

Davidson College 2016-2017 Student Health Insurance Plan

Eligibility

All **full-time students** enrolled at Davidson College are automatically enrolled in this Student Health Insurance Plan and the cost will be included on the fall tuition bill.

Domestic students may waive coverage by providing proof of comparable coverage. Students may complete an online waiver at davidson.myahpcare.com to opt out of the plan. Waivers must be submitted by August 1, 2016 for the Fall.

International students are not allowed to waive coverage unless they have coverage in the United States.

Dependent coverage is not available.

Student Health Center Benefits: The Deductible will be waived and the benefits will be paid 100% of Covered Medical Expenses incurred based on approved fee schedule when treatment is rendered at the Student Health Center.



This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

BENEFIT MAXIMUM Unlimited, per Insured Person, per policy year

Deductible
 Network Provider: \$ 300 per Insured Person, per Policy Year
 Non-Network Provider: \$ 600 per Insured Person, per Policy Year

Out-of-Pocket Maximum
 Network Provider: \$ 4,000 per Insured Person, per Policy Year
 Non-Network Provider: \$ 8,000 per Insured Person, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are Based on Usual and Reasonable Charges</i>
Hospital Room & Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
In-Office Physician Fees	70%	50%
Diagnostic X-ray Services & Laboratory Procedures	70%	50%
Emergency Services Expense	70%	50%
Prescription Drugs <i>Up to a 31-day supply per prescription</i>	At pharmacies contracting with Optum RX® 100% after a \$15 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	100% after a \$15 Deductible per Generic Drug \$30 Deductible per Brand Name Drug
Preventive Care Services	100%	70%

2016-2017 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Annual 08/09/2016 through 08/08/2017	Spring/ Summer 01/01/2017 through 08/08/2017
Open Enrollment	08/09/2016 through 09/20/2016	01/02/2017 through 02/13/2017
Student	\$1,690	\$1,020

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

davidson.myahpcare.com
 (855) 856-2388

Please view the complete brochure on-line at davidson.myahpcare.com for full details of participation in the plan.

