



[StudentBlueNC.com/#/UNCCH-TA](https://StudentBlueNC.com/#/UNCCH-TA)

# Student Blue<sup>SM</sup>

Health Plan for University of North Carolina RAs and TAs | 2025-2026



# Student Blue<sup>SM</sup>

## A healthy plan for a successful future

The University of North Carolina 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>

Dependent Rates <sup>2,3</sup> Rates are additional to your student rate	Monthly <sup>4,5</sup>	Additional Spousal/ Domestic Partner Campus Health Fee  Paid once per semester, collected with initial premium due and with January 2026 bank draft <sup>6</sup>
Add Spouse/ Domestic Partner	\$419.30	\$205.00
Add Child(ren)	\$468.13	\$0
Add Family	\$887.43	\$205.00

# Blue Options® benefit highlights

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Lifetime Maximum, Deductibles and Total Out-Of-Pocket Maximums</b> The following deductibles and coinsurance maximums also apply to Mental Health and Substance Use Services on page 5.		
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b>		
Individual (per benefit period)	\$400	\$800
Family (per benefit period)	\$1,200	\$2,400
<b>Total Out-of-Pocket Maximum</b>		
Individual (per benefit period)	\$2,000	\$4,000
Family (per benefit period)	\$6,000	\$12,000
<b>Physician Office Services</b> (See “Outpatient Clinic Services” for outpatient clinic or hospital-based services.)		
<b>Office Visits</b> Includes office surgery, consultation, X-ray and lab, and benefit period maximum of four office visits for the assessment of obesity in- and out-of-network. See “Inpatient and Outpatient Services.”	<b>Campus Health Services:</b> No charge <b>Primary Care Provider and/or Specialist:</b> 20% after deductible	<b>Campus Health Services:</b> Not applicable <b>Primary Care Provider and/or Specialist:</b> 40% after deductible
<b>Preventive Care<sup>7</sup></b> This benefit is only for services that your provider indicates with a primary diagnosis of preventive or wellness care on the claim that is submitted to Blue Cross NC. <small>*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.</small>	<b>Primary Care Provider and/or Specialist:</b> No charge <b>Outpatient Clinic:</b> No charge	<b>Primary Care Provider and/or Specialist:</b> Not applicable* <b>Outpatient Clinic:</b> Not applicable*
<b>Therapies</b> Rehabilitative therapy has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services) and 30 visits for speech therapy. Habilitative services has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services) and 30 visits for speech therapy.	<b>Primary Care Provider and/or Specialist:</b> 20% after deductible	<b>Primary Care Provider and/or Specialist:</b> 40% after deductible

**Note:** Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

# Blue Options benefit highlights (continued)

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Urgent Care Centers and Emergency room</b>		
Urgent care centers	20% after deductible	40% after deductible
Emergency room visit (with or without observation)	\$100 copay, then 20% after deductible	\$100 copay, then 20% after deductible
Emergency room visit (with inpatient admission)	20% after deductible	20% after deductible
<b>Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Inpatient and Outpatient Hospital Services</b>		
Hospital and hospital-based services	20% after deductible	40% after deductible
Outpatient clinic services (Other than preventive services above)	20% after deductible	40% after deductible
Professional services	20% after deductible	40% after deductible
<b>Hospital and Professional</b>		
Outpatient labs	20% after deductible	40% after deductible
Outpatient diagnostic mammography	0% after deductible	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	20% after deductible	40% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% after deductible	40% after deductible
<b>Other Services</b>		
Skilled nursing facility (60 days per benefit period)	20% after deductible	40% after deductible
Home health care, durable medical equipment and hospice	20% after deductible	40% after deductible
Ambulance	20% after deductible	20% after deductible

**Note:** Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

# Blue Options benefit highlights (continued)

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Maternity</b> (Maternity delivery includes prenatal and post-delivery care)		
Hospital services (Delivery)	20% after deductible	40% after deductible
Professional services (Delivery)	20% after deductible	40% after deductible
<b>Transplants</b>		
Hospital services	20% after deductible	40% after deductible
Professional services	20% after deductible	40% after deductible
<b>Infertility Services</b>		
Primary Care Provider and/or Specialist	20% after deductible	40% after deductible
Hospital services	20% after deductible	40% after deductible
Inpatient and outpatient professional services	20% after deductible	40% after deductible
<b>Mental Health and Substance Use Services</b>		
Office visits	20% after deductible	40% after deductible
Inpatient/outpatient	20% after deductible	40% after deductible
<b>Prescription Drugs – Campus Health</b>		
Generic or brand (30 day supply)	\$10 copayment	Not applicable
<b>Other Pharmacy</b> Up to 30 day supply. 31-60 day supply is two copayments, and 61-90 day supply is three copayments. There is \$100 per drug minimum and \$200 per drug maximum for each 30 day supply of Tier 5 drugs.	<b>Tier 1:</b> \$15 copayment <b>Tier 2:</b> \$25 copayment <b>Tier 3:</b> \$40 copayment <b>Tier 4:</b> \$75 copayment <b>Tier 5:</b> 25% coinsurance	Copayment + charge over in-network allowed amount
<b>Lens and Frame Coverage</b> Prescribed eyeglass lens and frame benefit period maximum: Blue Cross NC will reimburse you up to the benefit period maximum for glasses, hard, soft or disposable contact lenses.	\$100	
<b>Dental Coverage</b>		
Preventive services	No charge	40% after deductible
Basic and major	20% after deductible	40% after deductible
Orthodontic services (if medically necessary)	20% after deductible	40% after deductible

**Note:** Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.



# Additional Information about Blue Options from Blue Cross NC

## Health and wellness programs

Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You can take advantage of Health Line Blue<sup>SM</sup>, our 24-hour health information service; a health topics library; asthma and diabetes management; and a prenatal program.<sup>8</sup> You will also have access to online health and wellness information at [BlueCrossNC.com](https://www.bluecrossnc.com). With our programs, you can get health advice any time 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 can 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 or gynecomastia
- For custodial care, domiciliary care or rest cures
- For treatment of obesity, except for surgical treatment of morbid obesity, or as specifically covered by your health benefit plan
- 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

The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. A final interpretation and a complete listing of benefits and exclusions is 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 website.

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.

**Important legal notices for students Special enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse/domestic partner) because of other health insurance including Medicaid, Children's Health Insurance Program (CHIP) or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP), or if the employer stops contributing toward your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or foster care, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed.

**Policy dates are 08/01/25-7/31/26**

- 1 Covered in nearly 200 countries and territories worldwide through the BlueCard® program. Blue Cross and Blue Shield Association Internal Data: [bcbs.com/already-a-member/coverage-home-and-away](https://bcbs.com/already-a-member/coverage-home-and-away) (Accessed July 2025).
- 2 Premium due for dependent coverage is paid directly to Blue Cross and Blue Shield of North Carolina. At enrollment, you will receive an email advising of the current amount due and the date the initial draft will occur. Subsequent payments will be drafted on a monthly basis.
- 3 Dependent rate is an additional premium above the student premium and does not include the cost for student coverage.
- 4 All terminations will be effective the last day of the month. Requests for termination must be received at least 10 days prior to first day of the month that coverage is no longer desired. There are no refunds.
- 5 If you wish to pay annually, please contact Customer Service at 800-579-8022 to make arrangements.
- 6 UNC requires payment of the UNC Campus Health Services (CHS) fee for enrollment of a spouse/domestic partner. The fee is \$205.00 per semester. This fee will be collected each semester. The fall CHS fee will be collected with the initial draft at enrollment and in January 2026 for the spring/summer semester. This is a nonrefundable fee. Spouses/ domestic partners should visit CHS first if they need medical care in the Chapel Hill area.
- 7 Preventive care services, as defined by federal regulations, are covered at no charge in-network. Federally- 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 more details.
- 8 Blue Cross NC provides the Health Line Blue program for your convenience. Blue Cross NC is not liable in any way for the goods or services received through Health Line Blue. Blue Cross NC reserves the right to discontinue or change the program at any time without prior notice. Decisions regarding your care should be made with the advice of a doctor. Depending on your plan, selected programs may not be available to you at this time. Check with your benefits administrator or Blue Cross NC Customer Service to determine your eligibility. Blue Cross NC has contracted with a third-party vendor independent from Blue Cross NC to bring you Health Line Blue.



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