

# Student Blue<sup>SM</sup>

[studentbluenc.com/uncw](http://studentbluenc.com/uncw)

## Benefit Highlights for UNC Wilmington students



Effective 08/01/2016



### Table of Contents

This brochure is a general summary of the insurance plan offered by Blue Cross and Blue Shield of North Carolina which includes an overview regarding the following topics:

- Health Care on Campus
- Eligibility
- Effective and Termination Dates
- 2015/2016 Premiums
- Claims and Pre-Notification Procedures
- Benefit Highlights
- HealthLineBlue

Please refer to your benefit booklet for complete details.

### Important Numbers

For questions about:	We can help:
Waiver/enrollment process Benefit questions Claim inquiries	StudentBlue 888.351.8283 <a href="mailto:email@studentbluenc.com">email@studentbluenc.com</a> <a href="http://www.studentbluenc.com/uncw">www.studentbluenc.com/uncw</a>
On-campus medical care and services	UNC Wilmington Abrons Student Health Center 910.962.3280
Benefit status Claims history Find A Doctor Tool Pharmacy Search Tool Exclusive member discounts	BlueConnect <sup>SM</sup> <a href="http://blueconnectnc.com">blueconnectnc.com</a>

### Key Dates for Waiver/Enrollment Period

All students eligible for the UNC System Mandatory Hard Waiver Plan must either waive or enroll insurance coverage for the 2016/2017 academic school year by September 12, 2016. The plan policy year runs from August 1, 2016 through July 31, 2017.

## Health Care on Campus

This plan provides 100% coverage for medical services and a \$15 copayment on prescriptions at your Student HealthCenter.

Location: DePaolo Hall, 2nd floor

Hours: Weekdays 8am to 5pm; Except Thursdays, open at 9am

After Hours: Call Vitaline to speak to a registered nurse at 910.815.5188

Telephone: 910.962.3280

Web: [uncw.edu/healthservices](http://uncw.edu/healthservices)

## Eligibility

For the most current information, refer to the UNC Student booklet section, "When Coverage Begins and Ends". A student is defined as eligible under the Hard Waiver requirement and is eligible for the Hard Waiver Plan as follows:

### Undergraduate students

- Enrolled in a minimum of six (6) credit hours per semester, AND
- Enrolled in a degree-seeking program, AND
- Eligible to pay the university Student Health Fee.

### Graduate students

- Enrolled in a minimum of one (1) credit hours per semester, AND
- Enrolled in a degree-seeking program, AND
- Eligible to pay the university Student Health Fee.

### Special student populations

- International Students: All international students in some non-immigrant visa categories have health insurance stipulations mandated by federal regulation (e.g., medical evacuation, repatriation, and other requirements).

All degree-seeking international students, regardless of semester credit hour level, are eligible to purchase the Hard Waiver rated plan.

- Students in Non-Degree Programs: Participants in non-degree seeking programs\* are eligible for the Hard Waiver rated plan if:
  - the program is sponsored by the campus, AND
  - participants pay the campus student health services fee, AND
  - all program participants are required by the campus to have health insurance.

\*Note: Student-Athletes who have graduated but are enrolled in post-baccalaureate studies in accordance with NCAA eligibility rules are covered.

- Study Abroad: Degree-seeking students participating in a UNC campus-sponsored study abroad program and earning at least six semester credit hours are eligible for, but are not required to have, the UNC System SHIP. The campus health center fee criterion does not apply for eligibility. Such students may purchase the plan for the entire semester or for the portion of the semester when the student is not in Study Abroad. Call 1-888-351-8283 or email at [email@studentbluenc.com](mailto:email@studentbluenc.com).

**Effective and Termination Dates**

The Policy on file at the University becomes effective 12:01 a.m. on August 1, 2016 and terminates 11:59 p.m. on July 31, 2017. Coverage will be effective on the Effective Date of the Coverage Period enrolled (i.e. Fall, Spring/Summer). Insurance will end for the Covered Person on the earliest of: (1) the date he or she becomes full-time active duty in any Armed Forces, or, (2) the end of the period for which the premium was paid.

**2016-2017 Premiums for UNC System Student Health Insurance Plan**

**Mandatory Hard Waiver Options**

2016-2017 Medical Plan		
Medical Plan Rates <sup>2</sup> Billed on a semester basis		
	Fall Semester Effective Dates 8/1/16 – 12/31/16	Spring Semester Effective Dates 1/1/17 – 7/31/17
Student	\$1,111.00	\$1,111.00

<sup>2</sup>Student premiums for the Mandatory Hard Waiver Plan must be paid through the student's UNC System school account on a semester basis.

**Claims and Pre-Notification Procedures**

Certain services and procedures may require prior review. Please consult your member guide for more information.

## Blue Options<sup>SM</sup> Benefit Highlights (PPO)

**Copayments are fixed dollar amounts the member must pay**  
**Coinsurance percentages are the part that BCBSNC pays**

### Physician Office Services

(See "Outpatient Clinic Services" for "outpatient clinic" or "hospital-based" services.)

#### In-Network

#### Out-of-Network

#### Office Visit

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".

Student Health Center Primary Care Provider	100%, no deductible \$25 copayment, then 80% after deductible	Not applicable \$25 copayment, then 70% after deductible
Specialist	\$25 copayment, then 80% after deductible	\$25 copayment, then 70% after deductible

#### Preventive Care

This benefit is only for services that your provider indicates a primary diagnosis of preventive or wellness on the claim that is submitted to BCBSNC.

Student Health Center Primary Care Provider	100%, no deductible 100%, no deductible	Not applicable 70% after deductible
Specialist	100%, no deductible	70% after deductible
Outpatient Clinic	80% after deductible	70% after deductible

\*Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen tests (PSAs) are covered Out-of-network.

#### Therapies

Short-term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):

Physical/Occupational: 30 visits per Benefit Period; Speech Therapy: 30 visits per Benefit Period

Primary Care	\$25 copayment, then 80% after deductible	\$25 copayment, then 70% after deductible
Specialist	\$25 copayment, then 80% after deductible	\$25 copayment, then 70% after deductible

#### Urgent Care Centers and Emergency Room

Urgent Care Centers (Copayment waived if referred to Emergency Room)

\$75 copayment, then  
80% after deductible

\$75 copayment, then  
80% after deductible

Emergency Room Visit (Inpatient Hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services".)

\$400 copayment, then  
80% after deductible

\$400 copayment, then  
80% after deductible

#### Ambulatory Surgical Center

80% after deductible

70% after deductible

<b>Inpatient and Outpatient Hospital Services</b>		
Hospital and Hospital Based Services	80% after deductible	70% after deductible
Outpatient Clinic Services (other than preventive services above)	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
<b>Hospital and Professional</b>		
Outpatient Labs and Mammograms with surgery or other services	80% after deductible	70% after deductible
Outpatient Labs and Mammograms without surgery or other services	100%	70% after deductible
Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEG's and EKG's	80% after deductible	70% after deductible
CT scans, MRI's, MRA's and PET scans in any location, including physician's office	80% after deductible	70% after deductible
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<b>Other Services</b>		
<b>Skilled Nursing Facility</b> (60 days per Benefit Period)	80% after deductible	70% after deductible
<b>Home Health Care, Durable Medical Equipment and Hospice</b>	80% after deductible	70% after deductible
<b>Ambulance</b>	80% after deductible	80% after deductible
<b>Maternity</b> (Includes Prenatal and Post-delivery care)		
Hospital Services (Delivery)	80% after deductible	70% after deductible
Professional Services (Delivery)	80% after deductible	70% after deductible
<b>Transplants</b>		
Hospital Services	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
<b>Infertility Services</b>		
Primary Care Provider	Not Offered	Not Offered
Specialist	Not Offered	Not Offered
Hospital Services	Not Offered	Not Offered
Inpatient and Outpatient Professional Services	Not Offered	Not Offered
<b>Vision Care</b>		
Routine Eye Exams	100%, no deductible	Benefits not available
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<b>Lifetime Maximum, Deductibles, Coinsurance Maximums &amp; Plan Maximums</b>	<b>In-network</b>	<b>Out-of-network<sup>1</sup></b>
<i>The following Deductibles and Coinsurance Maximums apply to the services on the previous page and Mental Health and Substance Abuse services below:</i>		
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b>		
Individual (per Benefit Period)	\$500	\$500
<b>Out of Pocket Maximum</b>		
Individual (per Benefit Period)	\$4,000	\$8,000
<b>Massage Therapy / Acupuncture-Stress Therapy \$500 Maximum Per Year</b>		

**Mental Health and Substance Abuse Services**

**Mental Health Services**

Office Visit	\$25 copayment, then 80% after deductible	\$25 copayment, then 70% after deductible
Inpatient/Outpatient	80% after deductible	70% after deductible

**Substance Abuse Services**

Office Visit	\$25 copayment, then 80% after deductible	\$25 copayment, then 70% after deductible
Inpatient/Outpatient	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. Weight Loss, and Sexual Dysfunction Drugs Not Covered by the plan. Prescriptions filled by Student Health are covered are a \$15 copayment per prescription or refill.*

Tier 1 ( <i>Generic</i> )	\$30 copayment	Copayment + charge over In-network allowed amount
Tier 2 ( <i>Preferred Brand</i> )	\$60 copayment	Copayment + charge over In-network allowed amount
Tier 3 ( <i>Brand</i> )	\$120 copayment	Copayment + charge over In-network allowed amount

**Lens and Frame Coverage**

*BCBSNC will reimburse you up to the Benefit Period Maximum for glasses, hard, soft or disposable contact lenses. Prescribed Eyeglass Lens and Frame Benefit Period Maximum* \$200

<sup>1</sup> NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members.

**HealthLine Blue**

Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You can take advantage of HealthLine Blue, our 24-hour health information service that you can call anytime at 1-877-477-2424. With our program you can get health advice anytime you need it, so you can learn how to take charge of your health.



## ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BCBSNC

### 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 BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

### Allowed Amount

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

### Out of Pocket Maximum

The dollar amount of out of pocket costs.

### 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 BCBSNC 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 BCBSNC, if medically necessary. All inpatient and certain outpatient Mental Health and Substance Abuse services must be certified in advance by Magellan Behavioral Health. Call Magellan Behavioral Health at 1-800-359-2422.

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.

### 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 HealthLine Blue, 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 [www.bcbsnc.com](http://www.bcbsnc.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 will 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 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 conception by artificial means or diagnosis and treatment of infertility
- . For self-injectable drugs in the provider's office
- . For treatment of alopecia and biofeedback

The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are 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 web site.



## 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](mailto: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。