



BlueCross BlueShield  
of North Carolina

StudentBlue™

[StudentBlueNC.com/Duke](https://StudentBlueNC.com/Duke)

**PENDING NC DEPARTMENT OF  
INSURANCE APPROVAL**



# HEALTH PLAN FOR Duke University Students

Effective: 8/1/2024



# A HEALTHY PLAN

## for a successful future

Duke University 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.<sup>1</sup>

MANDATORY HARD WAIVER <sup>2</sup>	Annual	DEPENDENT RATES <sup>4</sup> Rates are additional to your student rate	Annual
Student Rate <sup>3</sup>	\$3,461.64	Add Spouse/Domestic Partner	\$3,342.00
		Add Child(ren)	\$3,778.88
		Add Family	\$7,066.80

## BLUE OPTIONS<sup>®</sup> benefit highlights

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Lifetime Maximum, Deductibles, Coinsurance Maximums and Plan Maximums</b> The following deductibles and coinsurance maximums also apply to Behavioral Health and Substance Use services on page 4.		
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductibles</b>		
Individual (per benefit period)	\$0	\$250
Family (per benefit period)	\$0	\$750
<b>Out-of-Pocket Limits</b>		
Individual (per benefit period)	\$2,000	\$3,000
Family (per benefit period)	\$4,500	\$9,000
<b>Physician Office Services</b> (See "Outpatient Clinic Services" for outpatient clinic or hospital-based services.)		
<b>Office Visits</b> Includes office surgery, consultation, X-ray and lab, and benefit period maximum of 4 office visits for the assessment of obesity in- and out-of-network. See "Inpatient and Outpatient Services."	<b>Primary Care Provider:</b> \$25 office visit copay, 20% coinsurance for all other services <b>Specialist:</b> \$35 office visit copay, 20% coinsurance for all other services	<b>Primary Care Provider and/or Specialist:</b> 30% after deductible

**SPECIAL NOTICE IF YOU CHOOSE AN OUT-OF-NETWORK PROVIDER:**

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.

# BLUE OPTIONS benefit highlights *(continued)*

Services	In-Network	Out-of-Network
All dollar amounts and percentages are what you, as a plan member, would pay.		
<b>Preventive Care</b> The following services are state mandated and required to be offered both in- and out-of-network: Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, prostate specific antigen tests and newborn hearing screening.	<b>Primary Care Provider and/or Specialist:</b> No charge  <b>Outpatient Clinic:</b> No charge	<b>Primary Care Provider and/or Specialist:</b> 30% after deductible  <b>Outpatient Clinic:</b> 30% after deductible
<b>Therapies</b> Rehabilitative therapy has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services), and 30 visits for speech therapy. Habilitative services has a benefit period maximum of 30 visits for physical/occupational therapy (including chiropractic services), and 30 visits for speech therapy.	<b>Primary Care Provider and/or Specialist:</b> 20% coinsurance	<b>Primary Care Provider and/or Specialist:</b> 30% after deductible
<b>Urgent Care Centers, Ambulance and Emergency Room</b>		
Urgent Care Centers – office visit	\$45 copayment	\$90 copayment
Urgent Care Centers – other services (X-ray, lab and other services)	20% coinsurance	30% after deductible
Emergency room visit	\$150 copayment, then 20% coinsurance	\$150 copayment, then 20% coinsurance
Ambulance	20% coinsurance	20% after deductible
<b>Ambulatory Surgical Center</b>	20% coinsurance	30% after deductible
<b>Inpatient and Outpatient Hospital Services</b>		
Hospital and hospital-based services	20% coinsurance	30% after deductible
Outpatient clinic services (Other than preventive services above)	20% coinsurance	30% after deductible
Professional services	20% coinsurance	30% after deductible
<b>Hospital and Professional</b>		
Outpatient labs	20% coinsurance	30% after deductible
Outpatient diagnostic mammography	No charge	30% after deductible
Outpatient X rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	20% coinsurance	30% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% coinsurance	30% after deductible
<b>Other Services</b>		
Skilled nursing facility (60 days per benefit period)	20% coinsurance	30% after deductible
Home health care, durable medical equipment and hospice	20% coinsurance	30% after deductible

**NOTE:** 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.

# BLUE OPTIONS benefit highlights *(continued)*

Services	In-Network	Out-of-Network
	All dollar amounts and percentages are what you, as a plan member, would pay.	
<b>Maternity</b> (Maternity delivery includes prenatal and post-delivery care)		
Hospital services (Delivery)	20% coinsurance	30% after deductible
Professional services (Delivery)	20% coinsurance	30% after deductible
<b>Transplants</b>		
Hospital services	20% coinsurance	30% after deductible
Professional services	20% coinsurance	30% after deductible
<b>Infertility Services</b>		
Primary Care Provider and/or Specialist	\$25 / \$35 copayment	30% after deductible
Hospital services	20% coinsurance	30% after deductible
Inpatient and outpatient professional services	20% coinsurance	30% after deductible
<b>Mental Health and Substance Use Services</b>		
Office visits	\$10 copayment	30% after deductible
Inpatient/outpatient	20% coinsurance	30% after deductible
<b>Prescription Drugs</b> Up to 30-day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. MAC B Brand Pricing Penalty.		
<b>Tier 1:</b> The prescription drug tier which consists of the lowest-cost tier of prescription drugs, most are generic.	\$4 copayment	Copayment + charge over in-network allowed amount
<b>Tier 2:</b> The prescription drug tier which consists of medium-cost prescription drugs, most are generic, and some brand-name prescription drugs.	\$15 copayment	Copayment + charge over in-network allowed amount
<b>Tier 3:</b> The prescription drug tier which consists of high-cost prescription drugs, most are brand-name prescription drugs.	\$35 copayment	Copayment + charge over in-network allowed amount
<b>Tier 4:</b> The prescription drug tier which consists of the higher-cost prescription drugs, most are brand-name prescription drugs, and some specialty drugs.	\$60 copayment	Copayment + charge over in-network allowed amount
<b>Tier 5:</b> The prescription drug tier which consists of the highest-cost prescription drugs, most are specialty drugs.  There is a \$100 per drug minimum for each 30-day supply of Tier 5 drugs. There is a \$200 per drug maximum for each 30-day supply of Tier 5 drugs.	25% coinsurance	Copayment + charge over in-network allowed amount
<b>Insulin</b>	\$10 copayment	Copayment + charge over in-network allowed amount
<b>Diabetic Supplies, Spacers and Peak Flow Meters</b> (Obtain at the retail pharmacy)	\$10 copayment	Copayment + charge over in-network allowed amount
<b>Lens and Frame Coverage</b> Prescribed Eyeglass Lens and Frame Benefit Period maximum: Blue Cross NC will reimburse you up to the benefit period maximum for glasses, hard, soft or disposable contact lenses.		\$100

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# ADDITIONAL INFORMATION

## about Blue Options from Blue Cross NC

### **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 Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

### **Allowed Amount**

The maximum amount that Blue Cross NC determines is to be paid for covered services provided to a member.

### **Out-of-Pocket Maximum**

The dollar amount a member must pay prior to Blue Cross NC paying 100% for certain services.

**NOTE:** In some plans, there is no coinsurance maximum; members are responsible for coinsurance once the deductible has been met.

### **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 Blue Cross NC 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 Blue Cross NC, if medically necessary.

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 Health Line Blue<sup>SM</sup>, 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 [BlueCrossNC.com](http://BlueCrossNC.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 can 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 except as specifically covered by your health benefit plan
- For custodial care, domiciliary care or rest cures
- For treatment of obesity, except for surgical treatment of morbid obesity, or as specifically covered by your health benefit plan
- 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

The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. A final interpretation, and a complete listing of benefits and exclusions is 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 website.

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 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 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.

### Important legal notices for students Special enrollment

If you are declining enrollment for yourself or your dependents (including your spouse/domestic partner) because of other health insurance including Medicaid, Children's Health Insurance Program (CHIP) or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP), or if the employer stops contributing toward your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or foster care, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed.

### For questions or to obtain more information, contact:

Blue Cross and Blue Shield of North Carolina  
P.O. Box 2073, Durham, NC 27702, or call 888-234-2417.

Policy dates are 08/01/24 to 07/31/25

- 1 Covered in 190 countries and territories worldwide through GeoBlue<sup>®</sup> Program. Blue Cross and Blue Shield Association Internal Data: about-geo-blue.com/ (Accessed July 2022).
- 2 Premium due for the mandatory Hard Waiver Plan must be paid through the student's Duke University school account.
- 3 A portion of the cost of the student medical insurance plan is retained by Duke University to pay for administrative costs incurred by the university and for reserve funds. Any portion of the cost of the plan retained by Duke University is encumbered solely for the purpose of funding plan expenses or the equitable and nondiscriminatory benefit of plan participants.
- 4 Dependent rate is an additional premium above the student premium and does not include the cost for student coverage.

Blue Cross NC provides the Health Line Blue program for your convenience. Blue Cross NC is not liable in any way for the goods or services received through Health Line Blue. Blue Cross NC reserves the right to discontinue or change the program at any time without prior notice. Decisions regarding your care should be made with the advice of a doctor. Depending on your plan, selected programs may not be available to you at this time. Check with your benefits administrator or Blue Cross NC Customer Service to determine your eligibility. Blue Cross NC has contracted with a third-party vendor independent from Blue Cross NC to bring you Health Line Blue.

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## Get more info

Visit [StudentBlueNC.com/Duke](http://StudentBlueNC.com/Duke) for more details and to apply online!

