





HEALTH PLAN FOR DAVIDSON COLLEGE | 2017-2018



Student Blue A HEALTHY PLAN for a successful future

Davidson College has selected Student Blue to provide you with quality health insurance coverage from Blue Cross and Blue Shield of North Carolina (Blue Cross NC). With Student Blue, you have low out-of-pocket costs and worldwide coverage.¹

All eligible students enrolled at Davidson College are required to have health insurance coverage. Davidson College endorses a cost-effective Student Health Insurance Plan (SHIP) that covers additional health care expenses not included in the Student Health Fee. This plan is administered by Blue Cross NC.

- + 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, 2017 for the Fall and December 1, 2017 for the Spring.
- + 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.

BENEFIT highlights

Student Blue	If you visit your Student Health Center or doctor in the Student Blue network: (In-network provider)	If you visit a doctor NOT in the Student Blue network: (Out-of-network provider)	
Student Health Services (medical services)	100%, no deductible	Not applicable	
Office visits Includes office surgery, consultation, X-rays and labs, and a benefit period maximum of four office visits for the evaluation and treatment of obesity in- and out-of-network. See "Inpatient and Outpatient Services."	Primary care provider and/or Specialist: 80% after deductible	Primary care provider and/or Specialist: 50% after deductible	
Preventive care (primary preventive diagnosis only) For the most updated list of general preventive/screenings, immunizations, well-baby/well-child care and women's preventive care services mandated under federal law, see our website at <i>bcbsnc.com/preventive</i> . Nutritional counseling is covered and available only in-network.	Primary care provider and/or Specialist: 100%, no deductible	Primary care provider and/or Specialist: Not available ³	
Inpatient and outpatient hospital services			
Hospital and hospital-based service Hospital-based clinics (other than preventive services above) Professional services Outpatient diagnostic services	80% after deductible 80% after deductible 80% after deductible	50% after deductible 50% after deductible 50% after deductible	
Outpatient lab tests when performed alone (Physician and hospital-based services)	100%, no deductible	70% after deductible	
Outpatient lab tests when performed with another service			
Physician services Hospital and Hospital-based Services	100%, no deductible 80% after deductible	70% after deductible 50% after deductible	
Outpatient mammography	100%, no deductible	70% after deductible	
Outpatient X-rays, ultrasounds, and other diagnostic tests such as EEGs and EKGs	80% after deductible	50% after deductible	
CT scans, MRIs, MRAs and PET scans in any location, including physician's office	80% after deductible	50% after deductible	

2017-2018 PREMIUM COSTS AND
COVERAGE PERIODSCoverage
PeriodsAnnualSpring/
Summer08/09/2017
through
08/08/201801/01/2018
through
08/08/2018

Student \$2,130 \$1,284

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 BlueOptions PPO.



BENEFIT highlights (continued)

Student Blue	If you visit your Student Health Center or doctor in the Student Blue network: (In-network provider)	If you visit a doctor NOT in the Student Blue network: (Out-of-network provider)
Urgent care centers and emergency room Urgent care centers Emergency room visit	80% after deductible 80% after deductible	80% after deductible 80% after deductible
(If admitted from the ER, inpatient hospital benefits apply. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services")		
Ambulatory surgical center	80% after deductible	50% after deductible
Prescription drugs Tier 1 (generic): Tier 2 (preferred brand): Tier 3 (brand and specialty): Up to 30 day supply. 31–60 day supply is two copayments and 61–90 day supply is three copayments. MAC B pricing, enhanced formulary. Prior plan approval, step therapy and quantity limits may apply. Preventive OTC medications and contraceptive drugs and devices as listed at <i>bcbsnc.com/preventive</i> 100%, no deductible.	\$15 copayment \$30 copayment \$50 copayment	\$15 copayment \$30 copayment \$50 copayment
Mental health and substance abuse services Office visits Inpatient/outpatient	80% after deductible 80% after deductible	50% after deductible 50% after deductible
Pediatric dental services* Preventive services Basic and major Orthodontic services (if medically necessary) *Pediatric dental is only available for members up through the end of the month they become age 19.	100%, no deductible 80% after deductible 80% after deductible	70%, no deductible 50% after deductible 50% after deductible
Pediatric vision benefit* Routine vision exam Frames and lenses or contact lenses *Pediatric vision is only available for members up through the end o f the month they become age 19. For more information, refer to your benefit booklet.	100%, no deductible 80% after deductible	Not covered 80% after deductible
Other services Skilled nursing facility (60 days per benefit period) Home health care, durable medical equipment and hospice Ambulance Maternity (maternity delivery includes prenatal and	80% after deductible 80% after deductible 80% after deductible	50% after deductible 50% after deductible 80% after deductible
post-delivery care) Hospital services (delivery) Professional services (delivery) Transplants Hospital services Professional services Infertility services (combined in-network and out-of-network lifetime maximum of three ovulation induction cycles, with	80% after deductible 80% after deductible 80% after deductible 80% after deductible	50% after deductible50% after deductible50% after deductible50% after deductible
or without insemination, per member for infertility services, provided in all places of service) Primary care provider Specialist Hospital services Inpatient and outpatient professional services	80% after deductible 80% after deductible 80% after deductible 80% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Policy year deductible	\$300 per insured member in-network	\$600 per insured member
Policy year out-of-pocket maximum Therapies Rehabilitative and habilitative therapies (maximums apply to home, office and outpatient settings): physical/occupational: 30 visits per benefit period; speech therapy: 30 visits per benefit period; adaptive behavior treatment: not covered for students	\$4,000 Primary care provider and/or Specialist: 80% after deductible	\$8,000 Primary care provider and/or Specialist: 50% after deductible





1 With coverage nationwide and in more than 200 countries and territories worldwide through BlueCard® program. Blue Cross and Blue Shield Association Internal Data: bcbs.com/already-amember/coverage-home-and-away.html (Accessed May 2013)

2 Your actual expenses for covered services may exceed the stated consurance percentage or copayment amount because actual provider charges may not be used to determine the payment obligations for Blue Cross NC and its members.

3 Colorectal screening, bone mass measurement, newborn hearing screening, prostate specific antigen tests (PSAs), gynecological exams, cervical cancer screening, ovarian cancer screening and screening mammograms are state mandated and also covered out-of-network.

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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.
- 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 *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.
- 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).

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: 7028-442-108-1.

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 સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ៖ ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សុមទំនាក់ទំនងតាមរយ:លេខ៖ 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, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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。