

# BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA ACCESS PROGRAM

### What is it?

The Access Program, offered by Blue Cross and Blue Shield of North Carolina (BCBSNC), makes health coverage available to individuals who are not able to obtain health coverage because of pre-existing medical conditions. The program was established in 1991.

### Who is it for?

The Access Program is for persons who have been denied health coverage by private insurance plans because of pre-existing physical or mental health conditions (i.e., conditions which existed prior to the attempt to purchase insurance).

To be eligible for the Access Program, an applicant must meet the following criteria:

- ◆ Must be under age 65
- ◆ Must have been a resident of North Carolina for at least six months
- ◆ Cannot be eligible for Medicare or Medicaid
- ◆ Must have been denied coverage by Blue Cross and Blue Shield of North Carolina or another private insurer

People with a pre-existing medical condition often find it difficult to purchase health insurance, or find that the only coverage they can purchase excludes the pre-existing condition. The Access Program does not deny coverage because of a pre-existing condition, and, except for a six-month waiting period, it does not exclude coverage of the pre-existing condition. However, because people with pre-existing conditions often require frequent and/or extensive medical attention, costs associated with their care may be high. As a result, the cost of Access Program premiums is considerably higher than many other insurance premiums.

### How to obtain coverage

Detailed information about the Access Program is available in the company's main office in Durham, N.C. You can get information about application procedures by calling the toll-free Subscriber Services number at Blue Cross and Blue Shield of North Carolina: (800) 324-4973.

## COVERAGE

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As with many insurance policies, the Access Program begins to pay for services only after the covered person meets a deductible. The Access Program offers two deductible options: \$500 (Access 500) and \$1,000 (Access 1000). After an individual meets the deductible, the plans pay 80% of the covered services. The following benefits offered by the Access Program are paid at 80% of the provider's reasonable charge. Coverage is provided up to a lifetime maximum of \$500,000.

- ◆ Inpatient and hospital care (bed, board, and general nursing services, including services rendered in an intensive care or cardiac care unit)
- ◆ Surgical and medical care
- ◆ Ambulance services and care for accidents and emergencies
- ◆ Ancillary services provided in a hospital (prescribed drugs; blood; anesthesia; therapy; diagnostic services; and operating, delivery, and treatment rooms)
- ◆ Ambulatory surgery (performed in a doctor's office, clinic, or outpatient department of a hospital)
- ◆ Maternity services (normal pregnancy, interruptions of pregnancy, and nursery care)
- ◆ Inpatient and outpatient psychiatric care (There is a lifetime limit of \$10,000 in total benefits for psychiatric care, whether received on an inpatient or outpatient basis. Unlike other services, Access will pay only 50% towards outpatient psychiatric care, and is limited to a \$4,000 per benefit period.)
- ◆ Private duty nursing (up to \$3,000 per benefit period)
- ◆ Skilled nursing facility care (up to 120 days per benefit period)
- ◆ Home health care (up to 270 visits per benefit period)
- ◆ Physical therapy (limited to 60 days per illness or injury)

In addition, Access covers dental care related to an accidental injury, durable medical equipment, prosthetics, orthotics, medical supplies, and prescription drugs.

All benefits are subject to some limitations and exclusions. Call Blue Cross and Blue Shield for information.

### **What about Pre-Existing Conditions?**

There is a six-month waiting period for coverage of pre-existing conditions. If you have been involuntarily terminated from another health care plan for any reason other than nonpayment of premiums, and you apply for Access within 63 days of the termination date, the pre-existing condition waiting period will be waived to the extent it was fulfilled under your old program. In other words, if under your old policy you fulfilled four months of a six-month waiting period, under the Access

Program you will have to meet only a two-month waiting period before the pre-existing condition will be covered.

## **LIMITATIONS**

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Benefits for maternity services are available only under a policy covering the subscriber and spouse. Maternity benefits are not covered for dependent children.

The Access program also excludes the following services:

- ◆ Services received or hospitalization that started before the effective date of coverage
- ◆ Services not ordered by a doctor or not medically necessary as determined by Blue Cross and Blue Shield of North Carolina
- ◆ Services that are investigational in nature
- ◆ Custodial care
- ◆ Routine physical exams, immunizations, and well-baby care (except for Pap smears, mammography, and prostate-specific antigen tests, which are covered)
- ◆ Reversal of sterilization
- ◆ Prescription drugs for the purpose of contraception; artificial conception; treatment related to transsexualism, sex changes or modifications; and treatment of sexual dysfunction not related to organic diseases
- ◆ Hearing aids, eye exams, and eyeglass or contact lens fittings
- ◆ Dental services (except those related to an accidental injury)
- ◆ Long-term therapy or long-term rehabilitation
- ◆ Organ transplants
- ◆ Allergy testing, treatment for weight control (except morbid obesity)
- ◆ Cosmetic surgery

Additional limitations and exclusions may apply to this coverage.

## **FOR MORE INFORMATION**

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### **Blue Cross and Blue Shield of North Carolina Access Program**

P.O. Box 2291  
Durham, NC 27702  
(800) 324-4973