



Enrollment time is limited. Call **1-800-220-3635** or visit www.n4chealth.com today to enroll.

Level 2 – Fall 2009/Spring 2010
Student\$340.47
Student + 1\$841.82
Student + Family ...\$1,276.28

Level 1 – Fall 2009/Spring 2010
Student\$187.01
Student + 1\$456.50
Student + Family ...\$690.30

Level 2 – Summer 2010
Student\$226.98
Student + 1\$561.21
Student + Family ...\$850.85

Level 1 – Summer 2010
Student\$124.67
Student + 1\$304.33
Student + Family ...\$460.20

You can also choose **Dental/Vision coverage to be included with a medical plan. Please visit www.n4chealth.com to learn more.**

Dental/Vision Fall 2009/Spring 2010**
Student\$82.88
Student + 1\$159.90
Student + Family ...\$236.93

Dental/Vision Summer 2010**
Student\$55.25
Student + 1\$106.60
Student + Family ...\$157.95

**The discount vision program is not insurance.

Find out if you are eligible – see back.

Note – Benefits are available 12-months from your original effective date and are contingent upon receipt of premium paid through the upcoming semesters.

Medical Benefits	Level 2	Level 1
Doctor Office Visits* copay plan pays	\$10 100%	\$15 100%
Non ER Care in ER Room* deductible plan pays maximum amount paid by plan	\$100/occurrence 50% \$500/year	\$100/occurrence 50% \$500/year
Outpatient Care deductible plan pays maximum amount paid by plan	\$100/year 80% \$1,500/year	\$50/year 80% \$1,000/year
Prescription Benefit** deductible – Generic deductible – Brand maximum amount paid by plan	discount program included§ \$15/prescription \$25/prescription \$300/year	discount program included§
Daily In-Hospital Benefit deductible plan pays maximum amount paid by plan	\$250/day up to 100 days \$0 100% \$25,000/year	\$100/day up to 100 days \$0 100% \$10,000/year
In-Hospital Surgery deductible plan pays maximum amount paid by plan	\$0 100% \$1,500/occurrence	not included
Maternity Benefit deductible plan pays maximum amount paid by plan	\$0 100% \$1,500/occurrence	not included
Accident Coverage deductible plan pays number of occurrences maximum per occurrence maximum amount paid by plan	\$100/occurrence 80% 2/year \$5,000 \$10,000/year	\$50/occurrence 80% 2/year \$2,500 \$5,000/year
Accidental Death Benefit plan pays	\$15,000	\$10,000
CIGNA 24-Hour EAPSM health information line audio library of health topics EAP consultation	unlimited unlimited up to 3/year	unlimited unlimited up to 3/year
Online Tools locate doctors in our network compare doctors by price track status of claims	included	included
Dental/Vision** Plan plan details at www.n4chealth.com	available	available

The benefits above are provided by policy form SBSTU-MP-01-NC. All yearly benefits are paid per coverage year.

* The total amount Starbridge pays will count toward your Outpatient Care Maximum and is subject to the Outpatient Deductible unless otherwise mandated.

§ The prescription discount program is not insurance. ¶ This benefit reimburses 100% of the prescription charge after deductible has been met up to benefit maximum.

Who is eligible for the North Carolina Community College Student Health Plan?

1. Be a student who is enrolled in at least 4 or more credit hours per week in the Fall or Spring Semesters.
2. If a student is already enrolled in Fall or Spring semester, there will be no credit requirement for the Summer Semester, otherwise a minimum 3 credits for the Summer Semester is required.

When may I enroll?

3 enrollment periods: Spring, Summer, Fall. Check "Enrollment Date" at Health Plan section at www.N4CHealth.com for details.

When will my coverage begin?

See website for more details www.n4chealth.com

Limitations & Exclusions

LIMITATION FOR PRE-EXISTING CONDITION¹ – Benefits are not paid for a Pre-Existing condition. A Pre-existing Condition is one in which you have been diagnosed, treated or sought advice from a physician during the 6 months before becoming insured.

A condition will no longer be pre-existing:

1. at the end of 6 months of continuous coverage during which there is no medical diagnosis, treatment, advice or expense, or
2. after 12 months of continuous coverage.

Pre-existing coverage does not apply to a pregnancy or to newborn or adopted children. The pre-existing limitation can be reduced by the amount of time you were previously insured if you became insured under this policy within 63 days after termination of prior coverage.

BENEFIT LIMITATIONS¹ – Coverage is not provided for services, supplies or equipment when a charge is not usually made in the absence of insurance.

No coverage is provided for loss caused by or resulting from:

1. Injury or sickness arising out of or in the course of employment;
2. Act of war;
3. Expenses which are not ordered by a Physician;
4. Cosmetic surgery. This does not apply to reconstructive surgery due to:
 - a. trauma, infection, or other disease; or
 - b. congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - c. surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.
5. Hearing examinations or hearing aids;
6. Vision services and supplies other than for a disease process, radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or services;
7. Charges made by a health care provider who is a member of your family or who is living with you;

8. Commission of a felony;
9. Treatment of mental or nervous disorders, alcoholism, or any form of substance abuse;
10. Intentionally self-inflicted injury or suicide attempt;
11. Dental care and treatment, except that required by injury and rendered within 6 months of the injury;
12. Treatment which is experimental or investigational.
13. Any expense incurred after the date the policy terminates.

TERMINATION – When your coverage ends

You or your dependent's coverage will end:

1. when you no longer pay your premium
2. when you or your dependent enters the armed forces,
3. the day you or your dependent is no longer eligible for insurance, or
4. when the policy is terminated by your employer or us.

DEFINITION OF DEPENDENT¹ – Your Dependent is:

1. Your spouse,
2. Your unmarried children under 19 years old, and
3. Your unmarried children who are 19 years old through 25 years old if the child is attending an accredited school full time and is dependent on you for support.

FOOTNOTES

¹This provision or limitation varies by state.

CIGNA HealthCare • P.O. Box 55270 • Phoenix, AZ 85078 • 1-800-258-9260

Not available in all states. Underwritten and administered by Connecticut General Life Insurance Company. Plan design and rates may vary. "CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.