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

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### 2018-2019 MEDICAL PLAN

<table>
<thead>
<tr>
<th>MEDICAL PLAN RATES²</th>
<th>Fall Semester Effective Dates</th>
<th>Spring Semester Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Billed on a semester basis</td>
<td>08/01/18 — 12/31/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01/01/19 — 07/31/19</td>
</tr>
<tr>
<td></td>
<td>$1,293.88</td>
<td>$1,293.88</td>
</tr>
</tbody>
</table>

*²A portion of the Student Health Insurance premium rate is retained by UNC Greensboro to pay for administrative costs.
<table>
<thead>
<tr>
<th><strong>BENEFIT highlights</strong></th>
<th>If you visit your Student Health Center or doctor in the Student Blue network: (In-network provider)</th>
<th>If you visit a doctor NOT in the Student Blue network: (Out-of-network provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy year deductible</strong></td>
<td>$0 at Student Health Center $500 per insured member in-network</td>
<td>$500 per insured member</td>
</tr>
<tr>
<td><strong>Policy year out of pocket maximum</strong></td>
<td>$0 at Student Health Center $4,000 Individual</td>
<td>$8,000 Individual</td>
</tr>
</tbody>
</table>
| **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. | **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 |
| **Mental health and substance abuse services** | Office visits  
Inpatient/outpatient | **Office visits:** $25 copayment, then 100%, no 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 coverage 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/uncg
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/uncg. 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 investigatory 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/uncg.
4 ©, 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. UNC System is a separate and independent entity. StdSep, 4/18, U9974, 8/18