

NORTH CAROLINA 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross and Blue Shield of North Carolina
Product Name	Blue Options
Plan Name	Blue Options PPO
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (FEDVIP) Pediatric vision (FEDVIP)

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No			Excludes homemaker services, such as cooking, housekeeping, and food or meal preparation.	Benefits for Hospice services for care of a terminally ill Member with a life expectancy of six months or less.
Routine Dental Services (Adult)	No	Covered	No				
Infertility Treatment	Yes	Covered	Yes	3	Treatment(s) per Lifetime		"Infertility Services- Benefits are provided for certain services related to the diagnosis, treatment and correction of any underlying causes of infertility for all members. Benefits are limited to three medical ovulation induction cycles per lifetime per member. Prescription Drug Benefits- Certain prescription drugs related to treatment of infertility. Infertility drugs are limited to benefit lifetime maximums per member. The lifetime maximums are described in BCBSNC medical policies, which are guides considered by BCBSNC when making coverage determinations."
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No			Excludes services provided by a close relative or a member of the household.	
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	No			Excludes homemaker services, such as cooking and housekeeping; Dietitian services or meals; Services that are provided by a close relative or a member of the household.	
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No			Excludes services provided primarily for the convenience of travel, transportation to or from a doctor's office or dialysis center, transportation for the purpose of receiving services that are not considered "covered services."	
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No			Admissions primarily for the purpose of receiving diagnostic services or a physical examination; admissions primarily for the purpose of receiving therapy services, except when the admission is a continuation of treatment following care at an inpatient facility for an illness or accident requiring therapy.	
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	Yes	Covered	No			Excludes removal of excess skin from the abdomen, arms or thighs.	For surgical treatment of morbid obesity.
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Benefit Period		

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Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No			Excludes counseling with relatives about a patient.	
Mental/Behavioral Health Inpatient Services	Yes	Covered	No			Excludes, "Inpatient confinements that are primarily intended as a change of environment"; Counseling with relatives of a patient.	
Substance Abuse Disorder Outpatient Services	Yes	Covered	No			Excludes counseling with relatives about a patient.	
Substance Abuse Disorder Inpatient Services	Yes	Covered	No			Excludes, "Inpatient confinements that are primarily intended as a change of environment"; Counseling with relatives of a patient.	
Generic Drugs	Yes	Covered	No			Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.	
Preferred Brand Drugs	Yes	Covered	No			Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.	
Non-Preferred Brand Drugs	Yes	Covered	No			Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.	
Specialty Drugs	Yes	Covered	No			Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.	
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Applied Behavior Analysis (ABA) therapy; Cognitive therapy; Speech therapy for stammering or stuttering; Group classes for pulmonary rehabilitation; music therapy, remedial reading, recreational or activity therapy, all forms or special education and supplies or equipment used similarly; maintenance therapy; massage therapy.	Combined 30 visit limit for occupational and physical therapies and chiropractic services.
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Cognitive Therapy. Group classes for pulmonary rehabilitation.	Combined 30 visit limit for occupational and physical therapies and chiropractic services.
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Benefit Period		30 visit limits for PT and OT combined (including chiropractic).
Durable Medical Equipment	Yes	Covered	No			Appliances and accessories that serve no medical purpose or that are primarily for comfort or convenience; repair or replacement of equipment due to abuse or desire for new equipment.	Orthotic devices for correction of POSITIONAL PLAGIOCEPHALY are limited to 1 device per lifetime.
Hearing Aids	Yes	Covered	Yes	1	Item(s) per 3 Years	Limited to members under the age of 22.	One hearing aid per hearing impaired ear, and replacement hearing aids for members under the age of 22. Once every 36 months.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No			Lab tests that are not ordered by Doctor of Other Provider.	

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Preventive Care/Screening/Immunization	Yes	Covered	No				All preventive care that is not state mandated is not covered OON.
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		
Dental Check-Up for Children	Yes	Covered	Yes	2	Visit(s) per Benefit Period		
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Excludes speech therapy for stammering or stuttering.	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Combined 30 visit limit for occupational and physical therapies and chiropractic services.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No			Lab tests that are not ordered by a Doctor or Other Provider.	
X-rays and Diagnostic Imaging	Yes	Covered	No			Lab tests that are not ordered by a Doctor or Other Provider.	
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				There is a 12 month waiting period for medically necessary orthodontics.
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Covered	No				
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				
Transplant	Yes	Covered	No			The purchase price of organs or tissue if any organ or tissue is sold rather than donated to the recipient member; the procurement of organs, tissue, bone marrow, or peripheral blood stem cells or any other donor services if a recipient is not a member; transplants, including high dose chemotherapy, considered experimental or investigational; services for or related to the transplantation of animal or artificial organs or tissues.	Benefits are provided for reasonable and necessary services related to the search for a donor up to a maximum of \$10,000 per transplant; Both the recipient and the donor are entitled to benefits of this coverage when the recipient is a MEMBER. Benefits provided to the donor will be charged against the recipient's coverage.
Accidental Dental	Yes	Covered	No			Excludes injury related to chewing or biting.	
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No			Dental appliances except when medically necessary for the treatment of temporomandibular joint disease or obstructive sleep apnea; cosmetic improvements, such as implants of hair follicles and skin tone enhancements; lenses for keratoconus or any other eye procedure except as specifically covered under the health plan.	Prosthetic appliance must replace all or part of a body part or its function. Therapeutic contact lenses may be covered when used as a corneal bandage for a medical condition; benefits include a one-time replacement of eyeglass or contact lenses due to a prescription change following cataract surgery.
Infusion Therapy	Yes	Covered	No				

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Treatment for Temporomandibular Joint Disorders	Yes	Covered	No			Excludes Treatment for periodontal disease; Dental implants or root canals; Crowns and bridges; Orthodontic brace; Occlusal (bite) adjustments; Extractions.	Therapeutic benefits for TMJ disease include splinting and use of intra-oral PROSTHETIC APPLIANCES to reposition the bones. Surgical benefits for TMJ disease are limited to SURGERY performed on the temporomandibular joint. If TMJ is caused by malocclusion, benefits are provided for surgical correction of malocclusion when surgical management of the TMJ is MEDICALLY NECESSARY.
Nutritional Counseling	Yes	Covered	No				Nutritional counseling visits are separate from the obesity-related office visits.
Reconstructive Surgery	Yes	Covered	No				Benefits include coverage for congenital defects of newborn, adopted, and foster children; reconstruction following a mastectomy.

PREScription DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	20
Analgesics	Opioid Analgesics, Long-acting	11
Analgesics	Opioid Analgesics, Short-acting	14
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	0
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	15
Antibacterials	Beta-lactam, Cephalosporins	10
Antibacterials	Beta-lactam, Other	1
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	5
Antibacterials	Quinolones	9
Antibacterials	Sulfonamides	5
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	5
Anticonvulsants	Calcium Channel Modifying Agents	4
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	6
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	8
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	8
Antidepressants	Monoamine Oxidase Inhibitors	4
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	13
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	9
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	21
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	25
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	20
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	3
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	2
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	11
Antineoplastics	Alkylating Agents	3
Antineoplastics	Antiandrogens	3
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	3
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	6
Antineoplastics	Molecular Target Inhibitors	16
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	3
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	11
Antiparasitics	Pediculicides/Scabicides	5
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	3
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	2
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	8
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	4
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	7
Antivirals	Anti-hepatitis C (HCV) Agents	7
Antivirals	Antiherpetic Agents	5
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	3
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	13
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9
Antivirals	Anti-influenza Agents	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	6
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	20
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	7
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	6
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	7
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	10
Cardiovascular Agents	Beta-adrenergic Blocking Agents	13
Cardiovascular Agents	Calcium Channel Blocking Agents	9
Cardiovascular Agents	Cardiovascular Agents, Other	5
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	8
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	10
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	7
Dental and Oral Agents	No USP Class	7
Dermatological Agents	No USP Class	84
Enzyme Replacement/ Modifiers	No USP Class	6
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	4

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	10
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	3
Gastrointestinal Agents	Laxatives	4
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	9
Genitourinary Agents	Genitourinary Agents, Other	7
Genitourinary Agents	Phosphate Binders	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	30
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	13
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	2
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	5
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)	No USP Class	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	3
Hormonal Agents, Suppressant (Pituitary)	No USP Class	8
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	17
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	16
Inflammatory Bowel Disease Agents	Aminosalicylates	2
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	12
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	18
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	9
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	18
Ophthalmic Agents	Ophthalmic Anti-inflammatories	11
Otic Agents	No USP Class	8

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	10
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	8
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	4
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	11
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	6
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
Sleep Disorder Agents	Sleep Disorders, Other	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	6
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	8
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0