



HEALTH PLAN FOR Duke University Students

Effective: 08/01/2021



A HEALTHY PLAN for a successful future

Duke University selected Student Blue to provide you with quality health insurance coverage from Blue Cross and Blue Shield of North Carolina (Blue Cross NC). With Student Blue, you have low out-of-pocket costs and worldwide coverage.¹

MANDATORY HARD WAIVER	Annual ^{2,3}
Student Rate	\$3,605.00

DEPENDENT RATES ^{4,5} Rates are additional to your student rate	Monthly ^{6,7}
Add Spouse/Domestic Partner	\$551.67
Add Child(ren)	\$313.33
Add Family	\$865.00

BLUE OPTIONS® benefit highlights

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
Lifetime Maximum, Deductibles, Coinsurance Maximums and Plan Maximums		
The following deductibles and coinsurance maximums also apply to Mental Health and Substance Use services below.		
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductibles		
Individual (per benefit period)	\$0	\$250
Family (per benefit period)	\$0	\$750
Out-of-pocket limits		
Individual (per benefit period)	\$2,000	\$3,000
Family (per benefit period)	\$4,500	\$9,000
Physician Office Services		
(See "Outpatient Clinic Services" for outpatient clinic or hospital-based services.)		
Office Visits	Primary Care Provider: \$25 copayment Specialist: \$35 copayment, 20% coinsurance	Primary Care Provider and/or Specialist: 30% after deductible
Includes office surgery, consultation, X-ray and lab, and benefit period maximum of 4 office visits for the assessment of obesity in- and out-of-network. See "Inpatient and Outpatient Services."		

BLUE OPTIONS benefit highlights *(continued)*

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
Preventive Care The following services are state-mandated and required to be offered both in- and out-of-network: Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, prostate-specific antigen tests and newborn hearing screening.	Primary Care Provider and/or Specialist: No charge Outpatient Clinic: No charge	Primary Care Provider and/or Specialist: 30% after deductible Outpatient Clinic: 30% after deductible
Therapies Rehabilitative therapy has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services), and 30 visits for speech therapy. Habilitative services has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services), and 30 visits for speech therapy.	Primary Care Provider: 20% coinsurance Specialist: 20% coinsurance	Primary Care Provider and/or Specialist: 30% after deductible
Urgent Care Centers, Ambulance and Emergency Room		
Urgent care centers (Copayment waived if referred to emergency room)	\$45 copayment	\$45 copayment
Ambulance	20% coinsurance	20% after deductible
Urgent Care Center (X-ray, lab and other services)	20% coinsurance	20% coinsurance
Emergency room visit (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services.")	\$150 copayment, then 20% coinsurance	\$150 copayment, then 20% coinsurance
Ambulatory Surgical Center	20% coinsurance	30% after deductible
Inpatient and Outpatient Hospital Services		
Hospital and hospital-based services	20% coinsurance	30% after deductible
Outpatient clinic services (Other than preventive services above)	20% coinsurance	30% after deductible
Professional services	20% coinsurance	30% after deductible
Hospital and Professional		
Outpatient labs	20% coinsurance	30% after deductible
Outpatient diagnostic mammography	No charge	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	20% coinsurance	30% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% coinsurance	30% after deductible
Other Services		
Skilled nursing facility (60 days per benefit period)	20% coinsurance	30% after deductible
Home health care, durable medical equipment and hospice	20% coinsurance	30% after deductible

BLUE OPTIONS benefit highlights *(continued)*

Services	In-Network	Out-of-Network
	All dollar amounts and percentages are what you, as a plan member, would pay.	
Maternity (Maternity delivery includes prenatal and post-delivery care)		
Hospital services (Delivery)	20% coinsurance	30% after deductible
Professional services (Delivery)	20% coinsurance	30% after deductible
Transplants		
Hospital services	20% coinsurance	30% after deductible
Professional services	20% coinsurance	30% after deductible
Infertility Services		
Primary Care Provider and/or Specialist	\$25 / \$35 copayment	30% after deductible
Hospital services	20% coinsurance	30% after deductible
Inpatient and outpatient professional services	20% coinsurance	30% after deductible
Mental Health and Substance Use Services		
Office visits	\$10 copayment	30% after deductible
Inpatient/outpatient	20% coinsurance	30% after deductible
Prescription Drugs Up to 30-day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. MAC B Brand Pricing Penalty.		
Tier 1: The prescription drug tier which consists of the lowest-cost tier of prescription drugs, most are generic.	\$4 copayment	Copayment + charge over in-network allowed amount
Tier 2: The prescription drug tier which consists of medium-cost prescription drugs, most are generic, and some brand-name prescription drugs.	\$15 copayment	Copayment + charge over in-network allowed amount
Tier 3: The prescription drug tier which consists of high-cost prescription drugs, most are brand-name prescription drugs.	\$35 copayment	Copayment + charge over in-network allowed amount
Tier 4: The prescription drug tier which consists of the higher-cost prescription drugs, most are brand-name prescription drugs, and some specialty drugs.	\$60 copayment	Copayment + charge over in-network allowed amount
Tier 5: The prescription drug tier which consists of the highest-cost prescription drugs, most are specialty drugs.	25% coinsurance	Copayment + charge over in-network allowed amount
There is a \$100 per drug minimum for each 30-day supply of Tier 5 drugs. There is a \$200 per drug maximum for each 30-day supply of Tier 5 drugs.		
Insulin	\$10 copayment	Copayment + charge over in-network allowed amount
Diabetic Supplies, Spacers and Peak Flow Meters (Obtain at the retail pharmacy)	\$10 copayment	Copayment + charge over in-network allowed amount
Lens and Frame Coverage Prescribed Eyeglass Lens and Frame Benefit Period maximum, Blue Cross NC will reimburse you up to the benefit period maximum for glasses, hard, soft or disposable contact lenses.		\$100

NOTE: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

ADDITIONAL INFORMATION

about Blue Options from Blue Cross NC

Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Allowed Amount

The maximum amount that Blue Cross NC determines is to be paid for covered services provided to a member.

Out-of-Pocket Maximum

The dollar amount a member must pay prior to Blue Cross NC paying 100% for certain services.

NOTE: In some plans, there is no coinsurance maximum; members are responsible for coinsurance once the deductible has been met.

Day and Visit Maximums

All day and visit maximums are on a combined in- and out-of-network basis.

Utilization Management

To make sure you have access to high quality, cost-effective health care, we manage utilization through a variety of programs including certification, transplant management, concurrent and retrospective review. If you have a concern regarding the final determination of your care, you have the right to appeal the decision. If you would like a copy of a benefit booklet providing more information about our utilization management programs, call the toll-free number listed in your information packet.

Certification

Certification is a program designed to make sure that your care is given in a cost-effective setting and efficient manner. If you need to be hospitalized, you must obtain certification. Non-emergency and non-maternity hospital admissions must be certified prior to the hospitalization. If the admission is not certified, a penalty will be applied. For maternity admissions, your provider is not required to obtain certification from Blue Cross NC for prescribing a length of stay up to 48 hours for a normal vaginal delivery, or up to 96 hours for delivery by cesarean section. You or your provider must request certification for coverage for additional days, which will be given by Blue Cross NC, if medically necessary.

Office visits do not require certification. In-network providers are responsible for obtaining certifications. The member will bear no financial penalties if the in-network provider fails to obtain the appropriate authorization. The member is responsible for obtaining certification for services rendered by an out-of-network or out-of-state provider.





Limitations & Exclusions

Important legal notices for students Special enrollment

If you are declining enrollment for yourself or your dependents (including your spouse/domestic partner) because of other health insurance including Medicaid, Children's Health Insurance Program (CHIP) or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP), or if the employer stops contributing toward your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or foster care, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed.

For questions or to obtain more information, contact:

Blue Cross and Blue Shield of North Carolina
P.O. Box 2073, Durham, NC 27702, or call 1-888-234-2417.

Policy dates are 08/01/21 – 07/31/22

- 1 Covered in 190 countries and territories worldwide through GeoBlue® Program. Blue Cross and Blue Shield Association Internal Data: www.about-geo-blue.com/ (Accessed May 2021).
- 2 Premium due for student coverage must be paid through the student's Duke University account.
- 3 A portion of the cost of the student medical insurance plan is retained by Duke University to pay for administrative costs incurred by the university and for reserve funds. Any portion of the cost of the plan retained by Duke University is encumbered solely for the purpose of funding plan expenses or the equitable and nondiscriminatory benefit of plan participants.
- 4 Premium due for dependent coverage is paid directly to Blue Cross and Blue Shield of North Carolina. At enrollment, you will receive an email advising of the current amount due and the date the initial draft will occur. Subsequent payments will be drafted on a monthly basis.
- 5 Dependent rate is an additional premium above the student premium and does not include the cost for student coverage.
- 6 All terminations will be effective the last day of the month. Requests for termination must be received at least 10 days prior to first day of the month that coverage is no longer desired. There are no refunds.
- 7 If you wish to pay annually, please contact Customer Service at 1-888-234-2417 to make arrangements.

Blue Cross NC provides the Health Line Blue program for your convenience. Blue Cross NC is not liable in any way for the goods or services received through Health Line Blue. Blue Cross NC reserves the right to discontinue or change the program at any time without prior notice. Decisions regarding your care should be made with the advice of a doctor. Depending on your plan, selected programs may not be available to you at this time. Check with your benefits administrator or Blue Cross NC Customer Service to determine your eligibility. Blue Cross NC has contracted with a third-party vendor independent from Blue Cross NC to bring you Health Line Blue.

©, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. All other trade names are the property of their respective owners. Deductibles, coinsurance, limitations and exclusions apply to this coverage. Further details of coverage, limitations and exclusions, and terms under which the policy can be continued in force will be provided in your benefit booklet. **StdGrp, 4/21, U36151, 6/21**

Health and Wellness Program

Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You can take advantage of Health Line BlueSM, our 24-hour health information service; a health topics library; asthma and diabetes management; and a prenatal program. You will also have access to online health and wellness information at BlueCrossNC.com. With our program you can get health advice anytime you need it, so you can learn how to take charge of your health.

What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions can be found in your benefit booklet. Your health benefit plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- For injury or illness resulting from an act of war
- For personal hygiene and convenience items
- For inpatient admissions that are primarily for diagnostic studies
- For palliative or cosmetic foot care
- For investigative or experimental purposes
- For hearing aids or tinnitus maskers
- For cosmetic services or cosmetic surgery including treatment of or surgery for gynecomastia
- For custodial care, domiciliary care or rest cures
- For treatment of obesity, except for surgical treatment of morbid obesity, or as specifically covered by your health benefit plan
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For conception by artificial means or diagnosis and treatment of infertility
- For self-injectable drugs in the provider's office
- For vision care

The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. A final interpretation, and a complete listing of benefits and exclusions is found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by accessing a copy of the Blue Options benefit booklet from your campus website.

Get more info

Visit StudentBlueNC.com/Duke
for more details and to apply online!



StudentBlueNC.com/Duke



**BlueCross BlueShield
of North Carolina**

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, call the Customer Service or TTY number on the back of your member ID card.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
Email: civilrightscoordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. If you need these services, call the Customer Service or TTY number on the back of your member ID card.

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Multi-Language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Service or TTY number on the back of your member ID card.

ATENCIÓN: Si habla otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número de teléfono para personas con problemas auditivos (TTY) que figura al dorso de su tarjeta de identificación.

注意：他の言語を話す方は、言語支援サービスを無料でご利用いただけます。

顧客サービスにお電話いただくか、会員IDカードの裏面にあるTTYサービスをご利用ください。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng hoặc TTY trên mặt sau thẻ ID thành viên của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 혹은 TTY 번호로 전화해 주십시오.

ATTENTION: si vous parlez une autre langue, des services d'aide linguistique vous sont proposés gratuitement. Contactez le service clients au numéro figurant au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء أو رقم الهاتف النصي الموضح على ظهر بطاقة هوية العضو.

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, , peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Customer Service tus xov tooj los yog tus xov tooj TTY rau cov neeg tsis hnov lus zoo uas nyob sab tom qab koj daim npav ID.

ВНИМАНИЕ: Если вы говорите на другом языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на обратной стороне вашей идентификационной карточки участника.

PAUNAWA: Kung nagsasalita ka ng ibang lengguwahe, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Customer Service o TTY sa likod ng iyong member ID card.

સુચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે. તમારા સુચવેલ આઈડી કાર્ડની પાછળની બાજુ પર આપેલ ગ્રાહક સેવાઓના નંબર અથવા TTY નંબર પર કોલ કરો.

ចំណាំ: ប្រសិនបើប្រាកដក្នុងនិយាយជាភាសាខ្មែរ បសវាកម្មជំនួយភាសាមានតុល្យសប្បុរសប្រាណប្រាកដក្នុងនិយាយមិនគិតថ្លៃ។ សូមបោកបញ្ជាក់សំបុត្រសមាជិកជំនួយប្រសិនបើលេខស្របសម្រាប់សេវាសម្រាប់ភាសាខ្មែរសមាជិកប្រាកដក្នុងនិយាយ។

ACHTUNG: Falls Sie eine andere Sprache sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die Nummer des Kundenservices oder von TTY an, die auf der Rückseite Ihrer Mitgliedskarte angegeben ist.

ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवा या TTY नंबर पर कॉल करें।

ឡើងទ្រុឌ: បើ វា មិន ជា ភាសា ខ្មែរ ឬ ភាសា ចិន, ប្រសិនបើ អ្នក ចង់ ទទួល បាន ការ ជួយ ភាសា ឥត គិត ថ្លៃ ទេ ត្រូវ ទូរស័ព្ទ ទៅ លេខ ទេស វត្ត ឬ លេខ ទេស វត្ត TTY លើ កាត់ អ៊ីដេនតិកា របស់ អ្នក ។

注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服或 TTY 號的電話號碼。

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