

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 95% of doctors and 98% of the hospitals in North Carolina are in-network¹

Product Availability



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
- Forsyth
- Rowan

- Anson
- Franklin
- Stanly

- Cabarrus
- Gaston
- Stokes

- Caswell
- Johnston
- Surry

- Chatham
- Lee
- Union

- Cleveland
- Lincoln
- Wake

- Davidson
- Mecklenburg
- Yadkin

- Davie
- Orange
- Durham
- Person

IN-NETWORK BENEFIT										
DEDUCTIBLE & COINSURANCE PLANS†	INDIVIDUAL DEDUCTIBLE* (Family=2x)	INDIVIDUAL OUT-OF-POCKET MAX* (Family=2x)	COINSURANCE**	PRESCRIPTION DRUG BENEFIT***						
BLUE ADVANTAGE CATASTROPHIC 9100 3 PCP \$35 INTEGRATED ^{2‡}	\$9,100	\$9,100	0%	Integrated						
BLUE ADVANTAGE BRONZE 9100 INTEGRATED	\$9,100	\$9,100	0%	Integrated						
BLUE ADVANTAGE BRONZE 7500 HSA ELIGIBLE INTEGRATED ³	\$7,500	\$7,500	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.
 *Out-of-network (OON) deductible is two times the in-network deductible. OON out-of-pocket maximum (OOPM) is two times the in-network OOPM.

^{**}Member pays 30% more coinsurance when seeking services 00N.

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

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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		
BLUE ADVANTAGE BRONZE 7000 3 FREE PCP \$20 TIER 1 Rx INTEGRATED	\$7,000	\$9,100	50%	3×\$0/\$100	\$150	Integrated	\$20° / 50% / 50% / 50% / 50% / 50%		
BLUE ADVANTAGE BRONZE STANDARD 7500	\$7,500	\$9,000	50%	\$50	\$100/\$75	Integrated	\$25° / \$25° / \$50 / \$100 / \$500 / \$500		
BLUE ADVANTAGE BRONZE 5500 \$60 PCP \$20 TIER 1 Rx	\$5,500	\$9,100	50%	\$60	\$120	\$1,000	\$20* / \$25 / \$75 / \$150 / 50% / 50%		
BLUE ADVANTAGE SILVER ACCESS 2300 3 FREE PCP \$15 TIER 1 Rx (OFF ONLY) ⁴	\$2,300	\$9,100	50%	3×\$0/\$25	\$150	\$500	\$15* / \$25 / \$60 / \$120 / 50% / 50%		
BLUE ADVANTAGE SILVER PREFERRED 3100 3 FREE PCP \$10 TIER 1 Rx INTEGRATED	\$3,100	\$9,100	50%	3 x \$0 / \$60	\$120	Integrated	\$10° / 50% / 50% / 50% / 50% / 50%		
BLUE ADVANTAGE SILVER STANDARD 5800	\$5,800	\$8,900	40%	\$40	\$80 / \$60	Integrated	\$20° / \$20° / \$40° / \$80 / \$350 / \$350		
BLUE ADVANTAGE SILVER CHOICE 4000 3 FREE PCP \$15 TIER 1 Rx	\$4,000	\$9,100	50%	3×\$0/\$50	\$100	\$500	\$15*/\$30/\$40/\$80/ 50%/50%		
BLUE ADVANTAGE SILVER SECURE 1900 \$15 PCP \$15 TIER 1 Rx	\$1,900	\$9,100	50%	\$15	\$150	\$1,900	\$15* / 50% / 50% / 50% / 50% / 50%		
BLUE ADVANTAGE SILVER SIMPLE 3 FREE PCP	\$0	\$9,100	50%	3×\$0/\$75	\$150	\$1,300	\$15* / \$50 / \$250 / \$400 / 50% / 50%		
BLUE ADVANTAGE SILVER TOTAL 3500 3 FREE PCP \$15 TIER 1 Rx	\$3,500	\$9,100	50%	3×\$0/\$25	\$80	\$450	\$15* / \$25 / \$40 / \$80 / 50% / 50%		
BLUE ADVANTAGE GOLD STANDARD 2000	\$2,000	\$8,700	25%	\$30	\$60 / \$45	\$0	\$15* / \$15* / \$30* / \$60* / \$250* / \$250*		
BLUE ADVANTAGE GOLD 1800 3 FREE PCP \$10 TIER 1 Rx	\$1,800	\$9,100	30%	3 x \$0 / \$10	\$40	\$450	\$10* / \$25 / \$40 / \$80 / 50% / 50%		

[†] Prescription drug deductible must be met before your plan begins to pay for prescriptions except when indicated otherwise.

Out-of-network (00N) deductible is two times the in-network deductible. OON deductible on Blue Advantage Silver Simple | \$0 Deductible | 3 Free PCP plan is \$250 for individual and \$500 for family. OON out-of-pocket maximum (00PM) is two times the in-network 00PM.

Member pays 30% more coinsurance when seeking services 00N.

00N Urgent Care Copay is 2X the amount of the in-network (INN) Urgent Care Copay.

00N Primary Care Provider and Specialist Visit Coinsurance is 30% more than the INN Primary Care Provider and Specialist Visit Coinsurance.

Primary care provider (PCP) step down benefits: $3 \times \$0$ for any combination of PCP office and/or telehealth visits, followed by standard PCP benefit (at the member level); $3 \times \$0$ 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.

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.

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.

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.

- 1 Blue Cross NC Provider Internal Data; percentages indicated represent Blue Cross NC's PPO Network as of July 28, 2022.
- 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/ 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 BLUE ADVANTAGE SILVER ACCESS 2300 + 3 FREE PCP + \$15 TIER 1 Rx available off Marketplace only.
- ® Marks of the Blue Cross and Blue Shield Association. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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^{*} Prescription drugs costs are not subject to the deductible.