

Small Group Plan Summaries



BlueOPTIONSSM

**Small Group (1-50)
Preferred Provider Organization (PPO) plan**

Services	Plan 1		Plan 2		Plan3	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Primary Care Physician	\$15	Ded & Coins	\$20	Ded & Coins	\$20	Ded & Coins
Specialist Office Visit	\$25	Ded & Coins	\$30	Ded & Coins	\$40	Ded & Coins
Urgent Care Facility	\$25		\$30		\$40	
Emergency Room	\$100		\$100		\$100	
Ambulatory Surgical Center	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
In- & Outpatient Facility	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
In- & Outpatient Professional	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Other Services	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Individual Deductible	(a)	\$250 / \$500	(a)	\$250 / \$500	(a)	\$250 / \$500
	(b)	\$500 / \$1,000	(b)	\$500 / \$1,000	(b)	\$500 / \$1,000
	(c)	\$1,000 / \$2,000	(c)	\$1,000 / \$2,000	(c)	\$1,000 / \$2,000
	(d)	\$2,500 / \$5,000	(d)	\$2,500 / \$5,000	(d)	\$2,500 / \$5,000
Coinsurance	(e)	100% / 80% ¹	(e)	100% / 80% ¹	(e)	100% / 80% ¹
	(f)	100% / 70% ¹	(f)	100% / 70% ¹	(f)	100% / 70% ¹
	(g)	90% / 70%	(g)	90% / 70%	(g)	90% / 70%
	(h)	80% / 70%	(h)	80% / 70%	(h)	80% / 70%
Individual Coinsurance Maximum	(i)	\$1,000 / \$2,000 ¹	(i)	\$1,000 / \$2,000 ¹	(i)	\$1,000 / \$2,000 ¹
	(j)	\$2,000 / \$4,000	(j)	\$2,000 / \$4,000	(j)	\$2,000 / \$4,000
	(k)	\$3,000 / \$6,000	(k)	\$3,000 / \$6,000	(k)	\$3,000 / \$6,000
Family Deductible/ Family Coinsurance Maximum	(l)	2x Individual	(l)	2x Individual	(l)	2x Individual
	(m)	3x Individual	(m)	3x Individual	(m)	3x Individual
Prescription Drugs	(n)	\$5 / \$15 / \$30	(n)	\$5 / \$15 / \$30	(n)	\$5 / \$15 / \$30
	(o)	\$5 / \$20 / \$35	(o)	\$5 / \$20 / \$35	(o)	\$5 / \$20 / \$35
	(p)	\$10 / \$20 / \$30	(p)	\$10 / \$20 / \$30	(p)	\$10 / \$20 / \$30
	(q)	\$10 / \$25 / \$35	(q)	\$10 / \$25 / \$35	(q)	\$10 / \$25 / \$35
	(r)	\$10 / \$25 / \$40	(r)	\$10 / \$25 / \$40	(r)	\$10 / \$25 / \$40
	(s)	\$10 / \$30 / \$45	(s)	\$10 / \$30 / \$45	(s)	\$10 / \$30 / \$45
	(t)	\$5 Generic/ 50% Brand	(t)	\$5 Generic/ 50% Brand	(t)	\$5 Generic/ 50% Brand

1. Option (i) Individual Coinsurance Maximum only available with (e) 100% / 80% Coinsurance or (f) 100% / 70% Coinsurance.

	Plan 1	Plan 2	Plan 3
Services			
Primary Care Physician	\$15	\$20	\$20
Specialist Office Visit	\$25	\$30	\$40
Urgent Care Facility	\$25	\$30	\$40
Emergency Room	\$100	\$100	\$100
Ambulatory Surgical Center	\$75 ¹	\$75 ¹	\$75 ¹
In- & Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
In- & Outpatient Professional	100% (No Deductible)	100% (No Deductible)	100% (No Deductible)
Other Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Individual Deductible	(a) \$0 (b) \$250 (c) \$500	(a) \$0 (b) \$250 (c) \$500	(a) \$0 (b) \$250 (c) \$500
Coinsurance	(d) 100% ² (e) 90% (f) 80%	(d) 100% ² (e) 90% (f) 80%	(d) 100% ² (e) 90% (f) 80%
Individual Coinsurance Maximum	(g) N/A ² (h) \$1,000 (i) \$2,000 (j) \$3,000	(g) N/A ² (h) \$1,000 (i) \$2,000 (j) \$3,000	(g) N/A ² (h) \$1,000 (i) \$2,000 (j) \$3,000
Family Deductible/ Family Coinsurance Maximum	(k) 2x Individual (l) 3x Individual	(k) 2x Individual (l) 3x Individual	(k) 2x Individual (l) 3x Individual
Prescription Drugs	(n) \$5 / \$15 / \$30 (o) \$5 / \$20 / \$35 (p) \$10 / \$20 / \$30 (q) \$10 / \$25 / \$35 (r) \$10 / \$25 / \$40 (s) \$10 / \$30 / \$45 (t) \$5 Generic/ 50% Brand	(n) \$5 / \$15 / \$30 (o) \$5 / \$20 / \$35 (p) \$10 / \$20 / \$30 (q) \$10 / \$25 / \$35 (r) \$10 / \$25 / \$40 (s) \$10 / \$30 / \$45 (t) \$5 Generic/ 50% Brand	(n) \$5 / \$15 / \$30 (o) \$5 / \$20 / \$35 (p) \$10 / \$20 / \$30 (q) \$10 / \$25 / \$35 (r) \$10 / \$25 / \$40 (s) \$10 / \$30 / \$45 (t) \$5 Generic/ 50% Brand

1. For plans with 100% coinsurance, and \$0 deductible, the ambulatory surgical center copay is \$0.

2. Option (g) Individual Coinsurance Maximum only available with (d) 100% Coinsurance..

Services	Plan 1		Plan 2		Plan 3	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Primary Care Physician	\$15	Ded & Coins	\$20	Ded & Coins	\$20	Ded & Coins
Specialist Office Visit	\$25	Ded & Coins	\$30	Ded & Coins	\$40	Ded & Coins
Urgent Care Facility	\$25		\$30		\$40	
Emergency Room	\$100		\$100		\$100	
Ambulatory Surgical Center	\$75 ¹	Ded & Coins	\$75 ¹	Ded & Coins	\$75 ¹	Ded & Coins
In- & Outpatient Facility	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
In- & Outpatient Professional	100% (No Ded)	Ded & Coins	100% (No Ded)	Ded & Coins	100% (No Ded)	Ded & Coins
Other Services	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Individual Deductible	(a)	\$0 / \$300	(a)	\$0 / \$300	(a)	\$0 / \$300
	(b)	\$250 / \$500	(b)	\$250 / \$500	(b)	\$250 / \$500
	(c)	\$500 / \$1,000	(c)	\$500 / \$1,000	(c)	\$500 / \$1,000
Coinsurance	(d)	100% / 80% ²	(d)	100% / 80% ²	(d)	100% / 80% ²
	(e)	100% / 70% ²	(e)	100% / 70% ²	(e)	100% / 70% ²
	(f)	90% / 70%	(f)	90% / 70%	(f)	90% / 70%
	(g)	80% / 70%	(g)	80% / 70%	(g)	80% / 70%
Individual Coinsurance Maximum	(h)	N/A / \$2,000 ²	(h)	N/A / \$2,000 ²	(h)	N/A / \$2,000 ²
	(i)	\$1,000 / \$2,000	(i)	\$1,000 / \$2,000	(i)	\$1,000 / \$2,000
	(j)	\$2,000 / \$4,000	(j)	\$2,000 / \$4,000	(j)	\$2,000 / \$4,000
	(k)	\$3,000 / \$6,000	(k)	\$3,000 / \$6,000	(k)	\$3,000 / \$6,000
Family Deductible/ Family Coinsurance Maximum	(l)	2x Individual	(l)	2x Individual	(l)	2x Individual
	(m)	3x Individual	(m)	3x Individual	(m)	3x Individual
Prescription Drugs	(n)	\$5 / \$15 / \$30	(n)	\$5 / \$15 / \$30	(n)	\$5 / \$15 / \$30
	(o)	\$5 / \$20 / \$35	(o)	\$5 / \$20 / \$35	(o)	\$5 / \$20 / \$35
	(p)	\$10 / \$20 / \$30	(p)	\$10 / \$20 / \$30	(p)	\$10 / \$20 / \$30
	(q)	\$10 / \$25 / \$35	(q)	\$10 / \$25 / \$35	(q)	\$10 / \$25 / \$35
	(r)	\$10 / \$25 / \$40	(r)	\$10 / \$25 / \$40	(r)	\$10 / \$25 / \$40
	(s)	\$10 / \$30 / \$45	(s)	\$10 / \$30 / \$45	(s)	\$10 / \$30 / \$45
	(t)	\$5 Generic/ 50% Brand	(t)	\$5 Generic/ 50% Brand	(t)	\$5 Generic/ 50% Brand

1. For plans with 100% coinsurance, and \$0 deductible, the ambulatory surgical center copay is \$0.

2. Option (h) Individual Coinsurance Maximum only available with (d) 100% / 80% Coinsurance or (e) 100% / 70% Coinsurance.

	Plan 1	Plan 2
Services		
Primary Care Physician	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Facility	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgical Center	Deductible & Coinsurance	Deductible & Coinsurance
In- & Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance
In- & Outpatient Professional	Deductible & Coinsurance	Deductible & Coinsurance
Other Services	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum	\$1,000,000	\$1,000,000
Individual Deductible	(a) \$250 (b) \$500 (c) \$1,000	(a) \$250 (b) \$500 (c) \$1,000
Coinsurance	80%	50%
Individual Coinsurance Maximum	(d) \$1,000 (e) \$2,000 (f) \$3,000	(d) \$1,000 (e) \$2,000 (f) \$3,000
Family Deductible/ Family Coinsurance Maximum	(g) 2x Individual (h) 3x Individual	(g) 2x Individual (h) 3x Individual
Prescription Drugs	(i) \$5 / \$15 / \$30 (j) \$5 / \$20 / \$35 (k) \$10 / \$20 / \$30 (l) \$10 / \$25 / \$35 (m) \$10 / \$25 / \$40 (n) \$10 / \$30 / \$45 (o) \$5 Generic/ 50% Brand	(i) \$5 / \$15 / \$30 (j) \$5 / \$20 / \$35 (k) \$10 / \$20 / \$30 (l) \$10 / \$25 / \$35 (m) \$10 / \$25 / \$40 (n) \$10 / \$30 / \$45 (o) \$5 Generic/ 50% Brand



**BlueCross BlueShield
of North Carolina**

Innovative health care designed around you.™

