



**HEALTH PLAN FOR N.C. SCHOOL OF SCIENCE & MATH STUDENTS** | 2023-2024



## 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.<sup>1</sup>

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. Eligible students must pay the premium and enroll before the deadline each semester.

### Am I eligible for the UNC system plan?

Please refer to the plan's benefit booklet to review eligibility criteria. The benefit booklet can be found at [StudentBlueNC.com/NCSSM/benefits](https://StudentBlueNC.com/NCSSM/benefits).

#### 2023-2024 MEDICAL PLAN

MEDICAL PLAN RATES  
Billed on a monthly basis<sup>2</sup>

Effective Dates  
08/01/23 - 07/31/24

\$230.40

### Deadlines for Enrollment

Fall Semester 09/11/23

Spring Semester 01/31/24



# 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):
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Policy year deductible</b>	\$0 at Student Health Center \$500 per insured member	\$1,000 per insured member
<b>Policy year out-of-pocket maximum</b>	\$0 at Student Health Center \$4,000 individual	\$8,000 individual
<b>Office visits</b> Includes office surgery, X-rays and labs	<b>Student Health Center:</b> No charge  <b>Primary Care Provider:</b> \$35 copayment  <b>Specialist:</b> \$70 copayment	Not applicable  <b>Primary Care Provider:</b> 50% after deductible  <b>Specialist:</b> 50% after deductible
<b>Teladoc®3</b>	\$10 copayment	Not applicable
<b>Preventive care</b> 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)	No charge at both Student Health Center and in-network	30% after deductible
<b>Urgent care centers and emergency room</b> <b>Urgent care centers</b> (Copayment waived if referred to ER.) <b>Emergency room visit</b> (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and outpatient hospital services.") <b>Ambulance service</b>	<b>Urgent care centers:</b> \$75 copayment <b>Emergency room:</b> \$500 copayment <b>Ambulance service:</b> 30% after deductible	<b>Urgent care centers:</b> \$150 copayment <b>Emergency room:</b> \$500 copayment <b>Ambulance service:</b> 30% after deductible
<b>Inpatient and outpatient hospital services</b>	30% after deductible	50% after deductible
<b>Prescription drugs</b> 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. There is \$100 per drug minimum and \$300 per drug maximum for each 30-day supply of Tier 5 drugs.	\$15 for all 30-day prescriptions at Student Health Center regardless of Tier <b>Tier 1:</b> \$20 copayment <b>Tier 2:</b> \$35 copayment <b>Tier 3:</b> \$45 copayment <b>Tier 4:</b> \$90 copayment <b>Tier 5:</b> 25% coinsurance	Copayment + charge over in-network allowed amount
<b>Mental health and substance use services</b> Office visits Inpatient/outpatient	<b>Office visits:</b> \$10 copayment <b>Inpatient/outpatient:</b> 30% after deductible	<b>Office visits:</b> 50% after deductible <b>Inpatient/outpatient:</b> 50% after deductible
<b>Vision care</b> Preventive 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.)	<b>Preventive eye exam:</b> No charge	Benefits not available
<b>Other services</b> 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	30% after deductible	50% after deductible



# ENROLL for coverage today!

## Deadlines for Enrollment

**Fall Semester** 09/11/23

**Spring Semester** 01/31/24

 **CALL** 1-888-351-8283

 **VISIT** [StudentBlueNC.com/NCSSM](https://StudentBlueNC.com/NCSSM)

 **CONNECT** @BCBSNCStudent

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

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.

### 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/NCSSM](https://StudentBlueNC.com/NCSSM). 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 190 countries and territories worldwide through GeoBlue® Program. Blue Cross and Blue Shield Association Internal Data: [www.about-geo-blue.com/](https://www.about-geo-blue.com/) (Accessed July 2022).

2 Premium due for student coverage must be paid through the student's UNC Systems school account.

3 Teladoc interactive consultations are available 24 hours a day, 7 days a week. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care. Teladoc does not replace your primary care doctor and is not an insurance product. Teladoc is subject to state regulations. Teladoc does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. For complete terms of use, visit [member.teladoc.com/terms/terms\\_of\\_use](https://member.teladoc.com/terms/terms_of_use). Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc does not offer Blue Cross or Blue Shield products or services.

©, SM are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. StdGrp, 4/23; U14724, 11/23