



## SHORT TERM HEALTH CARE

Plans covering 30, 45,  
60 or 90 days

•  
Select a plan to fit your  
needs and budget

•  
Easy enrollment





# SHORT TERM HEALTH CARE...

## Peace of mind

### Coverage for life's in-betweens

If you are looking for a flexible plan that covers you for a short time period and offers you protection against unexpected health care expenses, consider Short Term Health Care from Blue Cross and Blue Shield of North Carolina. Short Term Health Care offers a package of benefits similar in many ways to our standard health care plans. So, you can still have the feeling of security and stability you're used to with your health care coverage. Additionally, you decide how long you'll need the coverage – 30 days, 45 days, 60 days, or 90 days.

- Coverage options up to 90 days
- Protect yourself against unexpected health care expenses

### Choose the deductible that's right for you

Short Term Health Care offers a choice of deductibles: \$500 or \$1,000. After meeting your deductible, Short Term Health Care will pay 80%.<sup>1</sup> Once you have reached your coinsurance maximum<sup>2</sup> of \$1,000 per individual, per benefit period or \$2,000 per family, BCBSNC covers your expenses 100% up to \$2 million.<sup>1</sup>

- Choice of deductibles
- Up to \$2 million in covered charges



All you need is the card...



## Reliable customer service

### No-hassle eligibility

You and your dependents are eligible for Short Term Coverage if you are residents of North Carolina under the age of 65 who are not covered by other health insurance including Medicare or Medicaid. Additionally, you must qualify medically<sup>3</sup> and you must not have enrolled in a Short Term Health Care policy in the past 12 months. Because Short Term Health Care is intended to meet only short term insurance needs, your policy is not renewable.

- **North Carolina resident? You could be eligible for Short Term Health Care**
- **Coverage from the #1 health care brand in America<sup>4</sup>**

### Rapid application processing

You can choose any date within 30 days of signing the application to be your effective coverage date.

- **Coverage as early as the day after your application is postmarked**

 **Questions? Contact your BCBSNC agent**

## What's covered:

We've made sure you're covered for a variety of emergency, rehabilitative and preventive services. With Short Term Health Care you have the power to keep yourself healthy:

- **Accidental injury care**
- **Ambulance services**
- **Diagnostic services, including x-rays and laboratory work**
- **Durable medical equipment**
- **Emergency care**
- **Home health care**
- **Hospital services**
- **Mammograms**
- **Medical supplies**
- **Office visits for certain services**
- **Orthotic devices**
- **Gynecological examination**
- **Prostate screening**
- **Private duty nursing**
- **Prosthetic appliances**
- **Short term rehabilitation services**
- **Skilled nursing facility care**
- **Surgical care**



# SHORT TERM HEALTH CARE

## Policy rates From 1/1/2006 - 12/31/2006

Please note: While rates are subject to change without notice, your premium amount will not change while your policy is active.

### \$500 Deductible

| Age                | 30-Day   | 45-Day   | 60-Day   | 90-Day   |
|--------------------|----------|----------|----------|----------|
| 0-29               | \$98.05  | \$141.06 | \$169.34 | \$242.72 |
| 30-39              | \$122.04 | \$177.27 | \$218.36 | \$311.95 |
| 40-49              | \$165.46 | \$243.80 | \$311.41 | \$455.41 |
| 50-59              | \$237.27 | \$348.48 | \$441.56 | \$662.92 |
| 60-64              | \$311.59 | \$463.33 | \$605.17 | \$903.50 |
| Child              | \$63.71  | \$95.77  | \$128.29 | \$193.04 |
| 2 or more children | \$127.43 | \$191.53 | \$256.58 | \$386.08 |

### \$1,000 Deductible

| Age                | 30-Day   | 45-Day   | 60-Day   | 90-Day   |
|--------------------|----------|----------|----------|----------|
| 0-29               | \$60.50  | \$86.40  | \$101.67 | \$141.58 |
| 30-39              | \$74.94  | \$107.63 | \$128.61 | \$186.85 |
| 40-49              | \$100.17 | \$146.01 | \$181.48 | \$261.26 |
| 50-59              | \$140.46 | \$206.78 | \$263.59 | \$388.63 |
| 60-64              | \$189.88 | \$279.90 | \$357.89 | \$532.18 |
| Child              | \$35.77  | \$53.77  | \$72.04  | \$108.41 |
| 2 or more children | \$71.53  | \$107.54 | \$144.08 | \$216.83 |

## Calculate your Short Term Health Care rate:

Choose a deductible: \_\_\_\_\_ Applicant rate \$ \_\_\_\_\_  
 Age (applicant): \_\_\_\_\_ Spouse rate \$ \_\_\_\_\_  
 Age (spouse): \_\_\_\_\_ Child/Children rate \$ \_\_\_\_\_  
 Days of coverage: \_\_\_\_\_ Total rate \$ \_\_\_\_\_

Use appropriate rate for one child or two or more children. If children under age 26 are full-time students, they are eligible for coverage with a parent. For a child-only policy, please use the 0-29 age bracket.

All you need is the card...



mise...

fy, Assist and Empower



## Need more coverage?

### DENTAL **Blue**

Do you need dental coverage for you or your family? With Dental Blue, there's no deductible or waiting period for checkups or diagnostic and preventive services. You're also covered for both basic services like routine fillings and extractions, and major services including crowns, bridges and dentures.

- **No deductible or waiting period for preventive services**
- **Coverage for basic and major services**
- **No network restrictions**

### **Blue** ADVANTAGE®

If you need coverage for more than 90 days, Blue Advantage is the most popular individual plan in the State serving more than 300,000 members.<sup>5</sup> With Blue Advantage, you can select a plan to fit your needs and budget. You'll have the freedom to choose your own doctors, specialists and hospitals from our extensive statewide networks—with no referrals. You can also visit a doctor outside of the network. The only difference is your out of pocket cost.

- **Choice of plans to fit your needs**
- **See the doctor YOU want**
- **In- and out-of-network coverage**
- **Predictable copayments for office visits and prescriptions<sup>6</sup>**



**For more information on Dental Blue and Blue Advantage, contact your BCBSNC agent.**





## Limitations and Exclusions

As with other health benefits programs, coverage of certain health services is limited under Short Term Health Care, and certain other services are excluded. The following is a partial listing of the services for which benefits are not provided. For a complete listing of limitations and exclusions, please refer to the benefit booklet.

Under your Short Term Health Care policy, no benefits will be provided for services, supplies or charges:

- Which are not medically necessary as determined by Blue Cross and Blue Shield of North Carolina (BCBSNC).
- Which are investigational in nature, including any service, supply or charge directly related to an investigational treatment.
- Rendered by a provider who is a member of the subscriber's immediate family.
- For maternity services. Maternity services include but are not limited to normal pregnancy or therapeutic abortion, except in the case of complications of pregnancy.
- For elective abortion.
- For sterilization or reversal of sterilization.
- For or related to assisted reproductive technology (conception by artificial means) including but not limited to artificial insemination, in vitro fertilization, ovum or embryo placement or transfer, or gamete intrafallopian tube transfer.
- For any services related to mental health care
- For or related to diagnosis or treatment of substance abuse including but not limited to detoxification and rehabilitation services.
- For long-term rehabilitative therapy, including but not limited to physical, respiratory, occupational and speech therapy, and other related long-term rehabilitation services.
- For custodial care, domiciliary care or rest cures.
- For cosmetic purposes including restoration of hair and appearance of skin.
- For any treatment or regimen, medical or surgical, for the purpose of reducing or controlling the weight of a member including treatment of obesity, except for surgical treatment of morbid obesity.
- For palliative, cosmetic or routine foot care.
- For preventive care, including routine or periodic physical examinations, most screening examinations and immunizations, as set forth in the benefit booklet.
- For well-baby care and immunizations.
- For allergy testing.
- For eyeglasses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses and refractive eye surgery.
- For hearing aids and supplies, tinnitus maskers or examinations for the prescription or fitting of hearing aids.
- For prescription drugs.

This brochure contains highlights of the benefits only. It is not your insurance policy. Your policy Short Term, 09/05 is your insurance contract. If there is any difference between this brochure and the contract, the provisions of the contract will control.

Important information on cancellations and pre-existing conditions: Your coverage may be canceled by BCBSNC, for example, for false statements, or Medicare eligibility, among other reasons. A waiting period for pre-existing conditions may apply to your coverage. Pre-existing conditions are defined as those conditions for which medical advice, diagnosis, or treatment was received or recommended within 12 months prior to the date that your coverage under Short Term Health Care becomes effective. Any waiting period of pre-existing conditions will be reduced by the amount of time spent on prior creditable coverage.

**Short Term Health Care is not a High Deductible Health Plan ("HDHP") under the Tax Code, and therefore is not intended to be paired with a Health Savings Account.**

1. Based on established provider's reasonable charges for covered services. Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members. 2. Your deductible, amounts exceeding allowed amounts, and charges for non-covered services do not apply to your coinsurance maximum. On a family certificate, no more than three family members have to satisfy their deductible during each benefit period. 3. Short Term is not a guaranteed-issue product. 4. Brand Strength Measure Survey, 2003, Synovate, Inc. 5. BCBSNC Internal Enrollment Figures, 2005. 6. Some services and supplies received by members in an office setting or in connection with an office visit are in fact outpatient hospital-based services provided by hospital-owned or operated practices. These services and supplies may be subject to your deductible and coinsurance.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. An independent licensee of the Blue Cross and Blue Shield Association. © Mark of the Blue Cross and Blue Shield Association. SM Mark of Blue Cross and Blue Shield of North Carolina. L1407, 10/05





Please read these instructions carefully.

It is important to complete the application correctly in order for us to process the application for enrollment. Any errors or omissions will cause a delay in your coverage. If any changes to the application are needed, make sure the primary applicant initials and dates the change. DO NOT USE WHITE-OUT.

- Section 1 Be sure to request an effective date. If you mail your application, the requested effective date can be as soon as the day after the postmark date on your envelope. The requested effective date can't be more than 30 days later than the signature date of your application.
Section 2 A deductible and coverage period must be chosen in order for us to process the application.
Section 3 If you mail your application, payment can be made by check. The check should be made out to Blue Cross and Blue Shield of North Carolina (BCSNC) for the full amount of the premium. If you are paying by credit card, please complete all information including signature of the credit card holder.
Section 4 Be sure to list the names and birthdates of all people in the family that wish to be covered.
Section 5 Make sure the back of the application is signed and dated on the signature line. If coverage is also for a spouse or child(ren) age 18 or older, they must sign as well.

Once your application is processed and completed, BCBSNC will send you information on the status of your application via US Mail.

Application MUST be completed IN FULL by applicant. Initial and date all corrections, as we cannot accept changes made with "white out".

Section 1: Applicant Information PLEASE PRINT in BLUE or BLACK ink.

Primary Applicant to be Covered:

Last Name: First Name: Middle Initial: Social Security Number: US Postal Mailing Address: Please Check Box if this is a Temporary Address City: State: Zip Code: E-mail Address (optional): NC County of Residence: Date of Birth: Requested Effective Date?

BOTH Telephone Numbers Are Required Area Code Evening Telephone Number Area Code Daytime Telephone Number

Please fill out the following information for each person who is applying for coverage. If more space is needed, attach a separate sheet.

Table with columns: Name (First, Middle Initial, Last), Marital Status, Social Security Number, Birthdate (Month, Day, Year), Sex, Child Status, Complete if Child is Age 19 or Over. Rows include Primary Applicant, Spouse, Child 1, Child 2, Child 3.

Section 2: Plan Coverage

Deductible Option: \$500 \$1000 Coverage Period: 30 Days 45 Days 60 Days 90 Days (Short Term policies are not renewable)

Are you also applying for permanent BCBSNC health coverage? Yes No Please Note: if applying for permanent coverage, an additional application is required.



