

# PLAN COMPARISON TOOL

UNC System Student Health Insurance Plan 2024-2025  
Pending NC Department of Insurance Approval

**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.<sup>1</sup> If you are on the plan now and would like to continue without changes, please select the Premium option.

	Premium Plan		Value Plan		Other Plan (e.g., parent's group plan)		Individual ACA Plan (Blue Advantage® Gold 1800)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	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<sup>1</sup></b>	\$244.22 per month		\$195.38 per month				\$494.19 per month <sup>2</sup>	
<b>Deductible</b>	\$500 individual	\$1,000 individual	\$2,000 individual	\$4,000 individual			\$1,800 individual	\$3,600 individual
<b>Out-of-Pocket Limit</b>	\$4,000 individual	\$8,000 individual	\$6,000 individual	\$12,000 individual			\$9,100 individual	\$18,200 individual
<b>Preventive Care<sup>3</sup></b>	No charge at Student Health Center or at in-network provider location	30% after deductible	No charge at Student Health Center or at in-network provider location	30% after deductible			No charge	30% after deductible
<b>Primary Care Office Visit<sup>4</sup></b>	No charge at Student Health Center, \$35 copayment in-network	50% after deductible	No charge at Student Health Center, \$50 copayment in-network	50% after deductible			No charge for first three visits, \$10 copayment thereafter	60% after deductible
<b>Specialist Office Visit<sup>4</sup></b>	\$70 copayment	50% after deductible	\$100 copayment	50% after deductible			\$40 copayment	60% after deductible
<b>Urgent Care</b>	\$75 copayment	\$150 copayment	\$100 copayment	\$200 copayment			\$40 copayment	\$80 copayment
<b>Emergency Room</b>	\$500 copayment	\$500 copayment	\$750 copayment	\$750 copayment			30% after deductible	30% after deductible
<b>Ambulance Service</b>	30% after deductible	30% after deductible	30% after deductible	30% after deductible			30% after deductible	30% after deductible
<b>Inpatient and Outpatient Hospital Services</b>	30% after deductible	50% after deductible	30% after deductible	50% after deductible			30% after deductible	60% after deductible
<b>Prescription Drugs<sup>5</sup></b>	\$15 for all 30-day 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>6</sup>	Copayment, plus charge over in-network allowed amount	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>6</sup>	Copayment, plus charge over in-network allowed amount			Pharmacy deductible \$450 <sup>7</sup> <b>Tier 1:</b> \$10 copayment <sup>8</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>Routine Eye Exam</b>	No charge	Benefits not available	No charge	Benefits not available			No charge (members 18 and younger)	30% after deductible
<b>Lenses and Frame Coverage</b>	\$200 allowance	Benefits not available	\$200 allowance	Benefits not available			50%, no deductible (members 18 and younger)	50%, no deductible (members 18 and younger)

## Get more information

If you have any questions, please contact us at **1-888-351-8283** or [email@studentblueunc.com](mailto:email@studentblueunc.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/TTD: 711) 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. Llame al 1-888-351-8283 (TTY/TTD: 711) 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 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

<sup>1</sup> 2024-2025 rate shown is based on the rate for any UNC System Student Blue member. A portion of the Student Health Insurance premium rate is retained by the university to pay for administrative costs.

<sup>2</sup> 2024 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>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Member pays one copayment for up to a 30-day supply, one copayment for a 31- to 60-day supply and three copayments for a 61- to 90-day supply.

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

<sup>7</sup> Deductible combined for in- and out-of-network.

<sup>8</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 [bcbnsnc.com/student](http://bcbnsnc.com/student), or call 1-888-351-8283 for details.

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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