BlueCross BlueShield of North Carolina

StudentBlue℠

StudentBlueNC.com/Elon

HEALTH PLAN FOR Elon University Graduate Students

Effective: 2023-2024

StudentBlue℠

A HEALTHY PLAN

for a successful future

Elon University has selected Student Blue to provide you with quality health insurance coverage from Blue Cross and Blue Shield of North Carolina (Blue Cross NC). With Student Blue, you have low out-of-pocket costs and worldwide coverage.[1]

All eligible students enrolled at Elon University are required to have health insurance coverage. Elon University 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 NC.

- **All full-time students** enrolled at Elon University are automatically enrolled in this Student Health Insurance Plan and the cost will be included on the Fall tuition bill.
- **Domestic students** may waive coverage by providing proof of comparable coverage. Students must complete an online waiver at **StudentBlueNC.com/Elon** in order to opt out of the plan. Waivers must be submitted by Aug. 1, 2023, for the Fall and Feb. 1, 2024, for the Spring/Summer.
- **Student Health Center Benefits**: The deductible will be waived and the benefits will be paid at 100% of covered medical expenses incurred, based on the approved fee schedule when treatment is rendered at the Student Health Center.

MANDATORY HARD WAIVER	Fall Semester Effective Dates 8/1/23 – 1/31/24	Spring Semester Effective Dates 2/1/24 – 7/31/24
Student Rate	$1,939.50	$1,939.50

DEPENDENT RATES Rates are additional to your student rate	Monthly
Add Spouse	$323.25
Add Child(ren)	$646.50
Add Family	$969.75

BENEFIT highlights

StudentBlue℠	If you visit your Student Health Center or doctor in the Student Blue network (in-network provider): All dollar amounts and percentages are what you, as a plan member, would pay.	If you visit a doctor NOT in the Student Blue network (out-of-network provider): All dollar amounts and percentages are what you, as a plan member, would pay.
Student Health Services (medical services)	No charge	Not applicable
Office Visits Includes office surgery, consultation, X-rays and labs and a benefit period maximum of four office visits for the evaluation and treatment of obesity in- and out-of-network. See "Inpatient and Hospital Services."	**Primary Care Provider and/or Specialist:** 20% after deductible	**Primary Care Provider and/or Specialist:** 50% after deductible
Preventive Care (primary preventive diagnosis only) For the most updated list of general preventive/screenings, immunizations, well-baby/well-child care and women's preventive care services mandated under federal law, see our website at **BlueCrossNC.com/Preventive**. Nutritional counseling is covered and available only in-network.	**Primary Care Provider and/or Specialist:** No charge	**Primary Care Provider and/or Specialist:** Not available[2]
Inpatient and Outpatient Hospital Services		
Hospital and hospital-based service	20% after deductible	50% after deductible
Hospital-based clinics (other than preventive services above)	20% after deductible	50% after deductible
Professional services	20% after deductible	50% after deductible
Outpatient diagnostic services		
Outpatient lab tests when performed alone (physician and hospital-based services)	20% after deductible	50% after deductible
Outpatient lab tests when performed with another service		
Physician services	20% after deductible	50% after deductible
Hospital and hospital-based services	20% after deductible	50% after deductible
Outpatient mammography	No charge	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	20% after deductible	50% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% after deductible	50% after deductible

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered medical expenses are subject to plan maximums, limitations and exclusions as described in the policy. The PPO network is Blue Options® PPO.

BENEFIT highlights *(continued)*

StudentBlue®	If you visit your Student Health Center or doctor in the Student Blue network (in-network provider):	If you visit a doctor NOT in the Student Blue network (out-of-network provider):
	All dollar amounts and percentages are what you, as a plan member, would pay.	
Urgent Care Centers and Emergency Room		
Urgent care centers	20% after deductible	50% after deductible
Emergency room visit	20% after deductible	20% after deductible
(If admitted from the ER, inpatient hospital benefits apply. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services.")		
Ambulatory Surgical Center	20% after deductible	50% after deductible
Prescription Drugs		
Up to 30-day supply. 31–60 day supply is two copayments and 61–90 day supply is three copayments. MAC B pricing, enhanced formulary. Prior plan approval, step therapy and quantity limits may apply. Preventive over-the-counter medications and contraceptive drugs and devices as listed at **BlueCrossNC.com/Preventive** are available at no charge.	**Tier 1:** $4 copayment **Tier 2:** $25 copayment **Tier 3:** $35 copayment **Tier 4:** $75 copayment **Tiers 5 & 6:** 25% coinsurance	**Tier 1:** $4 copayment **Tier 2:** $25 copayment **Tier 3:** $35 copayment **Tier 4:** $75 copayment **Tiers 5 & 6:** 25% coinsurance
For each 30-day supply of a Tier 5 or Tier 6 Drug, you will pay a minimum of $100 in coinsurance, but not more than $200.		
Mental Health and Substance Use Disorder		
Office visits	20% after deductible	50% after deductible
Inpatient/outpatient	20% after deductible	50% after deductible
Pediatric Dental Services*		
Preventive services	No charge	30% after deductible
Basic and major	20% after deductible	50% after deductible
Orthodontic services (if medically necessary)	20% after deductible	50% after deductible
*Pediatric dental is only available for members up through the end of the month they become age 19.		
Pediatric Vision Benefit*		
Routine vision exam	No charge	Not covered
Frames and lenses or contact lenses	20% after deductible	20% after deductible
*Pediatric vision is only available for members up through the end of the month they become age 19. For more information, refer to your benefit booklet.		
Other Services		
Skilled nursing facility (60 days per benefit period)	20% after deductible	50% after deductible
Home health care, durable medical equipment and hospice	20% after deductible	50% after deductible
Ambulance	20% after deductible	20% after deductible
Maternity (maternity delivery includes prenatal and post-delivery care)		
Hospital services (delivery)	20% after deductible	50% after deductible
Professional services (delivery)	20% after deductible	50% after deductible
Transplants		
Hospital services	20% after deductible	50% after deductible
Professional services	20% after deductible	50% after deductible
Infertility services (combined in-network and out-of-network lifetime maximum of three ovulation induction cycles, with or without insemination, per member for infertility services, provided in all places of service)		
Primary care provider	20% after deductible	50% after deductible
Specialist	20% after deductible	50% after deductible
Hospital services Inpatient and outpatient professional services	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Policy year deductible	$300 per insured member	$600 per insured member
Policy year out-of-pocket maximum	$4,000	$8,000
Therapies		
Rehabilitative and habilitative therapies (maximums apply to home, office and outpatient settings): Physical/occupational, 30 visits per benefit period; speech therapy, 30 visits per benefit period; adaptive behavior treatment, not covered for students.	**Primary Care Provider and/or Specialist:** 20% after deductible	**Primary Care Provider and/or Specialist:** 50% after deductible

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VISIT **StudentBlueNC.com/Elon**

CONNECT **@BCBSNCStudent**

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 the Customer Service number on the back of your ID card 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. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

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.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician as applicable throughout your health care experience.

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 Blue Cross NC and its members.

*Pediatric dental and vision are only available for members up through the end of the month they become age 19.

1 Covered in nearly 200 countries and territories worldwide through BlueCard® program. Blue Cross and Blue Shield Association Internal Data: about.geo-blue.com/ (Accessed July 2022). BlueCard coverage varies for each BCBS plan. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage.

2 Colorectal screening, bone mass measurement, newborn hearing screening, prostate-specific antigen tests (PSAs), gynecological exams, cervical cancer screening, ovarian cancer screening and screening mammograms are state-mandated and also covered out-of-network.