





HEALTH PLAN FOR DAVIDSON COLLEGE STUDENTS | 2020-2021



Student Blue A HEALTHY PLAN

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** Spring/ Annual Summer 08/01/2020 01/01/2021 Coverage through through Periods 07/31/2021 07/31/2021 Student \$2,295 \$1,338



Student Blue	If you visit your Student Health Center or doctor in the Student Blue network (in-network provider): All dollar amounts and percentages are y	If you visit a doctor NOT in the Student Blue network (out-of-network provider): 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 <i>BlueCrossINC.com/Preventive</i> . 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	No charge 20% after deductible No charge	30% after deductible 50% after deductible 30% after deductible
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	50% after deductible 50% after deductible

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 Blue Options[®] 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	All dollar amounts and percentages are	what you, as a plan member, would pay. I
Urgent care centers	20% after deductible	20% after deductible
Emergency room visit	20% after deductible	20% 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	20% after deductible	50% after deductible
Prescription drugs		
Up to 30-day supply. 31–60 day supply is two copayments and	Tier 1: \$4 copayment	Tier 1: \$4 copayment
61–90 day supply is three copayments. MAC B pricing, enhanced formulary. Prior plan approval, step therapy and quantity limits may	Tier 2: \$25 copayment	Tier 2: \$25 copayment
apply. Preventive OTC medications and contraceptive drugs and	Tier 3: \$35 copayment	Tier 3: \$35 copayment
devices as listed at <i>BlueCrossNC.com/Preventive</i> are available	Tier 4: \$75 copayment	Tier 4: \$75 copayment
at no charge.	Tier 5: 25% coinsurance	Tier 5: 25% coinsurance
For each 30-day supply of a Tier 5 Drug, you will pay a minimum of \$100 in coinsurance, but not more than \$200.		
Mental health and substance use disorder		
Office visits	20% after deductible	50% after deductible
Inpatient/outpatient	20% after deductible	50% after deductible
Pediatric dental services*		
Preventive services	No charge	30%, no deductible
Basic and major Orthodontic services (if medically necessary)	20% after deductible 20% after deductible	50% after deductible 50% after deductible
*Pediatric dental is only available for members up through the end of the month they become age 19.		
Pediatric vision benefit*		
Routine vision exam	No charge	Not covered
Frames and lenses or contact lenses	20% after deductible	20% after deductible
*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.		
Other services		
Skilled nursing facility (60 days per benefit period)	20% after deductible	50% after deductible
Home health care, durable medical equipment and hospice	20% after deductible	50% after deductible
Ambulance Maternity (maternity delivery includes prenatal and	20% after deductible	20% after deductible
post-delivery care)	200/ ofter deductible	EQ0/ often deductible
Hospital services (delivery) Professional services (delivery)	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Transplants		
Hospital services	20% after deductible	50% after deductible
Professional services Infertility services (combined in-network and out-of-network	20% 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	20% after deductible	50% after deductible
Specialist	20% after deductible	50% after deductible
Hospital services Inpatient and outpatient professional services	20% after deductible 20% 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

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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.

(B), 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





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