

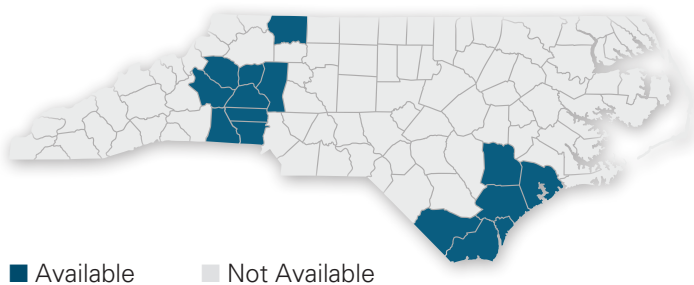
# BlueValue<sup>SM</sup>

Blue Value is a good fit if you are flexible about which doctors you see – or if your doctor or hospital is part of this smaller network. The network is statewide, making it easy to get in-network care if you travel or have a child away at college within North Carolina.

**BLUE VALUE** offers:

- A limited statewide network for savings.
- Network includes, but is not limited to, Atrium Health Wake Forest Baptist, CaroMont Health, Frye Regional, New Hanover Regional, Novant Health and UNC Health Alliance.
- The following doctor/hospital networks are considered out-of-network for Blue Value: Atrium Health, Catawba Valley Health System, Duke Health and WakeMed. Out-of-state providers are also out-of-network. When traveling outside of North Carolina or the U.S., only emergency services will be covered at the in-network benefit level. All other non-emergency covered services will be covered at the out-of-network benefit level.

## Product Availability



Blue Value is available on and off Marketplace to residents of these North Carolina counties:

- Alexander
- Brunswick
- Burke
- Caldwell
- Catawba
- Cleveland
- Columbus
- Duplin
- Gaston
- Iredell
- Lincoln
- New Hanover
- Onslow
- Pender
- Surry

IN-NETWORK BENEFIT				
DEDUCTIBLE & COINSURANCE PLANS <sup>†</sup>	INDIVIDUAL DEDUCTIBLE* (Family=2x)	INDIVIDUAL OUT-OF-POCKET MAX* (Family=2x)	COINSURANCE**	PRESCRIPTION DRUG BENEFIT***
<b>BLUE VALUE CATASTROPHIC 9100   3 PCP \$35   INTEGRATED<sup>††</sup></b>	\$9,100	\$9,100	0%	Integrated
<b>BLUE VALUE BRONZE 9100   INTEGRATED</b>	\$9,100	\$9,100	0%	Integrated
<b>BLUE VALUE BRONZE 7500   HSA ELIGIBLE   INTEGRATED<sup>‡</sup></b>	\$7,500	\$7,500	0%	Integrated

<sup>†</sup> All covered services are subject to the deductible and coinsurance, unless otherwise noted.

<sup>††</sup> Catastrophic plans have three primary care provider visits at a \$35 copay. Catastrophic plans are NOT eligible for a federal subsidy.

<sup>\*</sup>Out-of-network (OON) deductible is five times the in-network deductible. OON out-of-pocket limit has no maximum. This means you will always pay your OON coinsurance amount to an OON provider.

<sup>\*\*</sup>Member pays 30% more coinsurance when seeking services OON.

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

\* Prescription drugs costs are not subject to the deductible.

Out-of-network (OON) deductible is five times the in-network deductible. OON deductible on Blue Value Silver Simple | \$0 Deductible | 3 Free PCP plan is \$2,000 for individual and \$4,000 for family. OON out-of-pocket limit has no maximum. This means you will always pay your OON coinsurance amount to an OON provider.

Member pays 30% more coinsurance when seeking services OON.

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

OON 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 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.

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](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).

1 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.

2 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.

3 BLUE VALUE SILVER ACCESS 2300 + 3 FREE PCP + \$15 TIER 1 Rx available off Marketplace only.

Atrium Health, Atrium Health Wake Forest Baptist, CaroMont Health, Catawba Valley Health System, Duke Health, Frye Regional, New Hanover Regional, Novant Health, UNC Health Alliance and WakeMed are independent companies that are solely responsible for the services they provide. These companies do not offer Blue Cross or Blue Shield products or services.

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