Student Blue

bcbsnc.com/fsu

2015-2016 health plan for FSU students
A healthy plan for a successful future

The UNC System has selected Student Blue to provide you with quality health insurance coverage from Blue Cross and Blue Shield of North Carolina (BCBSNC). With Student Blue, you have low out-of-pocket costs and worldwide coverage.¹

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All eligible students enrolled in the UNC System Colleges and Universities are required to have health insurance coverage. The UNC System endorses a cost-effective Student Health Insurance Plan (SHIP) that covers additional health care expenses not included in the Student Health Fee. This plan is administered by Blue Cross and Blue Shield of North Carolina. Each semester the Student Health Insurance Fee Premium is added to all eligible students’ University accounts. Eligible students must pay the premium and enroll, or complete the online waiver process with their own creditable insurance coverage before the deadline each semester. Once the waiver is verified and approved, the premium will be credited to the student’s account.

**DEADLINES for WAIVE/ENROLL/RENEW**

**FALL SEMESTER**

- September 10

**SPRING SEMESTER**

- January 30

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### 2015-2016 Medical Plans

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester Effective Dates</th>
<th>Spring Semester Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plan Rates</strong></td>
<td>8/1/15-12/31/15</td>
<td>1/1/16-7/31/16</td>
</tr>
<tr>
<td><strong>Student</strong></td>
<td>$863.50</td>
<td>$863.50</td>
</tr>
</tbody>
</table>

² Billed on a semester basis

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Pending NCDOI Approval
# Benefit highlights

<table>
<thead>
<tr>
<th>Student Blue™ Benefit highlights</th>
<th>If you visit your Student Health Center or doctor in the Student Blue network: (In-network provider)</th>
<th>If you visit a doctor NOT in the Student Blue network: (Out-of-network provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy year deductible</strong></td>
<td>$0 at Student Health Center $500 per insured member in-network</td>
<td>$500 per insured member</td>
</tr>
<tr>
<td><strong>Policy year out of pocket maximum</strong></td>
<td>$0 at Student Health Center $4,000 Individual/$8,000 Family</td>
<td>$8,000 Individual/$16,000 Family</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td>Student Health Center: 100%, no deductible Primary care provider and/or Specialist: $25 copayment, then 80% after deductible</td>
<td>Primary care provider and/or Specialist: $25 copayment, then 70% after deductible</td>
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<tr>
<td></td>
<td>Includes office surgery, X-rays and lab</td>
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<tr>
<td><strong>Preventive care</strong></td>
<td>100%, no deductible at both Student Health Center and in-network</td>
<td>70% after deductible</td>
</tr>
<tr>
<td></td>
<td>Routine Examinations, Well-Child Care, Immunizations, Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen tests (PSAs).</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent care centers and emergency room</strong></td>
<td>Urgent care centers: $75 copayment, then 80% after deductible Emergency room: $400 copayment, then 80% after deductible Ambulance service: 80% after deductible</td>
<td>Urgent care centers: $75 copayment, then 80% after deductible Emergency room: $400 copayment, then 80% after deductible Ambulance service: 80% after deductible</td>
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<tr>
<td></td>
<td>Urgent care centers (Copayment waived if referred to ER) Emergency room visit (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See “Inpatient and Outpatient Hospital Services.”) Ambulance service</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient and outpatient hospital services</strong></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
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<tr>
<td><strong>Prescription drugs</strong></td>
<td>$15 for all 30-day prescriptions at Student Health Center regardless of Tier Tier 1 (generic): $30 copayment Tier 2 (preferred brand): $60 copayment Tier 3 (brand and specialty): $120 copayment</td>
<td>Copayment + charge over in-network allowed amount</td>
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<td></td>
<td>Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments.</td>
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<tr>
<td><strong>Mental health and substance abuse services</strong></td>
<td>Office visits: $25 copayment, then 80% after deductible Inpatient/outpatient: 80% after deductible</td>
<td>Office visits: $25 copayment, then 70% after deductible Inpatient/outpatient: 70% after deductible</td>
</tr>
<tr>
<td></td>
<td>Office visits Inpatient/outpatient</td>
<td></td>
</tr>
<tr>
<td><strong>Vision care (Insureds age 19 and older)</strong></td>
<td>Preventive eye exam: 100%, no deductible Diagnostic eye exam: $25 copayment, 80% after deductible</td>
<td>Diagnostic eye exam: $25 copayment, 70% after deductible</td>
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<tr>
<td></td>
<td>Preventive eye exam Lens and Frame Coverage. (Reimbursement up to the benefit period maximum of $200 for prescribed glasses—lenses and frames—and hard, soft or disposable contact lenses.)</td>
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<tr>
<td><strong>Other services</strong></td>
<td>80% after deductible</td>
<td>70% after deductible</td>
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<tr>
<td></td>
<td>Skilled Nursing Facility (60 days per Benefit Period), Home Health Care, Durable Medical Equipment and Hospice, Maternity (Maternity Delivery includes Prenatal and Post-delivery care), Transplants</td>
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</tbody>
</table>
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, which can be found at bcbsnc.com/student. 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 self-injectable drugs in the provider’s office

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. Policy Form # StdGrp, 3/14.

Visit bcbsnc.com/fsu

Contact Us
Phone: 1-888-351-8283
Email: email@studentblue.com

Visit bcbsnc.com/fsu to enroll in Student BlueSM or waive coverage.

To enroll in or waive the Student Blue plan:
Visit bcbsnc.com/fsu
Scan the code for complete info.

Enroll or waive coverage today!

Open enrollment period: ends 9/10/15

All students eligible for the UNC System Hard Waiver Plan MUST enroll or waive coverage during the open enrollment period. Students who are enrolled by default will receive a policy with limited abortion benefits. In order to select additional benefits, you must actively enroll or call the number on your ID to change policies prior to receiving services. No applications posted after September 10 will be accepted without a qualifying event. Please refer to the online Student Blue benefit booklet for a complete list of qualifying events, as well as eligibility requirements and benefits.

Go online now!

Go to bcbsnc.com/fsu

Deadlines for Waive/Enroll/Renew:
Fall Semester - September 10
Spring Semester - January 30

Connect with us

BCBSNC StudentBlue
@BCBSNCStudent
1-888-351-8283

Visit Get More Info

To get more details!

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