

Student BlueSM

Health Plan for Davidson College Students | 2025–2026



Student BlueSM

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 SHIP 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, 2025, for the Fall and December 1, 2025, 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.

2025-2026

Premium costs and coverage periods		
Coverage Periods	Annual	Spring/Summer
	08/01/2025 through 07/31/2026	01/01/2026 through 07/31/2026
Student	\$2,590.00	\$1,510.00

Am I eligible for the UNC System plan?

Please refer to the plan’s Benefit Booklet to review eligibility criteria. The Benefit Booklet can be found at davidson.myahpcare.com.

Benefit highlights

	If you visit your Student Health Center or doctor in the Blue Options® network (in-network provider):	If you visit a doctor NOT in the Blue Options 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.	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

Benefit highlights *(continued)*

	If you visit your Student Health Center or doctor in the Blue Options network (in-network provider):	If you visit a doctor NOT in the Blue Options 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
Vision care Routine eye exams	No charge	Not applicable
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 services 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 services* 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.	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	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	\$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.	Primary Care Provider and/or Specialist: 20% after deductible	Primary Care Provider and/or Specialist: 50% after deductible



Call 1-800-579-8022
Visit davidson.myahpcare.com
Connect @BCBSNCStudent

Deductibles, coinsurance, limitations and exclusions apply to this coverage. Further details of coverage, limitations and exclusions will be provided in your Benefit Booklet.

What is Not Covered

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your Benefit Booklet, which can be found at davidson.myahpcare.com. Your health benefit plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- For injury or illness resulting from an act of war
- For personal hygiene and convenience items
- For inpatient admissions that are primarily for diagnostic studies
- For palliative or cosmetic foot care
- For investigative or experimental purposes
- For cosmetic services or cosmetic surgery including treatment of or surgery for gynecomastia
- For custodial care, domiciliary care or rest cures
- For reversal of sterilization
- For treatment of sexual dysfunction not related to organic disease
- For self-injectable drugs in the provider's office

1 Covered in nearly 200 countries and territories worldwide through the GeoBlue® program. Blue Cross and Blue Shield Association Internal Data: about.geo-blue.com/ (Accessed October 2024).

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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