health insurance
Starting at $62.50 per month

Student Blue benefit plan information outlined within this booklet is subject to approval from the North Dakota Insurance Department.
A comprehensive plan tailored to your lifestyle and budget

Student Blue highlights

Checkups and preventive screenings cost you nothing
Routine physicals and many screenings are covered at 100% allowed charge with participating BCBS providers.

Formulary contraceptive drugs are covered at 100% of allowed charge.

Coverage is year-round, including breaks
Your coverage continues as long as you remain enrolled with the minimum credit requirements each semester and your premium payments are current. The plan allows you to take one semester off during the calendar year, for example, the summer semester.

Easy online enrollment
Enrolling in Student Blue is easy, with a convenient website dedicated to North Dakota University System students. Go to StudentBlueND.com to get started.

Online wellness tool
Your plan includes Healthy Blue—a secure website designed to help you reach health goals such as getting fit, losing weight, quitting smoking or simply eating healthier. Check out the site at HealthyBlueND.com.

Intercollegiate sports injuries are covered
If you’re a college athlete, your sports injuries are also covered up to $10,000 per benefit period (for covered services).

Coverage while you fly
You are covered while you fly, including when it is part of your course of study.

Who’s eligible for Student Blue?

You can buy Student Blue if you are:
- An undergraduate student enrolled in 7+ credits per semester
- A graduate student enrolled in 3+ credits per semester
- Attending a college or university within the North Dakota University System on campus or online
- Under age 65

You can include these people in your plan:
- Yourself (Single)
- You and your child(ren) (Single Plus Dependent(s))
  - eligible children under age 26
- You and your spouse or domestic partner (Two-Party Adult)
- You and your family (Family)
  - Your spouse or domestic partner and eligible children under age 26

Qualifications for domestic partner coverage:
- Both are at least age 18
- You’ve lived together for the past 12 consecutive months
- Neither is legally married to another or involved in another domestic partnership
- You are not related by blood
- You are financially interdependent and jointly responsible for living expenses

Note: Your partner may be the same or opposite gender

Why pay more when you may get better coverage for less?

Low Monthly Premiums

With coverage starting at just $62.50 a month for one person, Student Blue can provide you with affordable protection from costly health care expenses. With some insurance plans, you still incur a lot of out-of-pocket costs on top of your monthly premiums. Not with Student Blue.

Combined with a low deductible, low copays for certain services and no out-of-pocket costs for many preventive services, Student Blue is a smart financial bet.

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Premiums Per Month</th>
<th>Low Deductibles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Coverage (you)</td>
<td>$62.50</td>
<td>$100</td>
</tr>
<tr>
<td>Single Plus Dependent(s) Coverage</td>
<td>$175.70</td>
<td>$200</td>
</tr>
<tr>
<td>you and your eligible children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two-Party Adult Coverage (you and</td>
<td>$215.30</td>
<td>$200</td>
</tr>
<tr>
<td>your spouse or a domestic partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Coverage (you and your spouse or a domestic partner and eligible children)</td>
<td>$328.50</td>
<td>$200</td>
</tr>
</tbody>
</table>

Rates effective through 7/31/2013.

Compare and save. You’ll find you may get more comprehensive coverage at a fraction of the cost with a local name you can trust.
Cost Sharing Amounts

Participating Providers:

These cost sharing amounts apply when covered services are received from participating BCBS providers. For certain services, you will not have to pay the deductible amount. Those services are denoted in the benefits section below.

<table>
<thead>
<tr>
<th>Description of Benefits</th>
<th>BCSND Pays</th>
<th>You Pay</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home &amp; Office Visits 100% after copayment</td>
<td>$25 copayment, 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Testing 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculin Skin Test 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness Services 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Child Care 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Screening Services 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonscopy or Sigmoidoscopy 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography, Pap Smear, Fetal Occult 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Cessation Services 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription and payable over-the-counter tobacco cessation medications or drugs must be obtained with a prescription order. 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related Office Visit 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Services 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related Office Visit 100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services 80%</td>
<td>$150 copayment, 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related Office Visit 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonparticipating Providers:

When you visit a nonparticipating provider, BCBSND pays 60% for most covered services. Refer to the benefit plan for details.

Cost sharing amounts for nonparticipating providers will be 2 times the participating provider amounts above. The nonparticipating provider cost sharing amounts are completely separate amounts and maximums. An example of cost sharing amounts with a nonparticipating provider for single coverage would be:

<table>
<thead>
<tr>
<th>Description of Benefits with a participating BCBS provider</th>
<th>BCSND Pays</th>
<th>You Pay</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Sharing Amounts</td>
<td>Deductible amount: $200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coinsurance maximum: $5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-pocket maximum: $5,200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonparticipating Providers:

When you visit a nonparticipating provider, BCBSND pays 60% for most covered services. Refer to the benefit plan for details.

Cost sharing amounts for nonparticipating providers will be 2 times the participating provider amounts above. The nonparticipating provider cost sharing amounts are completely separate amounts and maximums. An example of cost sharing amounts with a nonparticipating provider for single coverage would be:

<table>
<thead>
<tr>
<th>Description of Benefits with a participating BCBS provider</th>
<th>BCSND Pays</th>
<th>You Pay</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Sharing Amounts</td>
<td>Deductible amount: $200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coinsurance maximum: $5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-pocket maximum: $5,200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Health Center:

Cost sharing amounts will be waived solely for the student when covered services are received at the Student Health Center. More details in this brochure.

<table>
<thead>
<tr>
<th>Description of Benefits with a participating BCBS provider</th>
<th>BCSND Pays</th>
<th>You Pay</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Sharing Amounts</td>
<td>Deductible amount: $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coinsurance maximum: $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-pocket maximum: $0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Benefits with a participating BCBS provider</th>
<th>BCSND Pays</th>
<th>You Pay</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Hospital Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational &amp; Speech Therapy 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Health Care Provider Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient, Outpatient &amp; Surgical Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services 100% after copayment</td>
<td>$25 copayment, 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy &amp; Manipulations 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient &amp; Outpatient 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre &amp; Postnatal Care 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric &amp; Substance Abuse Services 80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient, Ambulatory Behavioral Health Care and Residential Treatment 100%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Services 100%</td>
<td>80%</td>
<td>0%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Medical guidelines or benefit allowances may apply. Refer to the benefit plan for details.

These benefit amounts for services with a participating BCBS provider are a percentage of the allowed charge after the deductible is met unless otherwise noted.

Maximum Benefit Allowances

This plan covers services up to a benefit period maximum of $500,000 per member.

Intercollegiate sports injury covered services have a maximum benefit allowance of $10,000 per benefit period.

Medical evacuation and repatriation maximum benefit allowances are $10,000 for the medical evacuation and $7,500 for repatriation.

Gender reassignment benefits have a lifetime maximum of $25,000 per member when covered services are performed by a participating provider.

No coverage with a nonparticipating provider.

Temporomandibular (TMJ) or Craniomandibular (CMJ) Joint treatment have a lifetime maximum amount of $10,000 per member for surgical services.

Medical evacuation and repatriation maximum benefit allowances are $10,000 for the medical evacuation and $7,500 for repatriation.

Gender reassignment benefits have a lifetime maximum of $25,000 per member when covered services are performed by a participating provider.

No coverage with a nonparticipating provider.

Temporomandibular (TMJ) or Craniomandibular (CMJ) Joint treatment have a lifetime maximum amount of $10,000 per member for surgical services.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether health care expenses will be paid. The written benefit plan governs the benefits available.
Health insurance terminology 101

**Allowance or allowed charge**
The maximum dollar amount that payment for a procedure or service is based on as determined by BCBS. It is accepted as payment in full with a participating provider.

**Benefit period**
A specified period of time when benefits are available for covered services under the benefit plan. All benefits are determined on a calendar year (January 1 through December 31) benefit period.

**Coinsurance amount**
A percentage of the allowed charge for covered services that are a member’s responsibility.

**Coinsurance maximum amount**
The total coinsurance amount that is a member’s responsibility during a benefit period. The coinsurance maximum amount renews on January 1 of each consecutive benefit period.

**Copayment amount**
A specified dollar amount payable by the member for certain covered services.

**Deductible amount**
A specified dollar amount payable by the member for certain covered services received during the benefit period. The deductible amount renews on January 1 of each consecutive benefit period.

**Nonparticipating provider**
A health care provider that does not have a participation agreement with a Blue Cross and Blue Shield plan to provide covered services to a member for an agreed upon payment. These providers are considered in-network.

**Out-of-pocket maximum amount**
The total deductible and coinsurance amounts for certain covered services that are a member’s responsibility during a benefit period. When the out-of-pocket maximum amount is met, the benefit plan will pay 100% of the allowed charge for covered services, less copayment amount incurred during the remainder of the benefit period. The out-of-pocket maximum amount renews on January 1 of each consecutive benefit period.

**Participating provider**
A health care provider that has entered into an agreement with a Blue Cross and Blue Shield plan to provide covered services to a member for an agreed upon payment. These providers are considered in-network.

**Prescription medications or drugs**
- **Formulary Drug**: A brand name or generic prescription medication or drug that is covered at the maximum payment level. The drug formulary is a list of the best choices and proven to be the most effective by the Drug Formulary Committee.
- **Nonformulary Drug**: A prescription medication or drug that is not a formulary drug. Nonformulary drugs are covered at a lesser benefit.

**Qualifying previous coverage**
Typically, with any insurance plan, there is a waiting period before your coverage begins. If you were covered by a qualifying plan within 63 days immediately prior to your enrollment in Student Blue, your waiting period may be shortened or dismissed.

**Waiting period for pre-existing conditions**
If you’ve had medical attention for a condition, disease, illness or injury within 6 months prior to enrolling in Student Blue, it’s known as a pre-existing condition. You’ll be required to wait 6 months to be covered for services, supplies or charges for the care or treatment of a pre-existing condition. Members under age 19 will not be subject to a waiting period.

You may reference the Benefit Plan book for more definitions.

---

Student health center (SHC) services

There are benefits to using the SHC as your first point of care.
- When you use the SHC for treatment, cost sharing amounts are waived, except for prescription medication or drug copayment amounts.
- When you are referred to another health care facility by the SHC, ask for a referral in the BCBS network so your copayment amounts will be waived for office visits and emergency services.
- If the SHC, campus nurse or health office is closed at the time of service due to holidays, vacations or breaks, or if you’re away from school, get the service you need and then contact the SHC, campus nurse or health office for an authorized referral as soon as possible.

- No referral is required for maternity services or psychiatric and substance abuse services.
- No referral is given for chiropractic services; applicable copayment amounts will apply.
- Cost sharing amounts are not waived for eligible dependents.
- No SHC on your campus?
  Start with the campus nurse or health office. Ask them to authorize a referral to a BCBS participating provider. Then, when you visit the doctor or the emergency room, your copayment is waived. The school health office will need to file the referral with BCBSND.

Your student health insurance coverage, offered by Blue Cross Blue Shield of North Dakota (BCBSND), may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012, but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years beginning on or after September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of $500,000 on all covered services. If you have any questions or concerns about this notice, contact Blue Cross Blue Shield of North Dakota at the telephone number and address on the back of your ID card. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

This brochure presents a brief explanation of the covered services of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan governs the benefits available.
The Student Blue health plan was created upon request of the North Dakota University System specifically for students who attend one of the following institutions:

- Bismarck State College
- Dickinson State University
- Lake Region State College
- Mayville State University
- Williston State College
- Minot State University
- NDSU
- UND
- Valley City State University

Enroll online: StudentBlueND.com

For more information on Student Blue:
Call toll-free: 877-585-7551

Need a face-to-face meeting?
Contact one of our offices throughout the state:

- **Home Office**
  4510 13th Avenue South
  Fargo, ND 58121
  (701) 277-2227
  (800) 342-4718

- **Fargo District Office**
  4510 13th Avenue South
  Fargo, ND 58121
  (701) 282-1149

- **Bismarck District Office**
  1415 Mapleton Avenue
  Bismarck, ND 58503-5371
  (701) 223-6348

- **Grand Forks District Office**
  American Office Park
  2810 19th Avenue South
  Grand Forks, ND 58201-5957
  (701) 795-5340

- **Minot District Office**
  1308 20th Avenue Southwest
  Minot, ND 58701-6452
  (701) 858-5000

- **Jamestown Service Office**
  300 2nd Avenue Northeast, Suite 132
  Jamestown, ND 58401-3376
  (701) 251-3180

- **Dickinson Service Office**
  150 West Villard, Suite 2
  Dickinson, ND 58601-5155
  (701) 225-8092

- **Devils Lake Service Office**
  425 College Drive South, Suite 13
  Devils Lake, ND 58301-3537
  (701) 662-8613

- **Minot District Office**
  1308 20th Avenue Southwest
  Minot, ND 58701-6452
  (701) 858-5000

- **Williston Service Office**
  1137 2nd Avenue West, Suite 105
  Williston, ND 58801-4168
  (701) 572-4535

For premium rates and further details of the coverage, including definitions; exclusions; criteria for medically appropriate and necessary care; credentialing process; confidentiality policy; description of experimental drugs, medical devices or treatments; grievance and appeals process; provider listings; drugs eligible for coverage; reductions or limitations; and the terms under which this benefit plan may be continued, call BCBSND toll-free at 877-585-7551.