





HEALTH PLAN FOR DAVIDSON COLLEGE STUDENTS | 2020-2021



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 must complete an online waiver at *davidson.myahpcare.com* in order to opt out of the plan. Waivers must be submitted by July 24, 2020 for the Fall and December 1, 2020 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.

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS				
	Annual	Spring/ Summer		
Coverage Periods	08/01/2020 through 07/31/2021	01/01/2021 through 07/31/2021		
Student	\$2,295	\$1,338		

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):	
	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	20% after deductible 20% after deductible 20% after deductible No charge	50% after deductible 50% after deductible 50% after deductible 30% after deductible	
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	No charge 20% after deductible No charge 20% after deductible 20% after deductible	30% after deductible 50% after deductible 30% after deductible 50% after deductible 50% after deductible	

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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):
	All dollar amounts and percentages are v	what you, as a plan member, would pay.
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 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>BlueCrossNC.com/Preventive</i> are available at 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.	Tier 1: \$4 copayment Tier 2: \$25 copayment Tier 3: \$35 copayment Tier 4: \$75 copayment Tier 5: 25% coinsurance	Tier 1: \$4 copayment Tier 2: \$25 copayment Tier 3: \$35 copayment Tier 4: \$75 copayment Tier 5: 25% coinsurance
Mental health and substance use disorder 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	20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 20% 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	20% after deductible 20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible
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	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 CareProvider and/or Specialist: 50% after deductible







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 Blue Cross and Blue Shield 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.
- ®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Policy Form **StdGrp 4/20**, U13136, 8/20











