



BlueCross BlueShield  
of North Carolina

StudentBlue™

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



## HEALTH PLAN FOR Wake Forest University Students

Effective: 8/1/2024



# A HEALTHY PLAN for a successful future

Wake Forest University (WFU) 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>

2024-2025 MEDICAL PLAN	
Mandatory Hard Waiver	Annual <sup>2,3</sup>
Student	\$2,578.00*

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

## 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, Coinsurance Maximums and Plan Maximums</b> The following deductibles and coinsurance maximums also apply to Behavioral Health and Substance Use services below.		
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b> Individual (per benefit period)	\$200	\$400
<b>Out-of-pocket limits</b> Individual (per benefit period)	\$5,000	\$10,000
<b>Physician Office Services</b> (See “Outpatient Clinic Services” for outpatient clinic or hospital-based services.)		
<b>Office Visits</b> Office visit copayment includes evaluation and consultation services only. All other services performed in the office are subject to deductible (out-of-network) and coinsurance.		
<b>Primary Care Provider</b>	\$30 office visit copay, 20% coinsurance for all other services	
<b>Specialist</b>	\$45 office visit copay, 20% coinsurance for all other services	30% after deductible



# 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>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). Pap smears, mammograms and PSAs are covered out-of-network.	<b>Primary Care Provider and/or Specialist:</b> No charge	<b>Primary Care Provider and/or Specialist:</b> 30% 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. Rehabilitative services has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services), and 30 visits for speech therapy.		
Primary Care Provider	\$30 office visit copay, 20% coinsurance for all other services	30% after deductible
Specialist	\$45 office visit copay, 20% coinsurance for all other services	30% after deductible
<b>Urgent Care Centers and Emergency Room</b> Urgent care centers	\$45 office visit copay, 20% after deductible	\$90 office visit copay, 30% after deductible
Emergency room visit (Copay waived and inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services.")	\$200 office visit copay, 20% after deductible	\$200 office visit copay, 20% after deductible
<b>Ambulatory Surgical Center</b>	20% after deductible	30% after deductible
<b>Inpatient and Outpatient Hospital Services</b> (\$250 per inpatient admission)		
Hospital, hospital-based services and outpatient clinic services	20% after deductible	30% after deductible
Professional services	20% after deductible	30% after deductible
<b>Hospital and Professional</b>		
Outpatient labs	20% after deductible	30% after deductible
Outpatient diagnostic mammography	No charge	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	20% after deductible	30% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% after deductible	30% after deductible
<b>Other Services</b>		
Skilled nursing facility (60 days per benefit period)	20% after deductible	30% after deductible
Home health care, durable medical equipment and hospice	20% after deductible	30% after deductible

\* Please consult your benefit booklet for coverage details. In the event of conflict, the terms of your benefit booklet apply.

\*\* Preventive care services as defined by 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](http://BlueCrossNC.com/Preventive) for more details.

# 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	30% after deductible
Professional services (delivery)	20% after deductible	30% after deductible
<b>Vision Care</b>		
Routine eye exam	No charge	Not applicable
Lens and Frame Coverage 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.	\$200	
<b>Dental Services</b>		
Exam	Benefits for exam is no charge	30% after deductible
Basic/major	20% after deductible	30% after deductible
<b>Behavioral Health and Substance Use Services</b> Inpatient/outpatient certification is required.		
Office visits	\$10 copayment	30% after deductible
Inpatient/outpatient (\$250 per inpatient admission)	20% after deductible	30% 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. MAC B Pricing.  Your prescription may be available at the WFU Deacon Health Pharmacy. If your prescription is available, you may receive it at little to no cost. Special order medication not stocked at the WFU Deacon Health Pharmacy may be covered based upon the tier level of the medication and include a co-pay. Learn more at <a href="http://wfu.edu/shs">wfu.edu/shs</a> .	<b>Tier 1:</b> \$4 copayment <b>Tier 2:</b> \$25 copayment <b>Tier 3:</b> \$35 copayment <b>Tier 4:</b> \$75 copayment <b>Tier 5:*</b> 25% copayment	Copayment + charge over in-network allowed amount

\* There is a \$100 per drug minimum for each 30-day supply of Tier 5 drugs. There is a \$200 per drug maximum for each 30-day supply of Tier 5 drugs.





# ADDITIONAL INFORMATION

## about Blue Options from Blue Cross NC

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

### Allowed Amount

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

### Out-of-Pocket Maximum

The dollar amount a member must pay prior to Blue Cross NC paying 100% for certain services.

**NOTE:** In some plans, there is no coinsurance maximum; members are responsible for coinsurance once the deductible has been met.

### 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 Blue Cross NC 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 Blue Cross NC, if medically necessary.

All inpatient and certain outpatient mental health and substance use services must be certified. 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.





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 number on the back of your 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 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.

#### Important legal notices for students special enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) 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.

#### Policy dates are 8/1/2024-7/31/2025

- 1 Covered in 190 countries and territories worldwide through GeoBlue® Program. Blue Cross and Blue Shield Association Internal Data: [about.geo-blue.com/](https://about.geo-blue.com/) (Accessed July 2022).
- 2 A portion of the cost of the Student Insurance Program is retained by Wake Forest University to pay for student health services supplied by Wake Forest University and administrative costs. All charges for the Student Insurance Program, including reserve funds, are retained by Wake Forest University solely for the purposes of funding plan expenses and/or for the equitable and nondiscriminatory benefit of plan participants.
- 3 Premium due for student coverage must be paid through the student's Wake Forest University account.

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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## 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 Health Line Blue<sup>SM</sup>, 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 [BlueCrossNC.com](https://www.BlueCrossNC.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 is a summary of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

- For treatment that is 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
- 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

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 requesting a copy of the Blue Options benefit booklet from Blue Cross NC Customer Service.

## Get more info

Visit [StudentBlueNC.com/WFU](https://StudentBlueNC.com/WFU)  
for more details and to apply online!