



HEALTH PLAN FOR DAVIDSON COLLEGE | 2019-2020



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 must complete an online waiver at davidson.myahpcare.com in order to opt out of the plan. Waivers must be submitted by July 25, 2019 for the Fall and December 1, 2019 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 at 100% of Covered Medical Expenses incurred, based on the approved fee schedule when treatment is rendered at the Student Health Center.

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS		
	Annual	Spring/Summer
Coverage Periods	08/01/2019 through 07/31/2020	01/01/2020 through 07/31/2020
Student	\$2,295	\$1,336

BENEFIT highlights

StudentBlue	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)
All dollar amounts and percentages are what you, as a plan member, would pay.		
Student Health Services (medical services)	No Charge	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 Hospital Services."	Primary care provider and/or Specialist: 20% 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 BlueCrossNC.com/Preventive . Nutritional counseling is covered and available only in-network.	Primary care provider and/or Specialist: No Charge	Primary care provider and/or Specialist: Not available ²
Inpatient and outpatient hospital services Hospital and hospital-based service Hospital-based clinics (other than preventive services above) Professional services Outpatient diagnostic services Outpatient lab tests when performed alone (Physician and hospital-based services) Outpatient lab tests when performed with another service Physician services Hospital and Hospital-based Services Outpatient mammography Outpatient X-rays, ultrasounds and other diagnostic tests, such as EEGs and EKGs CT scans, MRIs, MRAs and PET scans in any location, including physician's office	20% after deductible 20% after deductible 20% after deductible No Charge No Charge 20% after deductible No Charge 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible 30% after deductible 30% after deductible 50% after deductible 30% after deductible 50% after deductible 50% after deductible

¹This 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)

StudentBlue	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 (If admitted from the ER, inpatient hospital benefits apply. If held for observation, outpatient benefits apply. See "Inpatient and Outpatient Hospital Services.")	20% after deductible 20% after deductible	20% after deductible 20% after deductible
Ambulatory surgical center	20% after deductible	50% after deductible
Prescription drugs Tier 1: Tier 2: Tier 3: Tier 4: Tier 5: 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 BlueCrossNC.com/Preventive no charge. For each 30-day supply of a Tier 5 Drug, you will pay a minimum of \$100 in coinsurance, but not more than \$200.	\$4 copayment \$25 copayment \$35 copayment \$75 copayment 25% coinsurance	\$4 copayment \$25 copayment \$35 copayment \$75 copayment 25% coinsurance
Mental health and substance abuse services Office visits Inpatient/outpatient	20% after deductible 20% 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.	No Charge 20% after deductible 20% after deductible	30%, 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 of the month they become age 19. For more information, refer to your benefit booklet.	No Charge 20% after deductible	Not covered 20% 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 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 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	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 20% after deductible 50% after deductible 50% after deductible 50% after deductible 50% 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	\$4,000	\$8,000
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	Primary care provider and/or Specialist: 20% after deductible	Primary care provider and/or Specialist: 50% after deductible

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 VISIT davidson.myahpcare.com

 CONNECT @BCBSNCStudent

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

1 With coverage nationwide and in more than 200 countries and territories worldwide through BCBS Global[®] Core. Blue Cross and Blue Shield Association: www.bcbsglobalcore.com (Accessed April 2019)

2 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

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- + Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, audio, accessible electronic formats, other formats.)
- + Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service

Call: 1-888-206-4697, 1-800-442-7028 (TTY and TDD)

If you believe that Blue Cross NC 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:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

**Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office**

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the 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:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Mail: U.S. Department of Health & Human Services

200 Independence Avenue, SW Room 509F

HHH Building Washington, D.C. 20201

Call: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. 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.**

Discrimination is Against the Law

Blue Cross NC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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: 1-800-442-7028.

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

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 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।

ໂປດຂຽນ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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。