Orange
- Person
- Rowan
- Stanly
- Stokes
- Surry
- Union
- Wake
- Yadkin

| IN-NETWORK BENEFIT   |                                   |  |             |                           |
|--|-----------------------------------|--|-------------|---------------------------|
| DEDUCTIBLE & COINSURANCE PLANS*                            | INDIVIDUAL DEDUCTIBLE (Family=2x) | INDIVIDUAL OUT-OF-POCKET MAX (Family=2x) | COINSURANCE | PRESCRIPTION DRUG BENEFIT |
| <b>BLUE ADVANTAGE CATASTROPHIC<sup>2***</sup></b>          | \$8,700                           | \$8,700                                  | 0%          | Integrated***             |
| <b>BLUE ADVANTAGE BRONZE 8700</b>                          | \$8,700                           | \$8,700                                  | 0%          | Integrated***             |
| <b>BLUE ADVANTAGE BRONZE 7000 HSA ELIGIBLE<sup>3</sup></b> | \$7,000                           | \$7,000                                  | 0%          | Integrated***             |

\*All covered services are subject to the deductible and coinsurance, unless otherwise noted.

\*\*Catastrophic plans have three primary care provider visits at a \$35 copay. Catastrophic plans are NOT eligible for a federal subsidy.

\*\*\*Prescription drug costs applied to medical deductible and coinsurance.

| IN-NETWORK BENEFIT   |                                   |  |             |                             |                                |                               |   |
|--|-----------------------------------|--|-------------|-----------------------------|--------------------------------|-------------------------------|---|
| COPAY PLANS  | INDIVIDUAL DEDUCTIBLE (Family=2x) | INDIVIDUAL OUT-OF-POCKET MAX (Family=2x) | COINSURANCE | PRIMARY CARE PROVIDER COPAY | SPECIALIST / URGENT CARE COPAY | PRESCRIPTION DRUG DEDUCTIBLE† | PRESCRIPTION DRUG BENEFIT               |
| <b>BLUE ADVANTAGE BRONZE 7000 + 3 FREE PCP</b>             | \$7,000                           | \$8,700                                  | 50%         | 3 x \$0 / \$100             | \$150                          | Integrated‡                   | \$15 / 50% / 50% / 50% / 50% / 50%      |
| <b>BLUE ADVANTAGE BRONZE 7000 COPAY</b>                    | \$7,000                           | \$8,700                                  | 50%         | \$60                        | \$120                          | \$800                         | \$10 / \$25 / \$40 / \$80 / 50% / 50%   |
| <b>BLUE ADVANTAGE SILVER 2000 + 3 FREE PCP (OFF ONLY)‡</b> | \$2,000                           | \$8,700                                  | 50%         | 3 x \$0 / \$25              | \$150                          | \$500                         | \$10 / \$25 / \$40 / \$80 / 50% / 50%   |
| <b>BLUE ADVANTAGE SILVER 5300 + 3 FREE PCP</b>             | \$5,300                           | \$8,700                                  | 50%         | 3 x \$0 / \$75              | \$150                          | Integrated‡                   | \$10 / 50% / 50% / 50% / 50% / 50%      |
| <b>BLUE ADVANTAGE SILVER 6000 + 3 FREE PCP</b>             | \$6,000                           | \$8,700                                  | 50%         | 3 x \$0 / \$50              | \$150                          | \$550                         | \$10 / \$25 / \$40 / \$80 / 50% / 50%   |
| <b>BLUE ADVANTAGE SILVER 2800 + \$15 PCP</b>               | \$2,800                           | \$8,700                                  | 50%         | \$15                        | \$150                          | \$2,800                       | \$5 / 50% / 50% / 50% / 50% / 50%       |
| <b>BLUE ADVANTAGE SILVER \$0 DEDUCTIBLE</b>                | \$0                               | \$8,700                                  | 50%         | 3 x \$0 / \$75              | \$150                          | \$3,000                       | \$15 / \$50 / \$150 / \$250 / 50% / 50% |
| <b>BLUE ADVANTAGE SILVER 3800 + 3 FREE PCP</b>             | \$3,800                           | \$8,700                                  | 40%         | 3 x \$0 / \$10              | \$50                           | \$350                         | \$10 / \$25 / \$40 / \$80 / 50% / 50%   |
| <b>BLUE ADVANTAGE GOLD 2500 + 3 FREE PCP</b>               | \$2,500                           | \$8,700                                  | 30%         | 3 x \$0 / \$10              | \$40                           | \$300                         | \$10 / \$25 / \$40 / \$80 / 50% / 50%   |

† Prescription drug deductible must be met before your plan begins to pay for prescriptions.

‡ All except Tier 1 Prescription Drug costs are applied toward the medical deductible and coinsurance.

Out-of-network (OON) deductible is two times the in-network deductible. OON deductible on Blue Advantage Silver \$0 Deductible is \$250 Individual/\$500 Family. OON out-of-pocket maximum (OOPM) is two times the in-network OOPM.

Member pays 30% more coinsurance when seeking services OON.

Primary care provider (PCP) step down benefits: 3 x \$0 for any combination of PCP office and/or telehealth visits, followed by standard PCP benefit (at the member level); 3 x \$0 mental health (MH)/substance use (SU) for any combination of MH/SU office and/or telehealth visits, followed by standard benefit (at the member level). PCP/telehealth cannot be combined with MH/SU visits.

The Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Utilization Management (UM) program works to ensure you get the care you need in the appropriate health care setting. Find details about our UM processes and how you can appeal a denied service at [BlueCrossNC.com/UMdetails](http://BlueCrossNC.com/UMdetails).

Blue Cross NC works to protect the privacy of your health information every day. Learn how information is protected, what information may be shared externally, rights to approve the release of information and access to medical records at [BlueCrossNC.com/PrivacyDetails](http://BlueCrossNC.com/PrivacyDetails).

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

1 Blue Cross NC Provider Internal Data; percentages indicated represent Blue Cross NC's PPO Network as of July 26, 2021. Note: Not all plans are available in all areas.

2 You must be under 30 years of age when the plan begins or qualify for a hardship exemption through the federal government to be eligible for a Catastrophic plan. Visit [www.healthcare.gov/choose-a-plan/catastrophic-health-plans/](http://www.healthcare.gov/choose-a-plan/catastrophic-health-plans/) for more details.

3 Members on a family HSA plan will have a family member deductible and a family total deductible. Any member of the family will only have to pay the family member amount to meet their deductible.

4 SILVER 2000 + 3 FREE PCP available off Marketplace only.

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