



HEALTH PLAN FOR UNC CHAPEL HILL STUDENTS | 2018-2019



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 09/10/18

Spring Semester 01/31/19

2018-2019 MEDICAL PLAN

MEDICAL PLAN RATES ² Billed on a semester basis	Fall Semester Effective Dates 08/01/18 — 12/31/18	Spring Semester Effective Dates 01/01/19 — 07/31/19
Student	\$1,293.88	\$1,293.88

²A portion of the Student Health Insurance premium rate is retained by UNC Chapel Hill to pay for administrative costs.



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: \$30 copayment Tier 2: \$45 copayment Tier 3: \$60 copayment Tier 4: \$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 09/10/18

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 10 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 09/10/18

Spring Semester 01/31/19



CALL 1-888-351-8283



VISIT StudentBlueNC.com/uncch



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. StdGrp 4/18.

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 StudentBlueNC.com/uncch. 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 Members are covered in more than 200 countries and territories around the world through Blue Cross Blue Shield Global[®] Core. Blue Cross and Blue Shield Association. Online: www.bcbsglobalcore.com (accessed April 2018).

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 StudentBlueNC.com/uncch.

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