

BENEFIT Highlights

for University of Mount Olive Students

Effective: 8/1/2024

CALL 1-800-579-8022

VISIT StudentBlueNC.com/UMO



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.	
Lifetime Maximum, Deductibles, Coinsurance Maximums and Plan Maximums		
The following deductibles and coinsurance maximums also apply to all services including mental health and substance use services below.		
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductibles		
Individual (per benefit period)	\$1,750	\$3,500
Family (per benefit period)	\$3,500	\$7,000
Out-of-pocket limits		
Individual (per benefit period)	\$6,000	\$12,000
Family (per benefit period)	\$12,000	\$24,000
Physician Office Services		
(See “Outpatient Clinic Services” for outpatient clinic or hospital-based services.)		
Office Visits	Primary Care Provider: \$40 copayment Specialist: \$80 copayment	Primary Care Provider: 60% after deductible Specialist: 60% after deductible
Therapies	Primary Care Provider: \$40 copayment Specialist: \$80 copayment	Primary Care Provider: 60% after deductible Specialist: 60% after deductible
Urgent Care Centers and Emergency Room		
Urgent care centers	\$120 copayment	\$240 copayment
Emergency room visit	\$300 copayment	\$300 copayment
Ambulatory Surgical Center	30% after deductible	60% after deductible

Blue Options Benefit Highlights (PPO) *(Continued)*

Services	In-Network	Out-of-Network
	All dollar amounts and percentages are what you, as a plan member, would pay.	
Inpatient and Outpatient Hospital Services		
Hospital and hospital-based services	30% after deductible	60% after deductible
Hospital-based clinics (Other than preventive services above)	30% after deductible	60% after deductible
Professional services	30% after deductible	60% after deductible
Outpatient Diagnostic Services		
Outpatient diagnostic mammograms	No charge	30% after deductible
Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs	30% after deductible	60% after deductible
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	30% after deductible	60% after deductible
Other Services		
Skilled nursing facility (60 days per benefit period)	30% after deductible	60% after deductible
Home health care, durable medical equipment and hospice	30% after deductible	60% after deductible
Ambulance	30% after deductible	30% after deductible
Maternity (Maternity delivery includes prenatal and post-delivery care)		
Hospital services (Delivery)	30% after deductible	60% after deductible
Professional services (Delivery)	30% after deductible	60% after deductible
Transplants		
Hospital services	30% after deductible	60% after deductible
Professional services	30% after deductible	60% after deductible
Infertility services Combined in-network and out-of-network lifetime maximum of 3 ovulation induction cycles, with or without insemination, per member for infertility services, provided in all places of service.	Primary Care Provider: \$40 copayment Specialist: \$80 copayment	Primary Care Provider: 60% after deductible Specialist: 60% after deductible
Hospital services	30% after deductible	60% after deductible
Inpatient and outpatient professional services	30% after deductible	60% after deductible
Mental health and substance use services		
Office visits	\$10 copayment	60% after deductible
Inpatient/outpatient	30% after deductible	60% after deductible

Blue Options Benefit Highlights (PPO) *(Continued)*

Services	In-Network	Out-of-Network
	All dollar amounts and percentages are what you, as a plan member, would pay.	
Prescription Drugs For each 30-day supply of a Tier 5 drug, you will pay a minimum of \$50 in coinsurance, but not more than \$200. Any out-of-network charges over the allowed amount are not included in this maximum. You are responsible for charges over the allowed amount received from an out-of-network pharmacy. Limits apply to infertility drugs; refer to your benefit booklet.	Tier 1: \$25 copayment Tier 2: \$40 copayment Tier 3: \$80 copayment Tier 4: \$105 copayment Tier 5: 50% coinsurance	Tier 1: \$25 copayment Tier 2: \$40 copayment Tier 3: \$80 copayment Tier 4: \$105 copayment Tier 5: 50% coinsurance
Preventive over-the-counter (OTC) medications and contraceptives	No charge	No charge
Drugs and devices as listed at BlueCrossNC.com/Preventive	No charge	No charge

ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA (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.

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.

The Blue Cross NC Utilization Management (UM) program works to ensure you get the care you need in the appropriate health care setting. Find details about our UM processes and how you can appeal a denied service at [BlueCrossNC.com/UMdetails](https://www.BlueCrossNC.com/UMdetails).

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.

All inpatient and certain outpatient mental health and substance use services must be certified in advance. Office visits do not require certification.

Prior review and certification are required for inpatient or certain outpatient services by Blue Cross NC, such as partial hospitalization and intensive therapy or services will not be covered. 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 Programs

Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You will also have access to online health and wellness information at [BlueCrossNC.com](https://www.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.

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.

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

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 800-579-8022.

Blue Cross NC offers health and wellness programs as a convenience to aid members in improving their health and following their doctor's plan of care. Results are not guaranteed. Decisions regarding your care should be made with the advice of your provider. Blue Cross NC reserves the right to discontinue or change these programs at any time.

®. SM are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. StdGrip, 4/24; U46029, 8/24

