UNC System Student Health Insurance

Student Blue

In-Network Benefit Comparison List

Fall 2012 & Spring 2013	Fall 2013 & Spring 2014
$100,000 per Injury / Illness Maximum Medical Benefit per policy year, unlimited lifetime	$1,000,000 annual benefit period maximum; unlimited lifetime
$300 Annual Deductible, Waived at Student Health Center	$300 Annual Deductible, Waived at Student Health Center
$20 Doctor Visit Co-Pay Outside Student Health Center; plus 20% coinsurance	$20 Doctor Visit Co-Pay Outside Student Health Center; 80% after deductible
$300 Co-Pay for ER Visits; waived if admitted to the hospital $75 Co-Pay for Urgent Care; waived if referred to ER	$300 Co-Pay for ER Visits; waived if admitted to the hospital; 80% after deductible $75 Co-Pay for Urgent Care; waived if referred to ER; 80% after deductible
$100,000 Pharmacy Benefit Maximum per policy year	No Pharmacy Benefit Maximum
$10 Prescription Co-Pay at Student Health Center Pharmacy $0 Contraceptive Co-Pay at Student Health Center Pharmacy	$10 Prescription Co-Pay at Student Health Center Pharmacy $0 Contraceptive Co-Pay at Student Health Center Pharmacy when prescription is required. All generic oral contraceptives are covered 100% under preventive care benefits.
Outside Pharmacy: $25 copay for Generic drugs $50 copay for Formulary drugs $100 copay for Brand based on 3-tier formulary All specialty drugs will go through Ascend	Outside Pharmacy: $25 copay for Generic drugs $50 copay for Preferred Brand drugs $100 copay for Brand based on 3-tier formulary
Wellness Benefit/ Preventive care covered up to the $100,000 Maximum	100% coverage for Preventive care at Student Health Center and in-network providers
$500 Injection & Immunization Benefit	No Injection & Immunization Benefit Maximum
$4,000 Out-of-Pocket Maximum	$4,000 Out-of-Pocket Maximum for Individual; $8,000 for Family (both per Benefit Period)
$200 Vision Reimbursement Benefit	$200 Vision Reimbursement Benefit
No Sleep Disorder Benefit	$5,000 Maximum per year for Sleep Studies / Disorders
Some Dermatology Exclusions	No Dermatology Exclusions
No Organ Transplant Benefit	80% after deductible for Transplants
Pre-existing condition exclusion	No pre-ex exclusion for timely enrollees
Premium $1,418 Per Year / $709 Per Semester	Premium $1,376 Per Year / $688 Per Semester

A complete listing of benefits and exclusions are described in the Student Blue benefit booklet, which can be found at *bcbsnc.com/student*. If there is a discrepancy between this document and the benefit booklet, the benefit booklet controls.

What is Not Covered

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, domicillary care or rest cures
- For treatment of obesity, including surgical treatment of morbid obesity
- 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

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