



HEALTH PLAN FOR UNC CHARLOTTE STUDENTS | 2017-2018



A HEALTHY PLAN

for a successful future

The UNC System has 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

All eligible students enrolled in the UNC System Colleges and Universities are required to have health insurance coverage. The UNC System endorses a cost-effective Student Health Insurance Plan (SHIP) that covers additional health care expenses not included in the Student Health Fee. This plan is administered by Blue Cross NC. Each semester the Student Health Insurance Premium is added to all eligible students' University accounts. Eligible students must pay the premium and enroll, or complete the online waiver process with their own creditable insurance coverage before the deadline each semester. Once the waiver is verified and approved, the premium will be credited to the student's account.

Deadlines for Waive/Enroll/Renew

Fall Semester 09/11/17

Spring Semester 01/31/18

Pending NC DOI Approval

2017-2018 MEDICAL PLAN		
MEDICAL PLAN RATES ² Billed on a semester basis	Fall Semester Effective Dates 08/01/17 – 12/31/17	Spring Semester Effective Dates 01/01/18 – 07/31/18
Student	\$1,270.00	\$1,270.00



BENEFIT highlights



StudentBlue	If you visit your Student Health Center or doctor in the Student Blue network: (In-network provider)	If you visit a doctor NOT in the Student Blue network: (Out-of-network provider)
Policy year deductible	\$0 at Student Health Center \$500 per insured member in-network	\$500 per insured member
Policy year out of pocket maximum	\$0 at Student Health Center \$4,000 Individual	\$8,000 Individual
Office Visits Includes office surgery, X-rays and lab	Student Health Center: 100%, no deductible Primary care provider and/or Specialist: \$25 copayment, then 80% after deductible	Primary care provider and/or Specialist: \$25 copayment, then 70% after deductible
Preventative care Routine Examinations, Well-Child Care, Immunizations, Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen tests (PSAs).	100% no deductible at both Student Health Center and in-network	70% after deductible
Urgent care centers and emergency room Urgent care centers (Copayment waived if referred to ER) Emergency room visit (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services.") Ambulance service	Urgent care centers: \$75 copayment, then 80% after deductible Emergency room: \$400 copayment, then 80% after deductible Ambulance service: 80% after deductible	Urgent care centers: \$75 copayment, then 80% after deductible Emergency room: \$400 copayment, then 80% after deductible Ambulance service: 80% after deductible
Inpatient and outpatient hospital services	80% after deductible	70% after deductible
Prescription drugs Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. Infertility, Weight Loss, and Sexual Dysfunction Drugs not covered by the plan.	\$15 for all 30-day prescriptions at Student Health Center regardless of Tier Tier 1 (generic): \$30 copayment Tier 2 (preferred brand): \$60 copayment Tier 3 (brand and specialty): \$120 copayment	Copayment + charge over in-network allowed amount
Mental health and substance abuse services Office visits Inpatient/outpatient	Office visits: \$25 copayment, then 80% after deductible Inpatient/outpatient: 80% after deductible	Office visits: \$25 copayment, then 70% after deductible Inpatient/outpatient: 70% after deductible
Vision care Preventative eye exam Diagnostic eye exam Lens and frame coverage. (Reimbursement up to the benefit period maximum of \$200 for prescribed glasses—lenses and frames—and hard, soft or disposable contact lenses.)	Preventive eye exam: 100%, no deductible Diagnostic eye exam: \$25 copayment, 80% after deductible	Diagnostic eye exam: \$25 copayment, 70% after deductible
Other services Skilled Nursing Facility (60 days per Benefit Period), Home Health Care, Durable Medical Equipment and Hospice, Maternity (Maternity Delivery includes Prenatal and Post-delivery care), Transplants	80% after deductible	70% after deductible



ENROLL or waive coverage today!

Open enrollment period ends 09/11/17

All students eligible for the UNC System Hard Waiver Plan MUST enroll or waive coverage³ during the open enrollment period. Students who are enrolled by default will receive a policy with limited abortion benefits. In order to select additional benefits, you must actively enroll or call the number on your ID to change policies prior to receiving services. No applications posted after September 11 will be accepted without a qualifying event. Please refer to the online Student Blue benefit booklet for a complete list of qualifying events, as well as eligibility requirements and benefits.

Deadlines for Waive/Enroll/Renew

Fall Semester 09/11/17

Spring Semester 01/31/18

 **VISIT** studentblue.com/uncc

 **CONNECT** @BCBSNCStudent

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. Policy Form UNCStd, 4/17.

What is Not Covered

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet, which can be found at studentblue.com/uncc. 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 cosmetic services or cosmetic surgery including treatment of or surgery for gynecomastia
- + For custodial care, domiciliary care or rest cures
- + For reversal of sterilization
- + For treatment of sexual dysfunction not related to organic disease
- + For self-injectable drugs in the provider's office

1 Covered in more than 200 countries and territories worldwide through BlueCard® program. Blue Cross and Blue Shield Association Internal Data: www.bcbs.com/already-a-member/coverage-home-and-away.html (Accessed May 2016).

2 Premium due for the mandatory hard waiver plan must be paid through the student's UNC System school account.

3 Complete waiver requirements are available at studentblue.com/uncc.

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Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC 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:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. 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. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

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。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。