



BlueCross BlueShield
of North Carolina

StudentBlue™

davidson.myahpcare.com



HEALTH PLAN FOR DAVIDSON COLLEGE STUDENTS | 2022-2023



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 No charge 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

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.

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