

# Student Blue<sup>SM</sup>

Benefit Highlights for University of Mount Olive Students | Effective: 8/1/2025



# Student Blue

## 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 total out-of-pocket maximums also apply to Behavioral Health and Substance Use Services.		
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b>		
Individual (per benefit period)	\$1,750	\$3,500
Family (per benefit period)	\$3,500	\$7,000
<b>Out-of-Pocket Maximum</b>		
Individual (per benefit period)	\$6,000	\$12,000
Family (per benefit period)	\$12,000	\$24,000
<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 4 office visits for the assessment of obesity in- and out-of-network. See “Inpatient and Outpatient Services.”	<b>Primary Care Provider:</b> \$40 copayment  <b>Specialist:</b> \$80 copayment	<b>Primary Care Provider:</b> 60% after deductible  <b>Specialist:</b> 60% after deductible
<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:</b> \$40 copayment  <b>Specialist:</b> \$80 copayment	<b>Primary Care Provider:</b> 60% after deductible  <b>Specialist:</b> 60% after deductible
<b>Urgent Care Centers and Emergency Room</b>		
Urgent care centers	\$120 copayment	\$240 copayment
Emergency room visit If admitted from the ER, the copayment does not apply; instead, inpatient hospital benefits apply. If held for observation, outpatient benefits apply. (See “Inpatient and Outpatient Hospital Services.”)	\$300 copayment	\$300 copayment
<b>Ambulatory Surgical Center</b>	30% after deductible	60% after deductible
<b>Inpatient and Outpatient Hospital Services</b>		
Hospital and hospital-based services	30% after deductible	60% after deductible
Hospital-based clinics (Other than preventive services above)	30% after deductible	60% after deductible
Professional services	30% after deductible	60% 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>Outpatient Diagnostic Services</b>		
Outpatient diagnostic mammograms	No charge	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	30% after deductible	60% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	30% after deductible	60% after deductible
<b>Other Services</b>		
Skilled nursing facility (60 days per benefit period)	30% after deductible	60% after deductible
Home health care, durable medical equipment and hospice	30% after deductible	60% after deductible
Ambulance	30% after deductible	30% after deductible
<b>Maternity</b> (Maternity delivery includes prenatal and post-delivery care)		
Hospital services (Delivery)	30% after deductible	60% after deductible
Professional services (Delivery)	30% after deductible	60% after deductible
<b>Transplants</b>		
Hospital services	30% after deductible	60% after deductible
Professional services	30% after deductible	60% after deductible
<b>Infertility Services</b>		
Combined in-network and out-of-network lifetime maximum of 3 ovulation induction cycles, with or without insemination, per member for infertility services, provided in all places of service.	<b>Primary Care Provider:</b> \$40 copayment <b>Specialist:</b> \$80 copayment	<b>Primary Care Provider:</b> 60% after deductible <b>Specialist:</b> 60% after deductible
Hospital services	30% after deductible	60% after deductible
Inpatient and outpatient professional services	30% after deductible	60% after deductible
<b>Behavioral Health and Substance Use Services</b>		
Office visits	\$10 copayment	60% after deductible
Inpatient/outpatient	30% after deductible	60% after deductible
<b>Prescription Drugs</b>		
For each 30-day supply of a Tier 5 drug, you will pay a minimum of \$50 in coinsurance, but not more than \$200. Any out-of-network charges over the allowed amount are not included in this maximum. You are responsible for charges over the allowed amount received from an out-of-network pharmacy. Limits apply to infertility drugs; refer to your benefit booklet.	<b>Tier 1:</b> \$25 copayment <b>Tier 2:</b> \$40 copayment <b>Tier 3:</b> \$80 copayment <b>Tier 4:</b> \$105 copayment <b>Tier 5:</b> 50% coinsurance	<b>Tier 1:</b> \$25 copayment <b>Tier 2:</b> \$40 copayment <b>Tier 3:</b> \$80 copayment <b>Tier 4:</b> \$105 copayment <b>Tier 5:</b> 50% coinsurance
Preventive over-the-counter (OTC) medications and contraceptives	No charge	No charge
Drugs and devices as listed at <a href="https://www.bluecrossnc.com/Preventive">BlueCrossNC.com/Preventive</a>	No charge	No charge



### 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 except as specifically covered by your health benefit plan
- 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
- For self-injectable drugs in the provider's office

This brochure 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.

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.

Blue Cross NC offers health and wellness programs as a convenience to aid members in improving their health and following their doctor's plan of care. Results are not guaranteed. Decisions regarding your care should be made with the advice of your provider. Blue Cross NC reserves the right to discontinue or change these programs at any time.

#### 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.

#### For questions or to obtain more information, contact:

Blue Cross and Blue Shield of North Carolina  
P.O. Box 2073, Durham, NC 27702, or call 800-579-8022.

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