

StudentBlue™

BENEFIT Highlights

for
Effective:

CALL

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**BlueCross BlueShield
of North Carolina**

Blue Options® Benefit Highlights (PPO)

| | In-network | Out-of-network ¹ |
|--|---------------------------|-----------------------------|
| Campus Health Services <i>(Medical Services)</i> | 100%, no deductible | Not applicable |
| Physician Office Visit | | |
| <i>Includes Office Surgery, Consultation, X-rays, Lab and benefit period maximum of 4 office visits for the assessment of obesity in and out of network.</i> | | |
| Primary Care Provider | 80% after deductible | 70% after deductible |
| Specialist | 80% after deductible | 70% after deductible |
| Preventive Care | | |
| <i>Routine Examinations, Well-Child Care, Immunizations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs)</i> | | |
| Primary Care Provider | 100%, no deductible | Not Available* |
| Specialist | 100%, no deductible | Not Available* |
| <i>*Pap Smears, Mammograms and PSAs are covered Out-of-network.</i> | | |
| Therapies | | |
| <i>Short-Term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):</i> | | |
| <i>Physical/Occupational: 30 visits per Benefit Period</i> | | |
| <i>Speech Therapy: 30 visits per Benefit Period</i> | | |
| Primary Care | 80% after deductible | 70% after deductible |
| Specialist | 80% after deductible | 70% after deductible |
| Urgent Care Centers and Emergency Room | | |
| Urgent Care Centers | 80% after deductible | 80% after deductible |
| Emergency Room Visit <i>(Copay Waived and Inpatient benefits apply if admitted. If held for Observation, Outpatient benefits apply.)</i> | \$150, then 80% after ded | \$150, then 80% after ded |
| Ambulatory Surgical Center | | |
| | 80% after deductible | 70% after deductible |
| Inpatient and Outpatient Hospital Services | | |
| Hospital, Hospital Based Services and Outpatient Clinic Services | 80% after deductible | 70% after deductible |
| Professional Services | 80% after deductible | 70% after deductible |
| Hospital and Professional | | |
| Outpatient Labs and Mammograms | 80% after deductible | 70% after deductible |
| Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEG's and EKG's | 80% after deductible | 70% after deductible |
| CT scans, MRI's, MRA's and PET scans in any location, including physician's office | 80% after deductible | 70% after deductible |
| Other Services | | |
| Skilled Nursing Facility <i>(60 days per Benefit Period)</i> | 80% after deductible | 70% after deductible |
| Home Health Care, Durable Medical Equipment and Hospice | 80% after deductible | 70% after deductible |
| Ambulance | 80% after deductible | 80% after deductible |
| Maternity <i>(Maternity Delivery includes Prenatal and Post-delivery care)</i> | | |
| Hospital Services (Delivery) | 80% after deductible | 70% after deductible |
| Professional Services (Delivery) | 80% after deductible | 70% after deductible |
| Transplants | | |
| Hospital Services | 80% after deductible | 70% after deductible |
| Professional Services | 80% after deductible | 70% after deductible |
| Infertility Services <i>(Up to \$5,000 per Lifetime)</i> | | |
| Primary Care Provider | 80% after deductible | 70% after deductible |
| Specialist | 80% after deductible | 70% after deductible |
| Hospital Services | 80% after deductible | 70% after deductible |
| Inpatient and Outpatient Professional Services | 80% after deductible | 70% after deductible |
| Vision Care | | |
| Comprehensive Eye Exam | 100%, no deductible | Not applicable |

Blue Options® Benefit Highlights (PPO)

Lifetime Maximum, Deductibles & Coinsurance Maximums

The following Deductibles and Coinsurance Maximums apply to the services on the previous page and Mental Health and Substance Abuse services below:

| | In-network | Out-of-network ¹ |
|---------------------------------|------------|-----------------------------|
| Lifetime Benefit Maximum | | Unlimited |
| Deductibles | | |
| Individual (per Benefit Period) | \$500 | \$1,000 |
| Family (per Benefit Period) | \$1,500 | \$3,000 |
| Out of Pocket Maximum | | |
| Individual (per Benefit Period) | \$2,100 | \$4,200 |
| Family (per Benefit Period) | \$6,300 | \$12,600 |

Mental Health and Substance Abuse Services

Precertification required for Inpatient and certain Outpatient services.

Call Magellan Behavioral Health at 1-800-359-2422.

Mental Health Services

| | | |
|----------------------|----------------------|----------------------|
| Office Visit | 80% after deductible | 70% after deductible |
| Inpatient/Outpatient | 80% after deductible | 70% after deductible |

Substance Abuse Services

| | | |
|----------------------|----------------------|----------------------|
| Office Visit | 80% after deductible | 70% after deductible |
| Inpatient/Outpatient | 80% after deductible | 70% after deductible |

Prescription Drugs

Campus Health Services

| | | |
|----------------------------------|----------------|----------------|
| Generic or Brand (30 day supply) | \$10 copayment | Not applicable |
|----------------------------------|----------------|----------------|

Other Pharmacy

Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. Infertility Drugs up to \$5,000 per Lifetime.

MAC C Pricing.

| | | |
|--------------------------|-----------------|---|
| Tier 1 (Generic) | \$20 copayment | Copayment + charge over In-network allowed amount |
| Tier 2 (Preferred Brand) | \$35 copayment | Copayment + charge over In-network allowed amount |
| Tier 3 (Brand) | \$50 copayment | Copayment + charge over In-network allowed amount |
| Tier 4 (Specialty Brand) | 25% coinsurance | Coinsurance + charge over In-network allowed amount |

There is \$50 per Drug Minimum and \$100 per Drug Maximum for each 30-day supply of Tier 4 Specialty Brand drugs.

Lens and Frame Coverage (Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will reimburse you up to the Benefit Period Maximum for glasses, hard, soft or disposable contact lenses.)

| | |
|---|-------|
| Prescribed Eyeglass Lens and Frame Reimbursement (per Benefit Period) | \$150 |
|---|-------|

¹ NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment 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

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 BCBSNC paying 100% for certain services.

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 Abuse services must be certified in advance by Magellan Behavioral Health. Call Magellan Behavioral Health at 1-800-359-2422. 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. .

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 HealthLine Blue, our 24-hour health information service, a health topics library, asthma and diabetes management and a prenatal program. You will also receive Active Blue, our health magazine and have access to online health and wellness information at 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 are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will 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
- 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 Services.

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- + Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, audio, accessible electronic formats, other formats.)
- + Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service

Call: 1-888-206-4697, 1-800-442-7028 (TTY and TDD)

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

**Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office**

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201**

Call: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Customer Service: 1-888-206-4697.**

Discrimination is Against the Law

Blue Cross NC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS: 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຂຽນ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028)まで、お電話にてご連絡ください。