North Carolina

StudentBlueNC.com/Elon

Student Blue℠

Health Plan for Elon University Graduate Students | 2025–2026

Student Blue

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 SHIP 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.
- **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[2] 8/1/2025–1/31/2026	Spring Semester Effective Dates[2] 2/1/2026–7/31/2026
Student Rate	$1,981.74	$1,981.74

Dependent Rates[3,4]	Monthly[5,6]
Add Spouse/Domestic Partner	$330.29
Add Child(ren)	$411.12
Add Family	$741.51

Benefit highlights

	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.	
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[7]
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)*

	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	50% 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 **Tier 5:** 25% coinsurance	**Tier 1:** $4 copayment **Tier 2:** $25 copayment **Tier 3:** $35 copayment **Tier 4:** $75 copayment **Tier 5:** 25% coinsurance
For each 30-day supply of a Tier 5 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 services	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 services*		
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	20% after deductible	50% after deductible
Inpatient and outpatient professional services	20% 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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Connect @BCBSNCStudent

Deductibles, coinsurance, limitations and exclusions apply to this coverage. Further details of coverage, limitations and exclusions will be provided in your Benefit Booklet.

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 StudentBlueNC.com/Elon. 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, domicillary 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
- For self-injectable drugs in the provider's office

1 Covered in nearly 200 countries and territories worldwide through the GeoBlue® program. Blue Cross and Blue Shield Association Internal Data: about.geo-blue.com/ (Accessed October 2024).

2 Premium due for student coverage must be paid through the student's Elon University account.

3 Premium due for dependent coverage is paid directly to Blue Cross and Blue Shield of North Carolina. At enrollment, you will receive an email advising of the current amount due and the date the initial draft will occur. Subsequent payments will be drafted on a monthly basis.

4 Dependent rate is an additional premium above the student premium and does not include the cost for student coverage.

5 All terminations will be effective the last day of the month. Requests for termination must be received at least 10 days prior to frst day of the month that coverage is no longer desired. There are no refunds.

6 If you wish to pay annually, please contact Customer Service at 800-579-8022 to make arrangements.

7 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.

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