

## **Uniform Benefit Changes**

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross and Blue Shield of North Carolina's (Blue Cross NC's) base benefits. These changes are effective at the group's effective/renewal date.

<b>Existing Benefit Design</b>	<b>Product Lines</b>	Benefit Changes
		For groups with effective dates 07/1/2018 - 09/30/2019
Accumulators	Blue Options SM	For all non-grandfathered plans that move from Blue Options HSA with an individual deductible
•	Blue Value SM	\$3,000 or greater to the new HSA eligible medical plan with an individual deductible of \$3,000
Blue Options HSA plans with aggregate	Blue Local with Carolinas	or greater and purchase it with an HSA Fund.
deductibles and Out of Pocket Limits	HealthCare System SM	
		Plans will have embedded Deductible and Out of Pocket Limits
		For groups with effective dates 01/1/2019 - 12/31/2019
Routine Vision Exam Adults and Children	Blue Options SM	For all non-grandfathered plans Blue Cross NC will longer cover routine vision exams embedded
	Blue Options 1-2-3 SM	in the medical plan.
Covered at 100%	Blue Value SM	
	Blue Value 1-2-3 SM	Routine vision exam not covered for adults and children
	Blue Local with Carolinas	
	HealthCare System SM	
		For groups with effective dates 01/1/2019 - 12/31/2019
Lenses and Frames Riders (optional	Blue Options SM	For all non-grandfathered plans Blue Cross NC will longer offer the lenses and frames riders.
coverage)	Blue Options 1-2-3 SM	
	Blue Value SM	Lenses and Frames riders removed; no longer offered
Partial coverage for eyeglasses and contact lenses	Blue Value 1-2-3 SM	, 8
	Blue Local with Carolinas	
	HealthCare System SM	
		For groups with effective dates 01/1/2019 - 12/31/2019
Telehealth (26+ Balanced Funding -	Blue Options SM	Blue Cross NC will add Telehealth benefits from MDLIVE to ASO groups with Standard Balanced
Standard)	Blue Options 1-2-3 SM	Funding plan designs.
•	Blue Value SM	
Not covered	Blue Value 1-2-3 SM	Telehealth – medical/acute care only
	Blue Select SM	Covered at the PCP cost share
		For groups with effective dates 01/1/2019 - 12/31/2019
Interim Caries Arresting Medicament	Dental Blue®	Blue Cross NC will cover ADA dental code D1354
	Dental Blue Select SM	
		Limited to members up through age 6, for primary teeth only
		For groups with effective dates 01/1/2019 - 12/31/2019
Blue Local with Carolinas HealthCare	Blue Local with Carolinas	Blue Cross NC will change the name to the following:
System	HealthCare System SM	
1	,	Blue Local with Atrium Health

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