NEW FOR 2024! You have two options to choose from: A new, lower-cost Value plan, or our Premium plan that has been traditionally offered over the years and includes richer benefits.1 If you are on the plan now and would like to continue without changes, please select the Premium option.

<table>
<thead>
<tr>
<th>Premium Plan</th>
<th>Value Plan</th>
<th>Other Plan (e.g., parent's group plan)</th>
<th>Individual ACA Plan (Blue Advantage® Gold 1800)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-NETWORK</td>
<td>IN-NETWORK</td>
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<tr>
<td>OUT-OF-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>OUT-OF-NETWORK</td>
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<tr>
<td>All dollar amounts and percentages are what you, as a plan member, would pay.</td>
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</tr>
</tbody>
</table>

**Rate**
- Value Plan: $242.22 per month
- Premium Plan: $195.38 per month
- Individual ACA Plan: $494.19 per month*

**Deductible**
- Value Plan: $500 individual, $1,000,000 individual
- Premium Plan: $2,000 individual, $4,000 individual
- Individual ACA Plan: $1,800 individual, $3,600 individual

**Out-of-Pocket Limit**
- Value Plan: $4,000 individual, $8,000 individual
- Premium Plan: $6,000 individual, $12,000 individual
- Individual ACA Plan: $9,100 individual, $18,200 individual

**Presumptive Coverage**
- IN-NETWORK: 30% after deductible
- OUT-OF-NETWORK: 50% after deductible

**Limitations and Exclusions**
- Preventive Care:
  - No charge at Student Health Center or at in-network provider location
  - 30% after deductible

**Primary Care Office Visit**
- No charge at Student Health Center or at in-network provider location
- 50% after deductible

**Specialist Office Visit**
- $70 copayment
- 50% after deductible

**Urgent Care**
- $75 copayment
- 100% copayment

**Emergency Room**
- $500 copayment

**Ambulance Service**
- 30% after deductible

**Inpatient and Outpatient Hospital Services**
- 30% after deductible

**Prescription Drugs**
- $15 for all 30-day prescriptions at Student Health Center (regardless of Tier)
- Tier 1: $20 copayment
- Tier 2: $35 copayment
- Tier 3: $45 copayment
- Tier 4: $90 copayment
- Tier 5: 25%*

**Routine Eye Exam**
- No charge

**Lenses and Frame Coverage**
- $200 allowance

**Get more information**
If you have any questions, please contact us at 1-888-351-8283 or email at studentbluenc@bluecrossnc.com.

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 1-888-351-8283 (TTY/TDD: 711) for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides assistance gratis a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuya idioma principal no es el inglés. Llame al 1-888-351-8283 (TTY/TDD: 711) para obtener ayuda.

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 cosmetic services or cosmetic surgery except as specifically covered by your health 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 abortion
- For drug and alcohol rehabilitation services
- For treatment of drug and alcohol dependence
- For vitamins and dietary supplements
- For services, supplies, drugs or charges that are:
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  - For vitamins and dietary supplements
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**Contact Information**
- For more information, visit StudentBlueNC.com
- For customer service, call 1-888-351-8283 (TTY/TDD: 711)
- For enrollment questions, email at studentbluenc@bluecrossnc.com
- For assistance with customer service or enrollment issues, call the Blue Cross and Blue Shield of North Carolina helpline at 1-888-351-8283 (TTY/TDD: 711, 711 for TTY/TTD).
- In Spanish, call 1-888-351-8283 (TTY/TDD: 711, 711 for TTY/TTD) para obtener ayuda.
- For assistance with customer service or enrollment issues, email at studentbluenc@bluecrossnc.com

**Restraint and Seclusion**
- When a person is restrained or secluded, he or she is afforded minimal protection and comfort during the restraint or seclusion, and a plan of care is developed to maintain health and safety.

**Deductions**
- Deductions are the difference between the benefit amount and the covered charges. Deductions apply to billed charges in a hospital setting.

**Premium Tax Credit (APTC)/subsidy applied**
- Tier 1: $10 copayment
- Tier 2: $25 copayment
- Tier 3: $40 copayment
- Tier 4: $60 copayment
- Tier 5: 50%*