



BlueCross BlueShield  
of North Carolina

StudentBlue™

[StudentBlueNC.com/UNCA](https://StudentBlueNC.com/UNCA)



THE UNIVERSITY OF  
NORTH CAROLINA SYSTEM



## HEALTH PLAN FOR UNC ASHEVILLE STUDENTS | 2024–2025





A HEALTHY PLAN  
for a successful future

The University of North Carolina 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). **NEW FOR 2024!** You have two options to choose from: A new, lower-cost Value plan, or our Premium plan that has been traditionally offered over the years and includes richer benefits.<sup>1</sup> If you are on the plan now and would like to continue without changes, please select the Premium option.

All eligible students enrolled in UNC System 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 SHIP 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.

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/UNCA/benefits](https://StudentBlueNC.com/UNCA/benefits).

Deadlines to Waive/Enroll/Renew

Fall Semester     Sept. 10, 2024

Spring Semester   Jan. 31, 2025

2024-2025 Medical plan

You may choose either the Premium plan or Value plan.

| PREMIUM PLAN                                                  |                                                       |                                                        |
|---------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| MEDICAL PLAN RATES <sup>2</sup><br>Billed on a semester basis | Fall Semester<br>Effective Dates<br>8/1/24 — 12/31/24 | Spring Semester<br>Effective Dates<br>1/1/25 — 7/31/25 |
| Student                                                       | \$1,475.32*                                           | \$1,475.32*                                            |

| VALUE PLAN                                                    |                                                       |                                                        |
|---------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| MEDICAL PLAN RATES <sup>2</sup><br>Billed on a semester basis | Fall Semester<br>Effective Dates<br>8/1/24 — 12/31/24 | Spring Semester<br>Effective Dates<br>1/1/25 — 7/31/25 |
| Student                                                       | \$1,182.28*                                           | \$1,182.28*                                            |

\*A portion of the Student Health Insurance premium rate is retained by UNC Asheville to pay for administrative costs.



BENEFIT highlights

| StudentBlue                                                                                                                                                                                                                                                                                                | PREMIUM PLAN<br>IN-NETWORK                                                    | PREMIUM PLAN<br>OUT-OF-NETWORK                        | VALUE PLAN<br>IN-NETWORK                                                      | VALUE PLAN<br>OUT-OF-NETWORK                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                            | All dollar amounts and percentages are what you, as a plan member, would pay. |                                                       |                                                                               |                                                            |
| Policy year deductible                                                                                                                                                                                                                                                                                     | \$0 at Student Health Center<br>\$500 per insured member                      | \$1,000 per insured member                            | \$0 at Student Health Center<br>\$2,000 per insured member                    | \$0 at Student Health Center<br>\$4,000 per insured member |
| Policy year out-of-pocket maximum                                                                                                                                                                                                                                                                          | \$0 at Student Health Center<br>\$4,000 individual                            | \$8,000 individual                                    | \$0 at Student Health Center<br>\$6,000 individual                            | \$0 at Student Health Center<br>\$12,000 individual        |
| Office visits<br>Includes office surgery, X-rays and labs                                                                                                                                                                                                                                                  | <b>Student Health Center:</b><br>No charge                                    | <b>Student Health Center:</b><br>Not applicable       | <b>Student Health Center:</b><br>No charge                                    | <b>Student Health Center:</b><br>Not applicable            |
|                                                                                                                                                                                                                                                                                                            | <b>Primary Care Provider:</b><br>\$35 copayment                               | <b>Primary Care Provider:</b><br>50% after deductible | <b>Primary Care Provider:</b><br>\$50 copayment                               | <b>Primary Care Provider:</b><br>50% after deductible      |
|                                                                                                                                                                                                                                                                                                            | <b>Specialist:</b> \$70 copayment                                             | <b>Specialist:</b> 50% after deductible               | <b>Specialist:</b> \$100 copayment                                            | <b>Specialist:</b> 50% after deductible                    |
| Teladoc® Health <sup>3</sup>                                                                                                                                                                                                                                                                               | \$10 copayment                                                                | Not applicable                                        | \$10 copayment                                                                | Not applicable                                             |
| Preventive care <sup>4</sup><br>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                                                                     | 30% after deductible                                  | No charge                                                                     | 30% after deductible                                       |
| Urgent care centers and emergency room<br>Urgent care centers (Copayment waived if referred to ER.)<br>Emergency room visit (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See “Inpatient and outpatient hospital services.”)<br>Ambulance service    | <b>Urgent care centers:</b> \$75 copayment                                    | <b>Urgent care centers:</b> \$150 copayment           | <b>Urgent care centers:</b> \$100 copayment                                   | <b>Urgent care centers:</b> \$200 copayment                |
|                                                                                                                                                                                                                                                                                                            | <b>Emergency room:</b> \$500 copayment                                        | <b>Emergency room:</b> \$500 copayment                | <b>Emergency room:</b> \$750 copayment                                        | <b>Emergency room:</b> \$750 copayment                     |
|                                                                                                                                                                                                                                                                                                            | <b>Ambulance service:</b><br>30% after deductible                             | <b>Ambulance service:</b><br>30% after deductible     | <b>Ambulance service:</b><br>30% after deductible                             | <b>Ambulance service:</b><br>30% after deductible          |
|                                                                                                                                                                                                                                                                                                            |                                                                               |                                                       |                                                                               |                                                            |
| Inpatient and outpatient hospital services                                                                                                                                                                                                                                                                 | 30% after deductible                                                          | 50% after deductible                                  | 30% after deductible                                                          | 50% after deductible                                       |
| Prescription drugs<br>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 |                                                       | \$15 for all 30-day prescriptions at Student Health Center regardless of Tier |                                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Tier 1:</b> \$20 copayment                                                 | Copayment + charge over in-network allowed amount     | <b>Tier 1:</b> \$20 copayment                                                 | Copayment + charge over in-network allowed amount          |
|                                                                                                                                                                                                                                                                                                            | <b>Tier 2:</b> \$35 copayment                                                 |                                                       | <b>Tier 2:</b> \$35 copayment                                                 |                                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Tier 3:</b> \$45 copayment                                                 |                                                       | <b>Tier 3:</b> \$45 copayment                                                 |                                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Tier 4:</b> \$90 copayment                                                 |                                                       | <b>Tier 4:</b> \$90 copayment                                                 |                                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Tier 5:</b> 25% coinsurance                                                |                                                       | <b>Tier 5:</b> 25% coinsurance                                                |                                                            |
| Mental health and substance use services<br>Office visits<br>Inpatient/outpatient                                                                                                                                                                                                                          | <b>Office visits:</b> \$10 copayment                                          | <b>Office visits:</b> 50% after deductible            | <b>Office visits:</b> \$10 copayment                                          | <b>Office visits:</b> 50% after deductible                 |
|                                                                                                                                                                                                                                                                                                            | <b>Inpatient/outpatient:</b><br>30% after deductible                          | <b>Inpatient/outpatient:</b><br>50% after deductible  | <b>Inpatient/outpatient:</b><br>30% after deductible                          | <b>Inpatient/outpatient:</b><br>50% after deductible       |
| Vision care<br>Preventive eye exam<br>Lens and frame coverage<br>(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>Preventive eye exam:</b> No charge                                         | Benefits not available                                     |
| Other services<br>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                                  | 30% after deductible                                                          | 50% after deductible                                       |



# ENROLL or waive coverage today!

## Fall 2024 Open Enrollment period ends 9/10/24

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 member ID card to change policies prior to receiving services. No applications posted after Sept. 10, 2024, 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 to Waive/Enroll/Renew

**Fall Semester** Sept. 10, 2024

**Spring Semester** Jan. 31, 2025

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

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

 **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 1-888-351-8283 (TTY/TTD: 711) 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. Llame al 1-888-351-8283 (TTY/TTD: 711) para obtener ayuda.*

Deductibles, coinsurance, limitations and exclusions apply to this coverage. Further details of coverage, limitations and exclusions 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/UNCA](https://StudentBlueNC.com/UNCA). 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 nearly 200 countries and territories around the world through Blue Cross Blue Shield Global® Core. Blue Cross and Blue Shield Association. Online: [about.geo-blue.com/](https://about.geo-blue.com/) (Accessed July 2022).

2 Premium due for the mandatory Hard Waiver Plan must be paid through the student's UNC System 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 Health, 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 Health is an independent company that is solely responsible for the telehealth services it is providing. Teladoc Health does not offer Blue Cross or Blue Shield products or services.

4 Preventive care services as defined by recent federal regulations are covered at no charge to you in-network. Federal and state-mandated preventive services are available out-of-network, for which members will pay deductible and coinsurance, plus charges over the allowed amount. Visit [BlueCrossNC.com/Preventive](https://BlueCrossNC.com/Preventive) for examples of preventive care services.

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