Benefit Highlights for Fayetteville State students

Effective 08/01/15

Pending NCDOI Approval
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This brochure is a general summary of the insurance plan offered by Blue Cross and Blue Shield of North Carolina which includes an overview regarding the following topics:

- Health Care on Campus
- Eligibility
- Covered Students with Dependents
- Effective and Termination Dates
- 2015/2016 Premiums
- Claims and Pre-Notification Procedures
- Benefit Highlights
- Student Assistance Program
- Medical Evacuation & Repatriation Coverage
- HealthLine Blue

Please refer to your benefit booklet for complete details.

Important Numbers

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<th>We can help:</th>
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<td>Waiver/enrollment process</td>
<td>Student Blue</td>
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<tr>
<td>Benefit questions</td>
<td>888.351.8283</td>
</tr>
<tr>
<td>Claim inquiries</td>
<td><a href="mailto:email@studentbluenc.com">email@studentbluenc.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.bcbsnc.com/fsu">www.bcbsnc.com/fsu</a></td>
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<tr>
<td>On-campus medical care and services</td>
<td>FSU Student Health Services</td>
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<tr>
<td></td>
<td>910.672.2121</td>
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<td></td>
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<tr>
<td>International travel benefits</td>
<td>Student Assistance Program</td>
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<tr>
<td></td>
<td>855.577.7651</td>
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<tr>
<td>School/Life services</td>
<td>Student Assistance Program</td>
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<td>Health and Wellness Information</td>
<td>855.577.7651</td>
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<td>Legal information</td>
<td><a href="http://www.achievesolutions.net/studentblue">www.achievesolutions.net/studentblue</a></td>
</tr>
<tr>
<td>Financial information</td>
<td></td>
</tr>
<tr>
<td>Benefit status</td>
<td>BlueConnectSM</td>
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<tr>
<td>Claims history</td>
<td>blueconnectnc.com</td>
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<tr>
<td>Find A Doctor Tool</td>
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<td>Pharmacy Search Tool</td>
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</tr>
<tr>
<td>Exclusive member discounts</td>
<td></td>
</tr>
</tbody>
</table>

Key Dates for Waiver/Enrollment Period
All students eligible for the UNC System Mandatory Hard Waiver Plan must either waive or enroll insurance coverage for the 2015/2016 academic school year by September 10, 2015. The plan policy year runs from August 1, 2015 through July 31, 2016.
Health Care on Campus
This plan provides 100% coverage for medical services and a $15 copayment on prescriptions at your Student Health Center.
Location: Spaulding Building
Hours: Weekdays 8:00 am to 5:00 pm; Clinic Hours Mon.-Thur. 8:30 am to 4:00 pm; Fri. 8:30 am to 11:30 am
Telephone: 910.672.2121
Web: uncfsu.edu/shs

Eligibility
For the most current information, refer to the UNC Student booklet section, “When Coverage Begins and Ends”. A student is defined as eligible under the Hard Waiver requirement and is eligible for the Hard Waiver Plan as follows:

Undergraduate students
- Enrolled in a minimum of six (6) credit hours per semester, AND
- Enrolled in a degree-seeking program, AND
- Eligible to pay the university Student Health Fee.

Graduate students
- Enrolled in a minimum of six (6) credit hours per semester, AND
- Enrolled in a degree-seeking program, AND
- Eligible to pay the university Student Health Fee.

Special student populations
- International Students: All international students in some non-immigrant visa categories have health insurance stipulations mandated by federal regulation (e.g., medical evacuation, repatriation, and other requirements). All degree-seeking international students, regardless of semester credit hour level, are eligible to purchase the Hard Waiver rated plan.
- Students in Non-Degree Programs: Participants in non-degree seeking programs* are eligible for the Hard Waiver rated plan if:
  - the program is sponsored by the campus, AND
  - participants pay the campus student health services fee, AND
  - all program participants are required by the campus to have health insurance.
*Note: Student-Athletes who have graduated but are enrolled in post-baccalaureate studies in accordance with NCAA eligibility rules are covered.

- Study Abroad: Degree-seeking students participating in a UNC campus-sponsored study abroad program and earning at least six semester credit hours are eligible for, but are not required to have, the UNC System SHIP. The campus health center fee criterion does not apply for eligibility. Such students may purchase the plan for the entire semester or for the portion of the semester when the student is not in Study Abroad. Call 1-888-351-8283 or email at email@studentbluenc.com.
Effective and Termination Dates
The Policy on file at the University becomes effective 12:01 a.m. on August 1, 2015 and terminates 11:59 p.m. on July 31, 2016. Coverage will be effective on the Effective Date of the Coverage Period enrolled (i.e. Fall, Spring/Summer). Insurance will end for the Covered Person on the earliest of: (1) the date he or she becomes full-time active duty in any Armed Forces, or, (2) the end of the period for which the premium was paid.

2015-2016 Premiums for UNC System Student Health Insurance Plan

Mandatory Hard Waiver Options

<table>
<thead>
<tr>
<th>Medical Plan Rates²</th>
<th>Billed on a semester basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall Semester Effective Dates 8/1/15-12/31/15</td>
</tr>
<tr>
<td>Student</td>
<td>$863.50</td>
</tr>
</tbody>
</table>

²Student premiums for the Mandatory Hard Waiver Plan must be paid through the student’s UNC System school account on a semester basis.

Claims and Pre-Notification Procedures
Certain services and procedures may require prior review. Please consult your member guide for more information.
Blue Options℠ Benefit Highlights (PPO)

Copayments are fixed dollar amounts the member must pay.
Coinsurance percentages are the part that BCBSNC pays.

<table>
<thead>
<tr>
<th>Physician Office Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See “Outpatient Clinic Services” for “outpatient clinic” or “hospital-based” services.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Health Center</td>
<td>100%, no deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>$25 copayment, then</td>
<td>$25 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>$25 copayment, then</td>
<td>$25 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>

Preventive Care
This benefit is only for services that your provider indicates a primary diagnosis of preventive or wellness on the claim that is submitted to BCBSNC.

<table>
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<th>Out-of-Network</th>
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<td>100%, no deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>100%, no deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>

*Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen tests (PSAs) are covered Out-of-network.

Therapies
Short-term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):
Physical/Occupational: 30 visits per Benefit Period; Speech Therapy: 30 visits per Benefit Period.

<table>
<thead>
<tr>
<th>Therapy</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>$25 copayment, then</td>
<td>$25 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>$25 copayment, then</td>
<td>$25 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>

Urgent Care Centers and Emergency Room

<table>
<thead>
<tr>
<th>Therapy</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Centers (Copayment waived if referred to Emergency Room)</td>
<td>$75 copayment, then</td>
<td>$75 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Emergency Room Visit (Inpatient Hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See “Inpatient and Outpatient Hospital Services.”)</td>
<td>$300 copayment, then</td>
<td>$300 copayment, then</td>
</tr>
<tr>
<td></td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>

Ambulatory Surgical Center

<table>
<thead>
<tr>
<th>Therapy</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>
### Inpatient and Outpatient Hospital Services
- **Hospital and Hospital Based Services**: 80% after deductible, 70% after deductible
- **Outpatient Clinic Services (other than preventive services above)**: 80% after deductible, 70% after deductible
- **Professional Services**: 80% after deductible, 70% after deductible
- **Hospital and Professional**
  - **Outpatient Labs and Mammograms with surgery or other services**: 80% after deductible, 70% after deductible
  - **Outpatient Labs and Mammograms without surgery or other services**: 100%, 70% after deductible
  - **Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEG’s and EKG’s, 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 (60 days per Benefit Period)**: 80% after deductible, 70% after deductible
- **Home Health Care, Durable Medical Equipment and Hospice**
- **Ambulance**: 80% after deductible, 80% after deductible
- **Maternity (Includes Prenatal and Post-delivery care)**
  - **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**
  - **Primary Care Provider**: Not Offered, Not Offered
  - **Specialist**: Not Offered, Not Offered
  - **Hospital Services**: Not Offered, Not Offered
  - **Inpatient and Outpatient Professional Services**: Not Offered, Not Offered

### Vision Care
- **Routine Eye Exams**: 100%, no deductible, Benefits not available

### Lifetime Maximum, Deductibles, Coinsurance Maximums & Plan Maximums

#### In-network
- **Lifetime Benefit Maximum**: Unlimited

#### Out-of-network
- **Lifetime Benefit Maximum**: Unlimited

### Deductibles
- **Individual (per Benefit Period)**: $500
- **Family (per Benefit Period)**: $500 per insured member

### Out of Pocket Maximum
- **Individual (per Benefit Period)**: $4,000
- **Family (per Benefit Period)**: $8,000

### Massage Therapy / Acupuncture-Stress Therapy $500 Maximum Per Year
Mental Health and Substance Abuse Services

**Mental Health Services**
- **Office Visit**
  - $25 copayment, then $25 copayment, then $25 copayment
  - 80% after deductible 70% after deductible 70% after deductible
- **Inpatient/Outpatient**
  - $25 copayment, then $25 copayment, then $25 copayment
  - 80% after deductible 70% after deductible 70% after deductible

**Substance Abuse Services**
- **Office Visit**
  - $25 copayment, then $25 copayment, then $25 copayment
  - 80% after deductible 70% after deductible 70% after deductible
- **Inpatient/Outpatient**
  - $25 copayment, then $25 copayment, then $25 copayment
  - 80% after deductible 70% after deductible 70% after deductible

**Prescription Drugs**

*Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. Weight Loss, and Sexual Dysfunction Drugs Not Covered by the plan. Prescriptions filled by Student Health are covered are a $15 copayment per prescription or refill.*

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Copayment</th>
<th>Additional Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>(Generic)</td>
<td>$30</td>
<td>Copayment + charge over In-network allowed amount</td>
</tr>
<tr>
<td>Tier 2</td>
<td>(Preferred Brand)</td>
<td>$60</td>
<td>Copayment + charge over In-network allowed amount</td>
</tr>
<tr>
<td>Tier 3</td>
<td>(Brand)</td>
<td>$120</td>
<td>Copayment + charge over In-network allowed amount</td>
</tr>
</tbody>
</table>

**Lens and Frame Coverage**

*BCBSNC will reimburse you up to the Benefit Period Maximum for glasses, hard, soft or disposable contact lenses. Prescribed Eyeglass Lens and Frame Benefit Period Maximum*

$200

1 NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for BCBSNC and its members.

**Additional Services**

**Student Assistance Program**

Master's-level clinical professionals are available via telephone 24/7, 365 days a year to offer students confidential counseling, education and referral assistance. In addition to these core services, Student Assistance Program also offers:

- Work/life services, such as information and referrals for academic service providers in the area.
- Chronic disease management to help students manage a chronic condition such as migraines, diabetes or asthma while away from home.
- Access to discount programs featuring retailers offering deals on gym memberships and fitness gear.
- Online health assessment to allow students to assess overall health and general risks.
- Weight management program such as online support, resources and tools to help students manage their weight.

Students can access this service online at [achievesolutions.net/studentblue](http://achievesolutions.net/studentblue) or at (855) 577-7651.
Medical Evacuation and Repatriation Coverage
Coverage for UNC System students extends throughout the U.S. and worldwide. This coverage is a combined benefit of up to $1,000,000 and also includes coverage for political and natural disaster evacuation. For assistance, please call the Student Assistance Program at (855) 577-7651.

Emergency medical evacuation to the nearest appropriate facility is provided if local medical care is not adequate. In addition to repatriation of remains, medical repatriation is available if the student is incapable of traveling alone and needs ongoing medical assistance following hospitalization. Arrangements will be made for the student to return home or to campus with a medical or non-medical escort as needed.

Additional services for international travelers:
- Provider referrals, appointments, and admission arrangements
- Medical Advice: Medical advice provided over the telephone
- Medical case monitoring and liaison service: If a student is hospitalized, trained medical staff will monitor the case and serve as a liaison between the student, their family, the health care provider and other authorized representative.
- Pre-trip information: Provide information on available medical providers, inoculation and immunization recommendations, traveler advisories, contact information for embassies and consulates worldwide and other pertinent information
- Translation services
- Prescription replacement and medical supply arrangements
- Emergency message center service: The emergency message center enables the Assistance Coordinator to receive a message from them and make appropriate attempts to deliver the message to an intended recipient
- Return of dependent children: If dependent children are present but left unattended as a result of a student’s injury or illness, the Assistance Coordinator will arrange for transportation to return the children to the home country
- Personal effects collection and return: If a student leaves behind personal effects as a result of a medical emergency, an Assistance Coordinator will assist in making necessary arrangements for such personal effects to be collected and returned
- Emergency medical evacuation and transportation
- Lost ticket and document replacement
- Lost luggage assistance
- Legal referrals and arrangements: If they require the posting of bail or immediate payment of legal fees, the Coordinator can help arrange a cash transfer from family or friends
- Identity theft consultation

For limitations and exclusions, please refer to your benefit booklet at www.bcbsnc.com/student.

HealthLine Blue
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 that you can call anytime at 1-877-477-2424. With our program you can get health advice anytime you need it, so you can learn how to take charge of your health.
ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BCBSNC

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 BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Allowed Amount
The maximum amount that BCBSNC determines is to be paid for covered services provided to a member.

Out of Pocket Maximum
The dollar amount of out of pocket costs.

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 BCBSNC 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 BCBSNC, 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 have access to online health and wellness information at www.bcbsnc.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 cosmetic services or cosmetic surgery including treatment of or surgery for gynecomastia
- For custodial care, domiciliary care or rest cures
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For conception by artificial means or diagnosis and treatment of infertility
- For self-injectable drugs in the provider's office
- For treatment of alopecia and biofeedback

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 accessing a copy of the Blue Options benefit booklet from your campus web site.