

# PLAN COMPARISON TOOL

UNC System Student Health Insurance Plan 2022-2023

StudentBlue™

StudentBlueNC.com

Use the table to compare the Student Blue plan to your other coverage options.

	Student Blue Plan <sup>1</sup>		Other Plan (e.g., parent's group plan)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	All dollar amounts and percentages are what you, as a plan member, would pay.			
<b>Rate</b>	\$223.68 per month			
<b>Deductible</b>	\$500 individual	\$1,000 individual		
<b>Out-of-Pocket Limit</b>	\$4,000 individual	\$8,000 individual		
<b>Preventive Care</b>	No charge at Student Health Center or at in-network provider location	30% after deductible		
<b>Primary Care Office Visit</b>	No charge at Student Health Center, \$35 copayment in-network	50% after deductible		
<b>Specialist Office Visit</b>	\$70 copayment	50% after deductible		
<b>Urgent Care</b>	\$75 copayment	\$150 copayment		
<b>Emergency Room</b>	\$500 copayment	\$500 copayment		
<b>Ambulance Service</b>	30% after deductible	30% after deductible		
<b>Inpatient and Outpatient Hospital Services</b>	30% after deductible	50% after deductible		
<b>Prescription Drugs<sup>2</sup></b>	Up to \$15 for all 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% <sup>3</sup> <b>Tier 6:</b> 25% <sup>3</sup>	Copayment, plus charge over in-network allowed amount		
<b>Routine Eye Exam</b>	No charge	Benefits not available		
<b>Lenses and Frame Coverage</b>	\$200 allowance	Benefits not available		

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		Individual ACA Plan (Blue Advantage® Gold 1800) <sup>4</sup>	
		IN-NETWORK	OUT-OF-NETWORK
		All dollar amounts and percentages are what you, as a plan member, would pay.	
Rate	\$514.14 per month		
Deductible	\$1,800 individual	\$3,600 individual	
Out-of-Pocket Limit	\$9,100 individual	\$18,200 individual	
Preventive Care	No charge	30% after deductible	
Primary Care Office Visit	No charge for first three visits, \$10 copayment thereafter	60% after deductible	
Specialist Office Visit	\$40 copayment	60% after deductible	
Urgent Care	\$40 copayment	\$80 copayment	
Emergency Room	30% after deductible	30% after deductible	
Ambulance Service	30% after deductible	30% after deductible	
Inpatient and Outpatient Hospital Services	30% after deductible	60% after deductible	
Prescription Drugs <sup>2</sup>	Pharmacy deductible \$450 <sup>5</sup> <b>Tier 1:</b> \$10 copayment <sup>6</sup> <b>Tier 2:</b> \$25 copayment <b>Tier 3:</b> \$40 copayment <b>Tier 4:</b> \$80 copayment <b>Tier 5:</b> 50% <b>Tier 6:</b> 50%		
Routine Eye Exam	No charge (members 18 and younger)	30% after deductible	
Lenses and Frame Coverage	50%, no deductible (members 18 and younger)	50%, no deductible (members 18 and younger)	

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.*

### Limitations and Exclusions

The following are summaries of some of the coverage restrictions and not a full listing. 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 hearing aids or tinnitus maskers, except as specifically covered by the benefit plan
- 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

<sup>1</sup> 2023 rate shown is based on the rate for any Student Blue member.

<sup>2</sup> Medical services received at Student Health Center and prescription drugs do not apply to deductible. Member pays one copayment for a 31- to 60-day supply and three copayments for a 61- to 90-day supply.

<sup>3</sup> There is \$100 per drug minimum and \$300 per drug maximum for each 30-day supply of Tier 5 and Tier 6 drugs.

<sup>4</sup> 2023 rate shown is based on a 20-year-old in Wilmington region and is shown without any Advance Premium Tax Credit (APTC)/subsidy applied.

<sup>5</sup> Deductible combined for in- and out-of-network.

<sup>6</sup> Tier 1 prescription drugs are not subject to the pharmacy deductible.

Certain exceptions may apply for those enrolled in less than full-time or in other special circumstances; see "When Coverage Begins and Ends" in the Student Blue Benefit Booklet at [bcbnc.com/student](http://bcbnc.com/student), or call 1-888-351-8283 for details.

Some services and supplies received by students in an office setting or in connection with an office visit are, in fact, outpatient hospital-based services provided by hospital-owned or -operated practices. These services and supplies may be subject to your deductible and coinsurance. Please see the Blue Cross NC provider listing to identify these providers. Information contained in this brochure does not apply to those plans. Certain preventive care services are only covered in-network.

A portion of the Student Health Insurance premium rate is retained by the university to pay for administrative costs.

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

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## Get more information

If you have any questions, please contact us at **1-888-351-8283** or [email@studentbluenc.com](mailto:email@studentbluenc.com).

