

If you are on the plan now and would like to continue without changes, please select the Premium option.

	Premium Plan		Value Plan		Other Plan (e.g., parent’s group plan)		Individual ACA Plan (Blue Advantage® Gold Premier A)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
All dollar amounts and percentages are what you, as a plan member, would pay.								
Monthly rate ¹	Undergraduate rate: \$262.25 per month Graduate rate: \$298.82 per month		Undergraduate rate: \$202.80 per month Graduate rate: \$231.09 per month				\$684.42 per month ²	
Deductible	\$500 individual	\$1,000 individual	Undergraduate: \$2,000 Graduate: \$2,600	Undergraduate: \$4,000 Graduate: \$5,200			\$1,800 individual	\$3,600 individual
Out-of-pocket limit	\$4,000 individual	\$8,000 individual	\$6,000 individual	\$12,000 individual			\$10,600 individual	\$21,200 individual
Preventive care ³	No charge at Student Health Center or at in-network provider location	30% after deductible	No charge at Student Health Center or at in-network provider location	30% after deductible			No charge	30% after deductible
Primary care office visit ⁴	No charge at Student Health Center, \$35 copayment in-network	50% after deductible	No charge at Student Health Center, \$50 copayment in-network	50% after deductible			No charge for first three visits, \$15 copayment thereafter	60% after deductible
Specialist office visit ⁴	\$70 copayment	50% after deductible	\$100 copayment	50% after deductible			\$40 copayment	60% after deductible
Urgent care	\$75 copayment	\$150 copayment	\$100 copayment	\$200 copayment			\$40 copayment	\$80 copayment
Emergency room	\$500 copayment	\$500 copayment	\$750 copayment	\$750 copayment			30% after deductible	30% after deductible
Ambulance service	30% after deductible	30% after deductible	30% after deductible	30% after deductible			30% after deductible	30% after deductible
Inpatient and outpatient hospital services	30% after deductible	50% after deductible	30% after deductible	50% after deductible			30% after deductible	60% after deductible
Prescription drugs ⁵	\$15 for all 30-day prescriptions at Student Health Center (regardless of Tier) Tier 1: \$20 copayment Tier 2: \$35 copayment Tier 3: \$45 copayment Tier 4: \$90 copayment Tier 5: 25% ⁶	Copayment, plus charge over in-network allowed amount	\$15 for all 30-day prescriptions at Student Health Center (regardless of Tier) Tier 1: \$20 copayment Tier 2: \$35 copayment Tier 3: \$45 copayment Tier 4: \$90 copayment Tier 5: 25% ⁶	Copayment, plus charge over in-network allowed amount			\$400 pharmacy deductible ⁷ Tier 1: \$10 copayment ⁸ Tier 2: \$25 copayment after deductible Tier 3: \$35 copayment after deductible Tier 4: \$75 copayment after deductible Tier 5: 50% after deductible	
Routine eye exam	No charge	Benefits not available	No charge	Benefits not available			No charge (members 18 and younger)	30% after deductible
Lenses and frame coverage	\$200 allowance	Benefits not available	\$200 allowance	Benefits not available			50%, no deductible (members 18 and younger)	50%, no deductible (members 18 and younger)

Limitations and Exclusions

The following are summaries of some of the coverage restrictions and not a full listing. 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 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

Benefits and premium depends on plan selected.

Certain exceptions may apply for those enrolled less than full-time or in other special circumstances; see “When Coverage Begins and Ends” in the Student Blue benefit booklet at bcbsnc.com/student, or call 888-351-8283 for details.

Deductibles, coinsurance, limitations, and exclusions apply to this coverage. Further details of coverage, limitations, exclusions, and terms under which the policy can be continued in force will be provided in your benefit booklet. In some plans, there is no coinsurance maximum; members are responsible for coinsurance once the deductible has been met.

- 1 2025-2026 rate shown is based on the rate for any UNC System Student Blue member. A portion of the Student Health Insurance premium rate is retained by the university to pay for administrative costs.
- 2 2026 rate shown is based on a 20-year-old in Wilmington region and is shown without any Advance Premium Tax Credit (APTC)/subsidy applied and is valid from 1/1/2026 through 12/31/2026.
- 3 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.
- 4 Some services and supplies received by students in an office setting or in connection with an office visit are, in fact, outpatient hospital-based services provided by hospital-owned or -operated practices. These services and supplies may be subject to your deductible and coinsurance. Please see the Blue Cross NC provider listing to identify these providers. Information contained in this brochure does not apply to those plans.
- 5 Member pays one copayment for up to a 30-day supply, one copayment for a 31- to 60-day supply, and three copayments for a 61- to 90-day supply.
- 6 There is a \$100 per drug minimum and \$300 per drug maximum for each 30-day supply supply of Tier 5 drugs.
- 7 Deductible combined for in- and out-of-network.
- 8 Tier 1 prescription drugs are not subject to the pharmacy deductible.

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Call 888-351-8283

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