

# Student Blue<sup>SM</sup>

## Benefit Highlights for UNC Wilmington Postdocs | 2026-2027



# Blue Options® benefit highlights (PPO)

| Services                                                                                                                                                                                                                                                                                                                                                                                                                                                  | In-Network                                 | Out-of-Network                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| All dollar amounts and percentages are what you, as a plan member, would pay.                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                            |
| <b>Campus Health Services</b> (medical services)                                                                                                                                                                                                                                                                                                                                                                                                          | No charge                                  | Not applicable                             |
| <b>Physician Office Visit</b><br>Includes office surgery, consultation, X-rays, lab, and benefit period maximum of four office visits for the assessment of obesity in- and out-of-network.                                                                                                                                                                                                                                                               |                                            |                                            |
| Primary Care Provider                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% after deductible                       | 30% after deductible                       |
| Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20% after deductible                       | 30% after deductible                       |
| <b>Preventive Care*</b><br>Routine examinations, well-child care, immunizations, pap smears, mammograms, prostate specific antigen tests (PSAs).<br><small>* Only 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 <a href="http://BlueCrossNC.com/Preventive">BlueCrossNC.com/Preventive</a> for more details.</small> |                                            |                                            |
| Primary Care Provider                                                                                                                                                                                                                                                                                                                                                                                                                                     | No charge                                  | 30% after deductible                       |
| Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                | No charge                                  | 30% after deductible                       |
| <b>Therapies</b><br>Short-term rehabilitative therapies (maximums apply to home, office, and outpatient settings)<br>Physical/occupational: 30 visits per benefit period<br>Speech therapy: 30 visits per benefit period                                                                                                                                                                                                                                  |                                            |                                            |
| Primary Care Provider                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% after deductible                       | 30% after deductible                       |
| Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20% after deductible                       | 30% after deductible                       |
| <b>Urgent Care Centers and Emergency Room</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                            |
| Urgent care centers                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20% after deductible                       | 30% after deductible                       |
| <b>Emergency room visit</b><br>Copay waived and inpatient benefits apply if admitted.<br>If held for observation, outpatient benefits apply.                                                                                                                                                                                                                                                                                                              | \$150 copayment, then 20% after deductible | \$150 copayment, then 20% after deductible |
| Ambulatory Surgical Center                                                                                                                                                                                                                                                                                                                                                                                                                                | 20% after deductible                       | 30% after deductible                       |
| <b>Inpatient and Outpatient Hospital Services</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                            |
| Hospital and hospital-based services                                                                                                                                                                                                                                                                                                                                                                                                                      | 20% after deductible                       | 30% after deductible                       |
| Outpatient clinic services (other than Preventive Care above)                                                                                                                                                                                                                                                                                                                                                                                             | 20% after deductible                       | 30% after deductible                       |
| Professional services                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% after deductible                       | 30% after deductible                       |
| <b>Hospital and Professional</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                            |
| Outpatient labs                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20% after deductible                       | 30% after deductible                       |
| Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEGs and EKGs                                                                                                                                                                                                                                                                                                                                                                         | 20% after deductible                       | 30% after deductible                       |
| CT scans, MRIs, MRAs, and PET scans in any location, including physician's office                                                                                                                                                                                                                                                                                                                                                                         | 20% after deductible                       | 30% after deductible                       |
| <b>Other Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                            |
| Skilled Nursing Facility (60 days per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                     | 20% after deductible                       | 30% after deductible                       |
| Home Health Care, Durable Medical Equipment, and Hospice                                                                                                                                                                                                                                                                                                                                                                                                  | 20% after deductible                       | 30% after deductible                       |
| Ambulance                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20% after deductible                       | 20% after deductible                       |

# 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> (includes prenatal and post-delivery care)                                                                                                                                                                        |                                                                                                                                                                    |                                                   |
| Hospital services (delivery)                                                                                                                                                                                                       | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Professional services (delivery)                                                                                                                                                                                                   | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| <b>Transplants</b>                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                   |
| Hospital services                                                                                                                                                                                                                  | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Professional services                                                                                                                                                                                                              | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| <b>Infertility Services</b>                                                                                                                                                                                                        |                                                                                                                                                                    |                                                   |
| Primary Care Provider                                                                                                                                                                                                              | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Specialist                                                                                                                                                                                                                         | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Hospital services                                                                                                                                                                                                                  | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Inpatient and outpatient professional services                                                                                                                                                                                     | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| <b>Lifetime Maximum, Deductibles, and Out-of-Pocket Maximums</b>                                                                                                                                                                   |                                                                                                                                                                    |                                                   |
| The following deductibles and coinsurance maximums also apply to the services on the previous page and mental health and substance use services below.                                                                             |                                                                                                                                                                    |                                                   |
| Lifetime benefit maximum                                                                                                                                                                                                           | Unlimited                                                                                                                                                          | Unlimited                                         |
| <b>Deductibles</b>                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                   |
| Individual (per benefit period)                                                                                                                                                                                                    | \$500                                                                                                                                                              | \$1,000                                           |
| Family (per benefit period)                                                                                                                                                                                                        | \$1,500                                                                                                                                                            | \$3,000                                           |
| <b>Out-of-Pocket Maximum</b>                                                                                                                                                                                                       |                                                                                                                                                                    |                                                   |
| Individual (per benefit period)                                                                                                                                                                                                    | \$2,100                                                                                                                                                            | \$4,200                                           |
| Family (per benefit period)                                                                                                                                                                                                        | \$6,300                                                                                                                                                            | \$12,600                                          |
| <b>Mental Health and Substance Use Services</b>                                                                                                                                                                                    |                                                                                                                                                                    |                                                   |
| Precertification required for inpatient and certain outpatient services.                                                                                                                                                           |                                                                                                                                                                    |                                                   |
| <b>Mental Health Services</b>                                                                                                                                                                                                      |                                                                                                                                                                    |                                                   |
| Office visit                                                                                                                                                                                                                       | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Inpatient/outpatient                                                                                                                                                                                                               | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| <b>Substance Use Services</b>                                                                                                                                                                                                      |                                                                                                                                                                    |                                                   |
| Office visit                                                                                                                                                                                                                       | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| Inpatient/outpatient                                                                                                                                                                                                               | 20% after deductible                                                                                                                                               | 30% after deductible                              |
| <b>Prescription Drugs and Campus Health Services</b>                                                                                                                                                                               |                                                                                                                                                                    |                                                   |
| Generic or brand (30 day supply)                                                                                                                                                                                                   | \$10 copayment                                                                                                                                                     | Not applicable                                    |
| <b>Other Pharmacy</b><br>Up to 30 day supply. 31-60 day supply is two copayments, and 61-90 day supply is three copayments.<br>* There is \$50 per drug minimum and \$100 per drug maximum for each 30-day supply of Tier 5 drugs. | <b>Tier 1:</b> \$20 copayment<br><b>Tier 2:</b> \$35 copayment<br><b>Tier 3:</b> \$50 copayment<br><b>Tier 4:</b> \$75 copayment<br><b>Tier 5:</b> 25% coinsurance | Copayment + charge over in-network allowed amount |



**Visit** [StudentBlueNC.com/#/UNCW-PD](https://StudentBlueNC.com/#/UNCW-PD)

**Connect** @BCBSNCStudent

**Call** 800-762-8505



The benefit highlights is a summary of Blue Options benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the Blue Options benefit booklet from Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Customer Service.

**Policy dates are 07/01/26 - 06/30/27**

**Important legal notices for students' Special Enrollment**

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. 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
- For self-injectable drugs in the provider's office

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