

UNIVERSITY OF NORTH CAROLINA

Student Medical Insurance Plan

SUMMARY OF BENEFITS - 2008-2009 STUDENT PLAN

Service	In-Network	Out-of-Network
Campus Health Services - medical services received at Campus Health	100%, no deductible	Not applicable
Lifetime Maximum		
Basic Coverage	\$250,000	\$250,000
Optional Catastrophic Coverage	Unlimited	Unlimited
Policy Year Deductible		
	\$200 Individual \$600 Family	\$400 Individual \$1,200 Family
Coinsurance Maximum		
(prescription drugs do not apply to the coinsurance maximum)	\$2,000 Individual \$6,000 Family	\$4,000 Individual \$12,000 Family
Physician Office Services		
Office surgery, x-rays and labs	80% after deductible	60% after deductible
Preventive Care	80% after deductible	Not Covered
Routine Vision Care (\$100 hardware allowance per policy year for glasses and contacts, not subject to deductible and coinsurance)	One vision exam per policy year covered at	Not Covered
Well-Baby, Immunizations (to age 6)	80% after deductible	Not Covered
Short-term Rehabilitative Therapies (a total of 30 visits per benefit period for each of the two therapies (1) physical/occupational including chiropractic and (2) speech)	80% after deductible	60% after deductible
Maternity	80% after deductible	60% after deductible
Infertility and Sexual Dysfunction Services (limited to \$5,000 in all places of service)	80% after deductible	60% after deductible
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital services	80% after deductible	60% after deductible
Emergency Room	80% after deductible and a \$100 ER copay per visit	80% after deductible and a \$100 ER copay per visit
Urgent Care	80% after deductible	80% after deductible
Ambulatory Surgical Center	80% after deductible	60% after deductible
Skilled Nursing Facility (limited to 60 days per benefit period)	80% after deductible	60% after deductible
Home Health Care (limited to 60 days per benefit period)	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Ambulance	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Mental Health Office Visits (limited to 40 visits per benefit period)**	80% after deductible	60% after deductible
Inpatient and Outpatient Mental Health Services (limited to 30 days per benefit period)**	80% after deductible	60% after deductible
Substance Abuse (limited to \$8,000 per benefit period and \$16,000 lifetime)	80% after deductible	60% after deductible
Medications		
Medications received at Campus Health Service Please review the UNC Campus Health Formulary http://shs.unc.edu/medservices/pharmacy/formulary.html	\$20 Copay per 30 day supply	Not applicable
Medications received at any retail pharmacy		
Tier 1 Medications	\$25 Copay per 30 day supply	Copay plus amount over allowed amount
Tier 2 Medications	\$35 Copay per 30 day supply	Copay plus amount over allowed amount
Tier 3 Medications	\$50 Copay per 30 day supply	Copay plus amount over allowed amount
Tier 4 Medications	25% of cost with a minimum of \$50 and a maximum of \$100	Copay plus amount over allowed amount
Infertility Medications limited to \$5,000 lifetime		

*Please note that all Out-of-Network services are based on the Providers' Reasonable Charge (PRC)

*Inpatient Services need to be pre-certified.

*Please note that the above is only a brief summary of your coverage. Please refer to your Blue Cross and Blue Shield Benefits Booklet for details regarding your plan.

**Certain mental health conditions do not have visit limits. For a list of these conditions, please refer to your benefit booklet.