BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

P.O. Box 2073
Durham, NC 27702
Phone 800-579-8022
Fax (919) 313-2020
http://studentbluenc.com/uncch-pd
email@studentbluenc.com

UNC Postdoc Medical Insurance Policy – Frequently Asked Questions

What is the UNC Postdoc Insurance Policy? It is a major medical policy underwritten by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Refer to the attached Summary of Benefits to see your benefits.

Am I eligible? In order to be eligible for the postdoc medical insurance plan, the postdoc must be coded as a Postdoctoral Research Associate or a Postdoctoral Trainee at 30 hours a week or more in ConnectCarolina.

What if I do not want the policy? Complete the enclosed waiver form and submit to Blue Cross NC via email, fax or mail.

How do I apply? Complete the attached enrollment forms and return them to your assigned departmental Human Resources Representative who should mail them to the address above.

When does coverage begin? Coverage begins on the first day of the month following the month of the postdoc's appointment effective date.

When will I get my insurance card? It typically takes about 45 days from the appointment effective date for the postdoc to receive an insurance card. Blue Cross NC is usually notified of a postdoc's eligibility for the plan at the end of the month of the appointment effective date. For example, if a postdoc's appointment effective date is December 1, Blue Cross NC will be notified of that postdoc's eligibility at the end of December and will receive the premium payment for the month of January at that time.

What if I need to see the doctor before I receive my insurance card? You may have to pay for all or part of the charges when you are seen. After you receive your insurance card, you can give the provider's office a copy of your insurance card and ask the provider to file the claim for you.

Can I add my dependents to the postdoc medical insurance plan? Postdocs may pay the monthly premium to cover dependents on the postdoc medical insurance plan. Postdocs have the option to add dependents:

- When the postdoc first enrolls in the plan at the beginning of their appointment;
- During open enrollment which is held annually from July 1 – July 31;
- Within 30 days of a qualifying event; qualifying events include:
  - Birth/adoption of a child
  - Marriage
  - Divorce/legal separation
  - Loss of eligibility for other coverage
  - First time arrival in the United States

How do I enroll dependents? New postdocs have the ability to add dependents beginning the day the postdoc's policy is effective. To enroll a spouse or dependent child/ren, write a check **payable to Blue Cross NC** for the **first two months** of premium and attach it to the Blue Cross NC insurance application. Future monthly premiums will be deducted from payroll. For existing postdocs, please call Blue Cross NC using the contact information above in order to determine if your dependents are eligible to come onto the policy and to obtain enrollment information

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including the correct prorated premium. **Please note that the Campus Health Fee for spouses is a separate monthly charge of $43.93 and should not be included in the payment to Blue Cross NC. Please contact Campus Health Services at (919) 966-6588 for further questions related to this fee.

I am covering my spouse on my postdoc medical insurance plan but they do not intend to use Campus Health Services. Do I still have to pay the Campus Health Fee for my spouse? Yes, per the plan rules, all postdocs and spouses are required to pay the monthly $43.93 Campus Health Fee.

Are all dependents eligible to receive treatment at Campus Health Services? No. Postdocs and their spouses are eligible for treatment at Campus Health Services, but children are not.

What if I want to terminate coverage for my dependent(s) before my coverage ends? You can terminate coverage for your dependents, with terminations effective on the last day of the month. Completed termination request forms must be submitted prior to the requested termination date. Dependent termination request forms can be found on the UNC Postdoc Student Blue website.

I am leaving my postdoc position at UNC. When will my medical insurance coverage end? Coverage for a postdoc and their dependents is effective until the end of the month following the end of the postdoc's appointment end date. For example, if the postdoc's appointment ends on May 15, the postdoc and his/her dependents will remain covered by the postdoc medical insurance plan through June 30. For special circumstances, such as coverage at a new job beginning prior to the end date of the postdoc insurance, postdocs can reach out to their department's human resources contact to request their postdoc coverage terminate the last day of the month their appointment ends. Any early termination requests should be initiated within 30 days of the requested early termination date.

My postdoc medical insurance coverage has ended and I am interested in purchasing COBRA. How does this process work? Postdocs and covered dependents that are no longer eligible for the postdoc medical insurance plan are eligible to continue medical insurance coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA allows the postdoc to pay the full monthly premium (plus a 2% administrative fee), to remain on the postdoc medical insurance plan for up to 18 months or until they obtain other medical insurance coverage. Postdocs have 60 days to elect COBRA from the mailed date of the WageWorks notification or termination date, whichever is later. Coverage is retroactive to the first day the postdoc is no longer eligible for the postdoc medical insurance plan.

When a department processes an end of appointment action for a postdoc, Blue Cross NC is notified. Blue Cross NC then contacts WageWorks who will mail the COBRA enrollment packet. Postdocs whose appointments have ended may not receive COBRA information for 4-6 weeks after their appointment ends, depending on when actions are processed in the system. However, once COBRA information is received, the postdoc still has 60 days to enroll and the coverage will be retroactive to the first date they are not covered by the postdoc medical plan.

Additional information can be found at http://studentbluenc.com/uncch-pd. If you have any questions, please contact Blue Cross NC at 800-579-8022 or email@studentbluenc.com.

BlueCross BlueShield of North Carolina

Visit us at **studentbluenc.com/uncch-pd**

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BLUE OPTIONS APPLICATION UNC CHAPEL HILL POSTDOC 2018-2019 Print Clearly

SECTION 1 PRIMARY APPLICANT INFORMATION

First Name Middle Initial Last Name

Mailing Address (Street, Route, Box Number, etc.)

City State Zip

Email Address

Department Affiliation

Student I.D. Number (Required)

Social Security Number

Date of Birth (Month, Day, Year)

Telephone Number

Gender

☐ Male ☐ Female

SECTION 2 DEPENDENT INFORMATION

Please fill in all information for each person who is applying for coverage. Please see the legal notice on the reverse side of this application regarding special enrollment.

				Sex	Handicapped
Spouse / Domestic Partner Name (First, Middle Initial, Last)	☐ Single ☐ Married ☐ Separated ☐ Domestic Partner	Social Security Number	Date of Birth (MM / DD / YY)	☐ M ☐ F	NA
Dependent Child 1*	☐ Biological ☐ Adopted ☐ Step ☐ Foster ☐ Legal Custody	Social Security Number	Date of Birth (MM / DD / YY)	☐ M ☐ F	☐ Y ☐ N
Dependent Child 2*	☐ Biological ☐ Adopted ☐ Step ☐ Foster ☐ Legal Custody	Social Security Number	Date of Birth (MM / DD / YY)	☐ M ☐ F	☐ Y ☐ N
Dependent Child 3*	☐ Biological ☐ Adopted ☐ Step ☐ Foster ☐ Legal Custody	Social Security Number	Date of Birth (MM / DD / YY)	☐ M ☐ F	☐ Y ☐ N

This application is designed to accommodate up to 3 dependent children. For options on how to apply for coverage with 4 or more dependent children, call Blue Cross NC at **1-800-579-8022**.
*An eligible dependent child is defined as under age 26 or handicapped.

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Date received by Blue Cross NC

BlueCross BlueShield of North Carolina

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SECTION 3 PREMIUM RATE SELECTION

☐ Spouse / Domestic Partner..... $ 328.16

☐ Child / Children ..... $ 328.17

The PostDoc's insurance premiums and PostDoc health fee will be paid by the University. Additional monthly premiums to cover dependents will be payroll deducted (see Section 5).

Beginning Date (MM / DD / YY)

My check for $ _____

Make check payable to:
Blue Cross and Blue Shield of North Carolina

SECTION 4 STATEMENT OF UNDERSTANDING

I understand that by signing below, I am agreeing to the following:

I understand that the coverage applied for will not be issued unless Blue Cross NC finds that I am eligible for this coverage as of the date of the application according to its policy.

I understand that as long as I am enrolled in this coverage, I will not be eligible to enroll in any other Blue Cross NC or any other Blue Cross or Blue Shield plan.

I certify that all statements on this application are complete and true. I understand that for a period of two years from the date of this application, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent misstatements were made, Blue Cross NC may take legal action at any time. I understand that any coverage provided according to this application will be subject to the provisions of the contract including the benefit booklet provided to me by Blue Cross NC.

Signature of Primary Applicant or Parent / Guardian (if Applicant is Under Age 18) _____ Date (MM / DD / YY) _____

SECTION 5 PAYROLL DEDUCTION

At enrollment, you must pay the first two monthly premiums directly to Blue Cross and Blue Shield of North Carolina. A payroll deduction will be made at the end of the second month of coverage that will provide coverage for the following month. Deductions will continue each month throughout the postdoctoral appointment. I hereby authorize UNC Chapel Hill to deduct from my salary / wages my premium applicable to the enrollment of my dependents in the UNC Chapel Hill PostDoc Medical Insurance Plan.

Signature of Primary Applicant _____ **Date (MM / DD / YY)** _____

SECTION 6 AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I understand that my protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, or a health care clearinghouse and that relates to:

(i) my past, present, or future physical or mental health or condition;
(ii) the provision of health care provided to me; or
(iii) the past, present, or future payment for the provision of health care provided to me.

I authorize any current or past medical professional, medical care institution, pharmacy benefit manager or other medical caregiver that has treated me or provided medical services or supplies to me to disclose my protected health information to Blue Cross and Blue Shield of North Carolina ("Blue Cross NC"). I further authorize Blue Cross NC to review any applications for health care coverage that I may have submitted to Blue Cross NC in the past. I authorize Blue Cross NC to receive, use and disclose as necessary my protected health information in connection with any underwriting or eligibility determination purposes in connection with the coverage for which I have applied.

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SECTION 6 AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

The protected health information (excluding psychotherapy notes) that may be used and disclosed is as follows:

Medical records or any information concerning my current or past health status or treatment received from my medical care providers or previous applications for health care coverage.

I understand that Blue Cross NC will use my protected health information for the following purposes:

To determine my premium rate in accordance with allowable rating factors. To comply, participate, or contribute to any government-facilitated program, requirement or mandate.

I understand that Blue Cross NC will make every effort to safeguard my protected health information. I further understand that Blue Cross NC will not disclose my protected health information unless I request it or when state or federal privacy laws permit or require Blue Cross NC to disclose my protected health information. I understand that Blue Cross NC may disclose my protected health information to individuals or organizations that are not health care providers, health care clearinghouses, or health plans covered by the federal privacy regulations.

I understand that if my protected health information is received by individuals or organizations that are not health care providers, health care clearinghouses, or health plans covered by the federal privacy regulations, my protected health information described above may be re-disclosed and no longer protected by federal privacy regulations. I understand that I may revoke this authorization at any time by sending a written notification addressed to:

Blue Cross Blue Shield of North Carolina
P.O. Box 2073
Durham, NC 27702

and this revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective:

i) for information that Blue Cross NC already used or disclosed, relying on this authorization or

ii) if the authorization was obtained as a condition of coverage in Blue Cross NC and, by law, Blue Cross NC has a right to contest the coverage.

This authorization expires when my policy expires.

I understand that completion of this authorization is required as part of my application and I have the right to receive a copy of this authorization. I further understand that coverage may not be issued if I refuse to sign this authorization.

Signature of Primary Applicant or Legal Personal Representative	Date (MM / DD / YY)	Primary Applicant's Social Security Number	
Signature of Applicant Spouse / Domestic Partner	Date (MM / DD / YY)	Signature of Applicant Dependent Age 18 or Older	Date (MM / DD / YY)
Signature of Applicant Dependent Age 18 or Older	Date (MM / DD / YY)	Signature of Applicant Dependent Age 18 or Older	Date (MM / DD / YY)
Name of Legal Personal Representative (Please Print)		Description of Legal Personal Representative's Authority	

Blue Cross and Blue Shield of North Carolina will provide a signed copy of this form.
This page is part of the application.

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SECTION 7 IMPORTANT LEGAL NOTICES – SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicaid or Children's Health Insurance Program (CHIP)) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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 towards 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, placement for adoption or foster care, or by court order, you may be able to enroll yourself and your dependents. You must request enrollment within 30 days after the qualifying life event, unless 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
1-800-579-8022

Mailing Address: Blue Cross and Blue Shield of North Carolina, P.O. Box 2073, Durham, NC 27702
Questions? Call Blue Cross and Blue Shield of North Carolina at 1-800-579-8022 or email@studentbluenc.com

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BlueCross BlueShield of North Carolina

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

+ Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, audio, accessible electronic formats, other formats.)
+ Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service
Call: 1-888-206-4697, 1-800-442-7028 (TTY and TDD)

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
E-mail: civilrightscoordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
http://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service: 1-888-206-4697.

Discrimination is Against the Law

Blue Cross NC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross BlueShield of North Carolina

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意：如果您講廣東話或普通話， 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY:1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1- 800-442-7028) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS: 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્કુ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ៖ ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028)まで、お電話にてご連絡ください。

Blue Options[SM] Benefit Highlights (PPO)

	In-network	Out-of-network[1]
Campus Health Services *(Medical Services)*	100%, no deductible	Not applicable
Physician Office Visit		
Includes Office Surgery, Consultation, X-rays, Lab and benefit period maximum of 4 office visits for the assessment of obesity in *and out of network.*		
Primary Care Provider	80% after deductible	70% after deductible
Specialist	80% after deductible	70% after deductible
Preventive Care		
Routine Examinations, Well-Child Care, Immunizations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs)		
Primary Care Provider	100%, no deductible	Not Available*
Specialist	100%, no deductible	Not Available*
**Pap Smears, Mammograms and PSAs are covered Out-of-network.*		
Therapies		
Short-Term Rehabilitative Therapies (Maximums apply to Home, Office and Outpatient Settings):		
Physical/Occupational: 30 visits per Benefit Period		
Speech Therapy: 30 visits per Benefit Period		
Primary Care	80% after deductible	70% after deductible
Specialist	80% after deductible	70% after deductible
Urgent Care Centers and Emergency Room		
Urgent Care Centers	80% after deductible	80% after deductible
Emergency Room Visit *(Copay Waived and Inpatient benefits apply if admitted. If held for Observation, Outpatient benefits apply.)*	$150,then 80% after ded	$150,then 80% after ded
Ambulatory Surgical Center	80% after deductible	70% after deductible
Inpatient and Outpatient Hospital Services		
Hospital, Hospital Based Services and Outpatient Clinic Services	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
Hospital and Professional		
Outpatient Labs and Mammograms	80% after deductible	70% after deductible
Outpatient X-rays, ultrasounds, and other diagnostic tests, such as EEG's and EKG's	80% after deductible	70% after deductible
CT scans, MRI's, MRA's and PET scans in any location, including physician's office	80% after deductible	70% after deductible
Other Services		
Skilled Nursing Facility *(60 days per Benefit Period)*	80% after deductible	70% after deductible
Home Health Care, Durable Medical Equipment and Hospice	80% after deductible	70% after deductible
Ambulance	80% after deductible	80% after deductible
Maternity *(Maternity Delivery includes Prenatal and Post-delivery care)*		
Hospital Services (Delivery)	80% after deductible	70% after deductible
Professional Services (Delivery)	80% after deductible	70% after deductible
Transplants		
Hospital Services	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
Infertility Services *(Up to $5,000 per Lifetime)*		
Primary Care Provider	80% after deductible	70% after deductible
Specialist	80% after deductible	70% after deductible
Hospital Services	80% after deductible	70% after deductible
Inpatient and Outpatient Professional Services	80% after deductible	70% after deductible
Vision Care		
Comprehensive Eye Exam	100%, no deductible	Not applicable

Blue Options[SM] Benefit Highlights (PPO)

Lifetime Maximum, Deductibles & Coinsurance Maximums	In-network	Out-of-network[1]
The following Deductibles and Coinsurance Maximums apply to the services on the previous page and Mental Health and Substance Abuse services below:		
Lifetime Benefit Maximum	Unlimited	
Deductibles		
Individual *(per Benefit Period)*	$500	$1,000
Family *(per Benefit Period)*	$1,500	$3,000
Out of Pocket Maximum		
Individual *(per Benefit Period)*	$2,100	$4,200
Family *(per Benefit Period)*	$6,300	$12,600
Mental Health and Substance Abuse Services		
Precertification required for Inpatient and certain Outpatient services. Call Magellan Behavioral Health at 1-800-359-2422.		
Mental Health Services		
Office Visit	80% after deductible	70% after deductible
Inpatient/Outpatient	80% after deductible	70% after deductible
Substance Abuse Services		
Office Visit	80% after deductible	70% after deductible
Inpatient/Outpatient	80% after deductible	70% after deductible
Prescription Drugs		
Campus Health Services		
Generic or Brand *(30 day supply)*	$10 copayment	Not applicable
Other Pharmacy		
Up to 30 day supply. 31-60 day supply is two copayments and 61-90 day supply is three copayments. Infertility Drugs up to $5,000 per Lifetime. MAC C Pricing.		
Tier 1 *(Generic)*	$20 copayment	Copayment + charge over In-network allowed amount
Tier 2 *(Preferred Brand)*	$35 copayment	Copayment + charge over In-network allowed amount
Tier 3 *(Brand)*	$50 copayment	Copayment + charge over In-network allowed amount
Tier 4 *(Specialty Brand)*	25% coinsurance	Coinsurance + charge over In-network allowed amount
There is $50 per Drug Minimum and $100 per Drug Maximum for each 30-day supply of Tier 4 Specialty Brand drugs.		
Lens and Frame Coverage *(Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will reimburse you up to the Benefit Period Maximum for glasses, hard, soft or disposable contact lenses.)*		
Prescribed Eyeglass Lens and Frame Reimbursement *(per Benefit Period)*	$150	

[1] NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

ADDITIONAL INFORMATION ABOUT BLUE OPTIONS FROM 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 BCBSNC 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.

If you have a concern regarding the final determination of your care, you have the right to appeal the decision. If you would like a copy of a benefit booklet providing more information about our Utilization Management programs, call the toll free number listed in your information packet.

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 Abuse services must be certified in advance by Magellan Behavioral Health. Call Magellan Behavioral Health at 1-800-359-2422. Office visits do not require certification.

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 Program
Because we want to help you stay healthy, we offer a variety of wellness benefits and services. You can take advantage of HealthLine Blue, our 24-hour health information service, a health topics library, asthma and diabetes management and a prenatal program. You will also receive Active Blue, our health magazine and have access to online health and wellness information at 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.

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 hearing aids or tinnitus maskers
- For cosmetic services or cosmetic surgery
- 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

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 NC Customer Services.

COMPLETE THIS FORM ONLY IF YOU ELECT TO <u>WAIVE</u> COVERAGE

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL POSTDOC MEDICAL INSURANCE PLAN

WAIVER FORM

Name:_____
(Last) (First) (MI)

PID:_____ Department:_____

I have reviewed the information on The University of North Carolina at Chapel Hill Blue Cross Blue Shield Medical Insurance Plan provided for Temporary Full-Time Postdoctoral Trainees and Postdoctoral Research Associates.

I hereby elect to waive coverage under the University's Blue Cross Blue Shield Medical Insurance Plan and agree to maintain alternate coverage with the following carrier and notify my departmental manager at the University immediately if my coverage changes or is cancelled.

Please send the completed waiver form to Blue Cross Blue Shield of North Carolina:

PO Box 2073
Durham, NC 27702

email@studentbluenc.com

Name of Medical Insurance Company:_____

Policy #:_____

_____ _____
Signature Date