North Carolina

StudentBlueNC.com/#/NCAT

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

Student Blue℠

Health Plan for NC A&T State University Students | 2026–2027

Student Blue

A healthy plan for a successful future

The University of North Carolina System 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 in UNC System universities are required to have health insurance coverage. The UNC System endorses a cost-effective Student Health Insurance Plan (SHIP) that covers additional health care expenses not included in the Student Health Fee. Students on a J-1 visa should be aware that the SHIP may not meet all visa requirements and should review their coverage needs carefully. This plan is administered by Blue Cross NC. Each semester, the SHIP premium is added to all eligible students' university accounts. Eligible students must pay the premium and enroll or complete the online waiver process with their own creditable insurance coverage before the deadline each semester. Once the waiver is verified and approved, the premium will be credited to the student's account.

Am I eligible for the UNC System plan?

Please refer to the plan's benefit booklet to review eligibility criteria. The benefit booklet can be found at **StudentBlueNC.com/#/NCAT/Benefits**.

2026–2027 medical plan

Premium plan		
Medical plan rates[2] Billed on a semester basis	**Fall semester** Effective Dates 8/1/26 – 12/31/26	**Spring semester** Effective Dates 1/1/27 – 7/31/27
Undergraduate rate	$1,312.00*	$1,312.00*
Graduate rate	$2,366.50*	$2,366.50*

* A portion of the student health insurance premium rate is retained by NC A&T State University to pay for administrative costs.

Benefit highlights

	In-network	Out-of-network
	All dollar amounts and percentages are what you, as a plan member, would pay.	
Policy year deductible	$0 at Student Health Center (SHC) $2,000 individual	$0 at SHC $4,000 individual
Policy year out-of-pocket maximum	$0 at SHC $9,600 individual	$0 at SHC $19,200 individual
Office visits Includes office surgery, X-rays, and labs	**SHC:** No charge	**SHC:** Not applicable
	Primary care provider: $90 copayment	**Primary care provider:** 60% after deductible
	Specialist: $150 copayment	**Specialist:** 60% after deductible
Teladoc® Health[3]	$0 copayment	Not applicable
Preventive care[4] Routine examinations, well-child care, immunizations, gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening, and prostate specific antigen tests (PSAs)	No charge	30% after deductible
Urgent care centers and emergency room **Urgent care centers** (Copayment waived if referred to ER) **Emergency room visit** (Inpatient hospital benefits apply if admitted. If held for observation, outpatient benefits apply. See "Inpatient and outpatient hospital services.") **Ambulance service**	**Urgent care centers:** $175 copayment **Emergency room:** $750 copayment[5] **Ambulance service:** 40% after deductible	**Urgent care centers:** $350 copayment **Emergency room:** $750 copayment[5] **Ambulance service:** 40% after deductible
Inpatient and outpatient hospital services	40% after deductible	60% after deductible
Prescription drugs Up to 30-day supply. 31–60 day supply is two copayments and 61–90 day supply is three copayments. Infertility, weight loss, and sexual dysfunction drugs not covered by the plan. A $500 prescription drug deductible applies to drugs on Tier 4 and Tier 5. There is $150 per drug minimum and $500 per drug maximum for each 30-day supply of Tier 4 and Tier 5 drugs.	$15 for all 30-day prescriptions at SHC regardless of Tier **Tier 1**: $30 copayment **Tier 2**: $40 copayment **Tier 3:** $70 copayment **Tier 4**: 25% coinsurance **Tier 5:** 25% coinsurance	Copayment + charge over in-network allowed amount
Mental health and substance use services Office visits Inpatient/outpatient	**Office visits:** $10 copayment **Inpatient/outpatient:** 40% after deductible	**Office visits:** 60% after deductible **Inpatient/outpatient:** 60% after deductible
Vision care Preventive eye exam Lens and frame coverage (Reimbursement up to the benefit period maximum of $200 for prescribed glasses – lenses and frames – and hard, soft, or disposable contact lenses.)	**Preventive eye exam:** No charge	Benefits not available
Other services Skilled nursing facility (60 days per benefit period), home health care, durable medical equipment and hospice, maternity (maternity delivery includes prenatal and post-delivery care), and transplants	40% after deductible	60% after deductible

Enroll or waive coverage today!

Fall 2026 Open Enrollment period ends 9/10/26

All students eligible for the UNC System Hard Waiver Plan MUST enroll or waive coverage during the Open Enrollment period. Students who are enrolled by default will receive a policy with limited abortion benefits. In order to select additional benefits, you must actively enroll or call the number on your member ID card to change policies prior to receiving services. No applications posted after September 10, 2026, will be accepted without a qualifying event. Please refer to the online Student Blue benefit booklet for a complete list of qualifying events as well as eligibility requirements and benefits.

Deadlines to waive/enroll/renew

Fall semester	September 10, 2026
Spring semester	February 1, 2027

Call 888-351-8283
Visit StudentBlueNC.com/#/NCAT
Connect @BCBSNCStudent

Important legal notices for students

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/NCAT. 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, domiciliary care, or rest cures
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For self-injectable drugs in the provider's office

1 GeoBlue® travel insurance is covered in 190 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 the mandatory Hard Waiver Plan must be paid through the student's UNC System school account.

3 Teladoc Health, Inc. interactive consultations are available 24 hours a day, 7 days a week. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations, and exclusions. Teladoc Health does not replace your primary care doctor. Telehealth services are not a substitute for emergency care. Teladoc Health is subject to state regulations. Behavioral health telehealth is currently only available to members ages 13 or older. Teladoc Health is an independent company that is solely responsible for the telehealth services it is providing; please see Teladoc Health website for more information. Teladoc Health does not offer Blue Cross or Blue Shield products or services. Teladoc Health, Inc. does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc Health does not guarantee patients will receive a prescription.

4 Preventive care services, as defined by federal regulations, are covered at no charge in-network. Federally- and state-mandated preventive services are available out-of-network, for which members will pay deductible and coinsurance, plus charges over the allowed amount. Visit BlueCrossNC.com/Preventive for more details.

5 Benefit shown is for initial emergency room visit. Subsequent emergency room visits would be subject to $1,250 copayment.