Introduction
The Student Blue tool is used by students enrolled and who want to enroll in the Student Blue plan. Students will have the ability to manage the health coverage enrollment and waiver process. Most students are required to either enroll in the student health plan or provide proof that they already have creditable coverage through an existing insurance policy.

University administrators will also have access in order to check the status of students’ submissions and assist them accordingly.

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Access the Student Blue website at [www.bcbsnc.com/student](http://www.bcbsnc.com/student)

On the Student Blue homepage, select your school.

Click the **Enroll** tab.
**Student Enrollment – Already has Login/Password**

<table>
<thead>
<tr>
<th>If you are not sure you are eligible to enroll, answer the questions and click <strong>Check Eligibility</strong>.</th>
<th><img src="image1" alt="Check Eligibility" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you know you are Eligible, click <strong>Enroll Now</strong>.</td>
<td><img src="image2" alt="Enroll Now" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have previously, registered on the Student Blue site, enter your <strong>User Name</strong> and <strong>Password</strong>.</th>
<th><img src="image3" alt="User Name and Password" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Click <strong>Login</strong>.</td>
<td><img src="image4" alt="Login" /></td>
</tr>
</tbody>
</table>
Select Enroll.
Enter the Social Security Number and student contact information.
### Student Enrollment – Already has Login/Password

- Scroll past contact information.
- Select “Yes” or “No”, if you would like to include coverage for abortions.
- Select “Yes” or “No”, if you would like to automatically re-enroll for the Spring/Summer semester.

**Note:** This will also automatically enroll dependents.

- Review the Statement of Understanding and select the checkbox.

### Would you like to include coverage for abortions (first 16 weeks of pregnancy) at no additional cost? (If selected, applies to all insured) *

<table>
<thead>
<tr>
<th>Select Coverage</th>
</tr>
</thead>
</table>

### Re-Enrollment Opt-In

I would like for Student Blue to automatically re-enroll me and any dependents (if applicable) for the Spring/Summer semester. (Subject to Eligibility Requirements) *

<table>
<thead>
<tr>
<th>Select Re-Enrollment Opt-In</th>
</tr>
</thead>
</table>

### Notice of 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, or placement for adoption, 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 PO Box 2073, Durham, NC 27702 (888) 351-8283

### Statement of Understanding

<table>
<thead>
<tr>
<th>I understand that by signing below, I am agreeing to the following:</th>
</tr>
</thead>
</table>

1) I certify that I have read and understand the plan brochure section entitled “Eligibility,” and that I am eligible for student coverage [and I understand the refund policy].

2) 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, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time.

3) As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.) *
Student Enrollment – Already has Login/Password

Scroll past application questions.

Select the checkbox next to the Application Signature.

Click Submit.

Confirmation Page Appears.
Access the Student Blue website at www.bcbsnc.com/student

On the Student Blue homepage, select your school.

Click the Enroll tab.
Student Enrollment – New User

If you are not sure you are eligible to enroll, answer the questions and click Check Eligibility.

If you know you are Eligible, click Enroll Now.

Enter your Student ID and Date of Birth.

Click Continue.
Enter the student information and contact information.

Note: The University e-mail Address entered here will be the student’s User Name in the tool.
Scroll past contact information.

Select “Yes” or “No,” if you would like to include coverage for abortions.

Select “Yes” or “No,” if you would like to automatically re-enroll for the Spring/Summer semester.

*Note: This will also automatically enroll dependents.

Review the Statement of Understanding and select the checkbox.

---

Would you like to include coverage for abortions (first 16 weeks of pregnancy) at no additional cost?

(If selected, applies to all insured)

Select Coverage

---

Re-Enrollment Opt-In

I would like for Student Blue to automatically re-enroll me and any dependents (if applicable) for the Spring/Summer semester.

(Subject to Eligibility Requirements)

Select Re-Enrollment Opt-In

---

Notice of 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, or placement for adoption, 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
PO Box 2073, Durham, NC 27702
(888) 351-8283

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Statement of Understanding

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

1) I certify that I have read and understand the plan brochure section entitled “Eligibility,” and that I am eligible for student coverage [and I understand the refund policy].

2) 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, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time.

3) As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.)
Student Enrollment – New User

Scroll past application questions.

Select the checkbox next to the Application Signature.

Click Submit.

Confirmation Page Appears.

U.S.A. University

Your enrollment is complete
You have successfully enrolled in Student BlueSM. Your confirmation number is E-54282BED9F4F. A confirmation email will be sent to you fromnoreply@studentbluenc.com. Please keep a copy for your records.
To view your plan benefits, please visit www.bluenc.com/student.

Transaction Information

<table>
<thead>
<tr>
<th>University Name</th>
<th>Appalachian State University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Transaction Type</td>
<td>Enroll</td>
</tr>
<tr>
<td>Confirmation #</td>
<td>E-54282BED9F4F</td>
</tr>
<tr>
<td>Abortion Coverage (if selected, applies to all insured)</td>
<td>Yes</td>
</tr>
<tr>
<td>Student Class</td>
<td>Graduate</td>
</tr>
<tr>
<td>Student Type</td>
<td>Domestic</td>
</tr>
<tr>
<td>Re-Enrollment</td>
<td>Yes</td>
</tr>
<tr>
<td>Submitted</td>
<td>9/6/2015, 3:46pm EDT</td>
</tr>
</tbody>
</table>
Student Waiver – Already has Login/Password - Domestic

Access the Student Blue website at [www.bcbsnc.com/student](http://www.bcbsnc.com/student)

On the Student Blue homepage, select your school.

Click the **Waive** tab.
Click Request a Waiver.

If you have previously, registered on the Student Blue site, enter your User Name and Password.

Click Login.
Select **Request Waiver**.
Enter Primary and Secondary email address.
Student Waiver – Already has Login/Password - Domestic

Scroll past Email Address.

Enter the Insurance Policy and Health Insurer information.

Policy Information

Policy Number *
Depending on your insurance provider this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.

Group/Plan Number

Policy Holder First Name *

Policy Holder Middle Initial

Policy Holder Last Name *

Relation to Policy Holder *
Select Relationship

Health Insurer Contact Information

Insurance Company *
Select Company

Company Address 1

Company Address 2

Company City

Company State
Select State

Company Zip Code
<table>
<thead>
<tr>
<th>Student Waiver – Already has Login/Password - Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scroll past policy and health carrier information.</td>
</tr>
<tr>
<td>Select the <strong>Add Proof of Coverage</strong> button.</td>
</tr>
<tr>
<td>Browse and locate desired document and select open.</td>
</tr>
<tr>
<td><strong>Note:</strong> Proof of Waiver is optional for domestic, but required for international.</td>
</tr>
<tr>
<td>Select “Yes” or “No,” if you would like to automatically resubmit waiver for the Spring/Summer semester.</td>
</tr>
<tr>
<td>Select the check box and certify the information provided is accurate.</td>
</tr>
<tr>
<td>Click <strong>Submit</strong>.</td>
</tr>
</tbody>
</table>
Confirmation page appears.

Waiver requests will result in one of the following responses:

- **Approved**: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.
- **Denied**: the waiver request is denied. The student will be contacted by e-mail.
- **Pending**: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

On the Student Blue homepage, select your school.

Click the Waive tab.
<table>
<thead>
<tr>
<th>Student Waiver – New User - Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Click Request a Waiver.</strong></td>
</tr>
<tr>
<td><strong>Select the New User tab.</strong></td>
</tr>
<tr>
<td><strong>Click Enroll.</strong></td>
</tr>
</tbody>
</table>
Enter your Student ID and Date of Birth.

Click Continue.

Enter Student Information.
Scroll past Student Information.

Enter the Insurance Policy and Health Insurer information.

### Policy Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td>Depending on your insurance provider this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.</td>
</tr>
<tr>
<td>Group/Plan Number</td>
<td></td>
</tr>
<tr>
<td>Policy Holder First Name</td>
<td></td>
</tr>
<tr>
<td>Policy Holder Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Policy Holder Last Name</td>
<td></td>
</tr>
<tr>
<td>Relation to Policy Holder</td>
<td></td>
</tr>
</tbody>
</table>

### Health Insurer Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
<td>Select Company</td>
</tr>
<tr>
<td>Company Address 1</td>
<td></td>
</tr>
<tr>
<td>Company Address 2</td>
<td></td>
</tr>
<tr>
<td>Company City</td>
<td></td>
</tr>
<tr>
<td>Company State</td>
<td>Select State</td>
</tr>
<tr>
<td>Company Zip Code</td>
<td></td>
</tr>
</tbody>
</table>
### Student Waiver – New User - Domestic

Scroll past policy and health carrier information.

Select the **Add Proof of Coverage** button. Browse and locate desired document and select open.

*Note: Proof of Waiver is optional for domestic, but required for international.*

Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.

Select the check box and certify the information provided is accurate.

Click **Submit**.
Confirmation page appears.

Waiver requests will result in one of the following responses:

• Approved: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.

• Denied: the waiver request is denied. The student will be contacted by e-mail.

• Pending: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

On the Student Blue homepage, select your school.

Click the Waive tab.
Click **Request a Waiver**.

If you have previously, registered on the Student Blue site, enter your **User Name** and **Password**.

Click **Login**.
Enter Student and Account Information.

Scroll past Student Information.

Review the Waiver Requirements and select all that apply.

Note: The international student must meet and attest to each of these requirements by checking each box.
### Student Waiver – Already has Login/Password - International

Scroll past Waiver Requirements.

Enter the Policy and Health Carrier Information.

<table>
<thead>
<tr>
<th>Policy Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Number</strong> *</td>
</tr>
<tr>
<td>Depending on your insurance provider this number may be called Policy Number, Member Number, Account Number, or Subscriber Number.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Group/Plan Number</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Policy Holder First Name</strong> *</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Policy Holder Middle Initial</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Policy Holder Last Name</strong> *</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Relation to Policy Holder</strong> *</td>
</tr>
<tr>
<td>Select Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Carrier Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Company Name</strong> *</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Company Address 1</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Scroll past policy and health carrier information.

Select the Add Proof of Coverage button. Browse and locate desired document and select open.

Note: Proof of Waiver is optional for domestic, but required for international.

Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.

Select the check box and certify the information provided is accurate.

Click Submit.
Confirmation page appears.

Waiver requests will result in one of the following responses:

• Approved: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.

• Denied: the waiver request is denied. The student will be contacted by e-mail.

• Pending: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

On the Student Blue homepage, select your school.

Click the Waive tab.
Student Waiver – New User – International

<table>
<thead>
<tr>
<th>Click Request a Waiver.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Select the New User tab.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Click Enroll.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Enter Primary and Secondary email address.

Scroll past Student Information.

Review the Waiver Requirements and select all that apply.

Note: The international student must meet and attest to each of these requirements by checking each box.
Scroll past Waiver Requirements.

Enter the Policy and Health Carrier Information.

Scroll past policy and health carrier information.

Select the Add Proof of Coverage button. Browse and locate desired document and select open.

Note: Proof of Waiver is optional for domestic, but required for international.
### Student Waiver – New User – International

Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.

<table>
<thead>
<tr>
<th>Resubmission Opt-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like for Student Blue to automatically re-submit my waiver request in the spring semester.*</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

Select the check box and certify the information provided is accurate.

<table>
<thead>
<tr>
<th>Waiver Agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification - I attest that the above information is accurate and authorize its verification. I realize that if the waiver information is found to be invalid, the waiver request will be denied.*</td>
</tr>
</tbody>
</table>

Click **Submit**.

Confirmation page appears.

**Waiver requests will result in one of the following responses:**

- **Approved**: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.
- **Denied**: the waiver request is denied. The student will be contacted by e-mail.
- **Pending**: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

The dashboard provides access to all the information and functionality students need to enroll, submit a waiver or check the status of previously submitted transactions.

From the Dashboard the student will also see an Enrollment or Waiver confirmation message.

Click on **Message Center** from the Dashboard.

All communications from Student Blue will be posted here. Click on the message to view details.

*Note: Students cannot send e-mails through the Student Blue tool.*
Access the Student Blue website at www.bcbsnc.com/student.

Click on Enrollment and Waivers from the Dashboard.

All submitted enrollment and waivers are displayed. Click view details to see more information.

After you have completed the Enrolment or Waiver process, you can cancel the transaction.

Click the Dashboard button.

Click Cancel Waiver or Cancel Enrolment button.
Click **Yes** button.

Confirmation Screen appears.
Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

• Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

• BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

  ▪ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)

  ▪ Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

• If you need these services, contact Customer Service 1-888-206-4697, TTY and TDD, call 1-800-442-7028.

• If you believe that BCBSNC 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:
  ➢ BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783 civilrightscoordinator@bcbsnc.com

• You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.


• This Notice and/or attachments may have important information about your application or coverage through BCBSNC. 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.
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).


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)。


ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجمل. اتصل برقم 1-888-206-4697-7028.


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


सूचना: तू ते हिंदी बोलते है तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028).

 chóllë: はこちらから無料の翻訳サービスをご利用いただけます。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।

โปรดทราบ: หากคุณพูดภาษาอังกฤษ คุณสามารถขอรับการสนับสนุนภาษามีค่าไม่ยั้งใช้ได้ 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。