

NHRMC Plan: Healthy Lifestyles Plan - 2017

Service	NHRMC Facility	BCBSNC In Network
Deductible		
Individual		\$500
Family		\$1,000
<i>Copayments, Deductible & Coinsurance is included in Out-of-Pocket Maximum</i>		
Out-of-Pocket Maximum		
Individual		\$3,500
Family		\$5,600
Office Visit Co-pay*	You pay \$25 per visit co-pay	You pay \$35 per visit co-pay
<i>*Preventative care visits are covered at 100% with no copay; visits coded with a Diabetes or Hypertension diagnosis are also \$0 co-pay</i>		
Diabetic or Hypertension Physician	Go to any BCBSNC provider →	You pay \$0 per visit co-pay
Urgent Care Facility	Go to any BCBSNC provider →	You pay \$35 per visit co-pay
Specialist Office Visit	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Diabetic Related Specialist	Go to any BCBSNC provider →	You pay \$0 per visit co-pay
Eye Exam limited to 1/year	Go to any BCBSNC provider →	You pay \$0 per visit co-pay
Outpatient Services		
Outpatient Surgery	Covered 80% after deductible	Covered 0%* (must use NHRMC facility)
Diagnostic X-Ray and Lab Tests	Covered 100%	Covered 100%
Radiation/Oncology	Covered 80% after deductible	Covered 80% after deductible
Preventative Services (Please note that diagnostic services are subject to the plan deductible and coinsurance)		
Scopic Procedures	Covered 100%	Covered 0%* (must use NHRMC facility)
<i>*Scopic procedures that are coded as diagnostic are subject to the plan deductible and coinsurance.</i>		
<i>*Scopic procedures performed in the Physician's office (like nasal scopes) which require no prep work, are covered at 100% and may be performed in the Physician's office</i>		
Mammograms	Covered 100%	Covered 0%* (must use NHRMC facility)
Well-Child Care/Immunizations	Go to any BCBSNC provider →	Covered at 100%
Annual Physical	Go to any BCBSNC provider →	Covered at 100%
Flu Vac/Pneumonia Vac	Go to any BCBSNC provider →	Covered at 100%
Hepatitis B Vaccine	Go to any BCBSNC provider →	Covered at 100%
PSA (Prostate Testing)	Go to any BCBSNC provider →	Covered at 100%
Glaucoma Screening	Go to any BCBSNC provider →	Covered at 100%
Lipid Profile	Go to any BCBSNC provider →	Covered at 100%
Well Woman Exams	Go to any BCBSNC provider →	Covered at 100%
Annual Pap	Go to any BCBSNC provider →	Covered at 100%
Laboratory and Radiology Services		
MRI/MRA	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
CT/PET scan	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
Nuc Med scan	Covered 90% after deductible	Covered 0%* (must use NHRMC facility)
X-Ray's and Labs	Covered 100%	Covered 100%
Pregnancy and Maternity Care (Prenatal Care)		
Prenatal office visit care	Go to any BCBSNC provider →	You pay \$25 for first visit only
Delivery charges - Physician fees	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Delivery charges - Inpatient	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Amniocentesis	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Chorionic Villus Sampling	Go to any BCBSNC provider →	You pay \$40 per visit co-pay

This is a high level summary of benefits and is not comprehensive or binding. Please refer to the Plan Document for prevailing coverage information. Highlighted services are required to be performed at an NHRMC facility.

NHRMC Plan: Healthy Lifestyles Plan - 2017

Service	NHRMC Facility	BCBSNC In Network
Ambulatory Uterine Monitor	Covered 80% after deductible	Covered 80% after deductible
Allergy Care		
Office Visit/Testing	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Office Visit/Injections	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Inpatient Hospital Services		
Pre-Auth of Services Required	No	No
Semi Private Room & Board	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
In-patient Therapy	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Physician and Specialist Visits	Go to any BCBSNC provider →	Covered at 80%, after deductible
Surgeon Assistant	Go to any BCBSNC provider →	Covered at 80%, after deductible
Private Duty Nursing	Not covered	Not covered
Transplant	Must use BCBSNC provider →	Covered 80% after ded at required URN fcilty
Outpatient Hospital Services		
Outpatient Facility Charges	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Mental Health and Substance Abuse Benefits		
Inpatient Care	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Outpatient Care	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Emergency Services		
Emergency Room	You pay \$350 copay	You pay \$350 copay
Co-pay applied to deductible if Admitted	Yes	Yes
Pre-Auth of Services Required	No	No
Ambulance - Ground	Covered 80% after deductible	Covered 80% after deductible
Ambulance - Air	Covered 80% after deductible	Covered 80% after deductible
Other Services and Supplies		
Durable Medical Equipment -	Covered 80% after deductible	Covered 80% after deductible
Prosthetic Devices - subject to certain limits	Covered 80% after deductible	Covered 80% after deductible
Wigs limited to \$2,500/year	Covered 100%	Covered 100%
Home Health lmtd to 60 visits	Covered 80% after deductible	Covered 80% after deductible
Skilled Nursing/Extended Care (60 days)	Go to any BCBSNC provider →	Covered at 80% after the deductible
Hospice Care limited 360 days	Go to any BCBSNC provider →	Covered at 80% after the deductible
Chiropractic visits (26 visits)	Go to any BCBSNC provider →	You pay \$25 per visit co-pay
Podiatry	Go to any BCBSNC provider →	You pay \$0 per visit co-pay
Acupuncture	Not covered	Not covered
Hearing		
Screening	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Aid(s) lmtd to \$2,500 annual	Go to any BCBSNC provider →	Covered at 80% after the deductible
Audiometry Exam	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Cochlear Implants	Go to any BCBSNC provider →	Covered at 80% after the deductible
Alternative Therapy		
Naturopaths	Not covered	Not covered

This is a high level summary of benefits and is not comprehensive or binding. Please refer to the Plan Document for prevailing coverage information. Highlighted services are required to be performed at an NHRMC facility.

NHRMC Plan: Healthy Lifestyles Plan - 2017

Service	NHRMC Facility	BCBSNC In Network
Massage Therapists	Not covered	Not covered

NHRMC Plan: Healthy Lifestyles Plan - 2017

Service	NHRMC Facility	BCBSNC In Network
Family Planning		
Office Visit/Exam/Tests	Go to any BCBSNC provider →	You pay \$40 per visit co-pay
Inpatient Facility Procedure	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Outpatient Facility Procedure	Covered 80% after deductible	Covered 0%* (must be at NHRMC)
Physician's Services	Covered 80% after deductible	Covered 80% after deductible
Outpatient Rehab Therapy Services		
Physical & Occupational Therapy, 30 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
Speech Therapy, 30 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
Cardiac Rehab, 36 visits	You pay \$15 per visit	Covered \$0* (must be at NHRMC)
*Services noted in GREEN are covered at 100% with no copay under the Diabetes Health Plan		

Prescription Drug Benefits		
Generic Substitution Required ¹		Yes
		BCBSNC In-Network Pharmacy²
Tier 1 30-day supply	Go to any BCBSNC Network ² →	You pay \$4 co-pay
Tier 2 30-day supply	Go to any BCBSNC Network ² →	You pay \$20 co-pay
Tier 3 30-day supply	Go to any BCBSNC Network ² →	You pay \$40 co-pay
Mandatory Mail Order for Maintenance Medications ³		BCBSNC PrimeMail Pharmacy³
Tier 1 90-day supply	myPrimeMail.com →	co-pay at 2.5 times (\$10)
Tier 2 90-day supply	myPrimeMail.com →	co-pay at 2.5 times (\$50)
Tier 3 90-day supply	myPrimeMail.com →	co-pay at 2.5 times (\$100)
Prescription Benefit for Healthy Lifestyles Plan-Selected Medications (refer to HLP Drug List)		
Tier 1 30-day supply	Go to any BCBSNC Network ² →	You pay \$0 co-pay
Tier 2 30-day supply	Go to any BCBSNC Network ² →	You pay \$0 co-pay
Tier 3 30-day supply	Go to any BCBSNC Network ² →	You pay \$40 co-pay
Tier 1 90-day supply	myPrimeMail.com →	You pay \$0 co-pay
Tier 2 90-day supply	myPrimeMail.com →	You pay \$0 co-pay
Tier 3 90-day supply	myPrimeMail.com →	co-pay at 2.5 times
Diabetic Testing Supplies	→	You pay \$0

This is a high level summary of benefits and is not comprehensive or binding. Please refer to the Plan Document for prevailing coverage information. Highlighted services are required to be performed at an NHRMC facility.