



HEALTH PLAN FOR DAVIDSON COLLEGE STUDENTS | 2022-2023



StudentBlue™

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, 2022 for the Fall and December 1, 2022 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.

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS

	Annual	Spring/Summer
Coverage Periods	08/01/2022 through 07/31/2023	01/01/2023 through 07/31/2023
Student	\$2,410.00	\$1,405.51



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 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 50% after deductible 50% after deductible 50% after deductible 50% after deductible 30% after deductible 50% after deductible 50% after deductible

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 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	50% 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 over-the-counter medications and contraceptive drugs and devices as listed at BlueCrossNC.com/Preventive 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% after 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	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
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

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.



 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.

*Pediatric dental and vision is only available for members up through the end of the month they become age 19.

1 Covered in more than 200 countries and territories worldwide through BlueCard® program. Blue Cross and Blue Shield Association Internal Data: bcb.com/already-a-member/coverage-home-and-away.html (Accessed May 2021). BlueCard coverage varies for each BCBS Plan. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage.

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. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Policy Form **StdGrp 4/22**, U13136, 5/22

