

Pacific Union College

2015–2016 Student Health Plan (SHP)

The Plan is administered on behalf of Pacific Union College and the Human Resources Department. The Plan Sponsor is responsible for the proper administration of the Plan according to the terms of the Summary Description of Benefits. For questions, contact the PUC Human Resources Office at (707) 965-6231.

ELIGIBILITY

Pacific Union College (“PUC”) offers this health Plan to its Students and their eligible Dependents (“Participants”). Any registered international and domestic Student enrolled in PUC for 6 or more credit hours or designated as a full-time Student is required to purchase and be covered under the Plan.

- Adventist Colleges Abroad Students, Student Missionaries, ECE and BSM students, and off-campus BSN nursing programs are not eligible for coverage under the Plan.
- Student must actively attend classes for at least the first 45 days after the date for which coverage under the Plan is purchased.
- Eligible students who enroll in the Plan may also purchase Dependent coverage under the Plan. An Eligible Dependent is defined as the student’s spouse or dependent children under 26 years of age.

Regular part-time and full-time employees of PUC are not eligible for and may not be covered under the Plan, including an individual who is a dependent of an employee of PUC .

ENROLLMENT

Eligible Students are automatically enrolled in the Plan at registration. Students who wish to enroll their eligible Dependents should contact the PUC HR Office at (707) 965-6231 before the Enrollment Deadline Date or within 30 days of a change in family status.

COSTS OF COVERAGE

	Fall 09/01/15 to 01/04/16	Winter 01/05/16 to 03/29/16	Spring/Summer 03/30/16 to 08/31/16
Dependent Enrollment Deadline Date	10/01/15	02/05/16	04/30/16
Domestic Student	\$ 250.00	\$ 250.00	\$ 250.00
International Student	\$ 400.00	\$ 400.00	\$ 400.00
One Dependent	\$ 800.00	\$ 800.00	\$ 800.00
Two or Three Dependents	\$2,400.00	\$2,400.00	\$2,400.00

WHERE TO OBTAIN TREATMENT

This Student Health Plan is an Exclusive Provider Organization (EPO) Plan. An EPO plan allows the Participant to receive Eligible Health Care Services only from approved medical providers participating in the Plan’s EPO. The Plan’s EPO includes physicians, hospitals, and other medical providers that have agreed to become part of the EPO and provide Eligible Health Care Services to Participants covered under the Plan at a lower negotiated rate. If the Participant uses approved EPO providers, coverage will be provided as listed in the Plan Benefits Section of the Summary Description of Benefits, and the Participant’s out-of-pocket expenses will be lower. If the Participant does not use an approved EPO provider, they will not be eligible for benefits under the Plan. **In other words, the Plan does not provide coverage for health care services received from a provider that is not a member of the Plan’s EPO.** PUC’s Student Health Plan EPO consists of:

1. PUC Health Clinic

One Angwin Avenue, Angwin CA 94508 | (707) 965-6339

Students must use the resources of the PUC Health Clinic first when receiving Eligible Health Care Services under the Plan. The PUC Health Clinic will provide Eligible Health Care Services whenever possible. If the PUC Health Clinic is unable to provide Eligible Health Care Services under the Plan, it will issue a referral to an approved EPO provider and coordinate necessary follow-up care. Other Eligible Health Care Services under the Plan, such as care from a specialist, also require a referral from the PUC Health Clinic. Eligible Health Care Services requiring a PUC Health Clinic referral are identified in the Summary Description of Benefits. Expenses incurred for Eligible Health Care Services received outside the PUC Health Clinic for which no PUC Health Clinic referral was obtained may be excluded from benefits and coverage under the Plan. Referrals issued by the PUC Health Clinic must be documented and on file with the PUC Health Clinic or accompany the Student’s claim when submitted.

A PUC Health Clinic referral for Eligible Health Care Services received outside the PUC Health Clinic is not required under the following conditions:

- Emergency. In the case of an Emergency, call 911 or go to the nearest emergency room. However, the Student must contact the PUC Health Clinic within 24 hours from the date of receiving Emergency Health Services and/or being discharged from a hospital emergency room or facility. The Student may also be required to return to the PUC Health Clinic for necessary follow-up care within 72 hours from the date of receiving Emergency Health Services and/or being discharged from a hospital emergency room or facility;
- When the PUC Health Clinic is closed. However, the Student must first contact the PUC Health Clinic On Call Nurse at (707) 965-6789 whenever reasonably possible before accessing Eligible Health Care Services outside the PUC Health Clinic’s normal operating hours;
- Primary Care services for Students residing or traveling outside a 50-mile radius of the PUC Health Clinic;
- During scheduled school breaks. If the student receives treatment during a school break and is outside a 50-mile radius of the PUC Health Clinic, he or she is not required to obtain a referral from the PUC Health Clinic for follow-up care upon returning from break;

PUC Health Clinic (continued)

- Routine gynecological or obstetrical services (provided by EPO providers);
- Maternity care;
- Pharmacy Services;
- Preventive Health Services.

Dependents are encouraged but not required to use the resources of the PUC Health Clinic first when receiving primary care services. Dependents can access primary care services through the Plan's other approved EPO providers on the First Health Network. However, in the event that a Dependent requires additional Eligible Health Care Services requiring a referral under the Plan, such as a specialist, they must first contact the PUC Student Health Clinic and obtain the necessary referral before receiving those services in order for benefits to be payable under the Plan.

Participants residing or traveling outside a 50-mile radius of the PUC Health Clinic are not required to use the resources of the PUC Health Clinic first when receiving primary care services. In these instances, Participants can access primary care services through the Plan's other approved EPO providers on the First Health Network. However, in the event that the Participant requires additional Eligible Health Care Services requiring a referral under the Plan, such as a specialist, they must first contact the PUC Student Health Clinic and obtain the necessary referral before receiving those services in order for benefits to be payable under the Plan.

To make an appointment, call: **(707) 965-6339** (for the Career and Counseling Center, call **(707) 965-7080**)

Hours: Monday–Thursday, 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:00 p.m.; Friday, 9:00 a.m. to 12:00 p.m.

On-call staff are available all hours the office is closed, including weekends and holidays, at **(707) 965-6789**.

2. St. Helena Hospital and California Medical Group (CMG)

St. Helena Hospital, 10 Woodland Road, St. Helena, CA 94574 | **(707) 963-3611**

In the event that a Student requires Eligible Health Care Services from a specialist or a hospital, either on an inpatient or outpatient basis, the Student must use the resources of St. Helena Hospital or CMG first when receiving Eligible Health Care Services under the Plan. If St. Helena Hospital or CMG is unable to provide Eligible Health Care Services under the Plan, the Student may seek Eligible Health Care Services through the Plan's other approved EPO providers in the First Health Network.

Dependents are encouraged but not required to use the resources of St. Helena Hospital and CMG first when receiving Eligible Health Care Services from a specialist or a hospital, either on an inpatient or outpatient basis. Dependents can access these Eligible Health Care Services through the Plan's other approved EPO providers in the First Health Network. However, in the event that a Dependent requires Eligible Health Care Services requiring a referral under this Plan, such as a specialist, they must first contact the PUC Student Health Clinic and obtain the necessary referral before receiving those services in order for benefits to be payable under the Plan.

3. Other EPO Plan Providers

The Plan also provides coverage for Eligible Health Care Services received by other approved EPO providers outside the PUC Health Clinic, St. Helena Hospital, and CMG. The Plan's EPO includes physicians, hospitals, and other medical facilities. In the event that a Participant requires Eligible Health Care Services outside the PUC Student Health Clinic, St. Helena Hospital, or CMG, the Participant is required to use an approved EPO provider in the First Health Network. An approved EPO provider under the Plan is defined as any provider that is part of the First Health Network at the time that Eligible Health Care Services are received. For a list of approved EPO providers, please visit www.myfirsthealth.com or contact the PUC Health Clinic.

4. Prescriptions

You MUST fill your prescriptions at an Express Scripts pharmacy or they will not be covered by the Plan. Some nearby Express Scripts pharmacies include Silverado Pharmacy in Calistoga, and Smith's, Vasconi's, and Deer Park pharmacies in St. Helena. Simply present your ID card to the pharmacist and pay the applicable copay at time of pickup. To locate additional Express Scripts pharmacies, call **(800) 451-6245** or visit www.express-scripts.com.

USING THE PLAN AND GETTING YOUR BILLS PAID

Please note these important instructions on how to use the Plan and make sure the treatment or services you receive will be covered:

1. You will receive your plan ID card in the mail. Carry it with you at all times. If you go to a doctor's office, urgent care center, hospital, or pharmacy, show them your ID card. They may call Personal Insurance Administrators, Inc., at the number on the back to verify your coverage.
2. When you go to the PUC Health Clinic or other EPO doctor, you may be charged the required copay at time of service, so be sure to bring cash or a credit card with you.
3. **Except as otherwise noted, you must visit the PUC Health Clinic first for a referral before seeking treatment elsewhere. If a referral is required but not obtained, the plan will NOT pay for your treatment, and you will be responsible for all charges.**
4. In the case of an emergency, Students must contact the PUC Health Clinic within 24 hours from the date of receiving emergency medical care services and/or being discharged from a hospital emergency room or facility. The Student may also be required to return to the PUC Health Clinic for necessary follow-up care within 72 hours from the date of receiving emergency medical care services and/or being discharged from a hospital emergency room or facility.
5. As indicated, certain Eligible Health Care Services and prescription drugs covered under the Plan require prior authorization in order for benefits to be payable. If prior authorization is required but not obtained, benefits may NOT be payable for those services under the Plan. Contact American Health Holding at **(888) 638-5706** to obtain authorization **prior to** receiving treatment, or Express Scripts at **(800) 889-0376** to obtain authorization **prior to** filling a prescription. See the Summary Description of Benefits for specific requirements and time frames.
6. After you receive treatment, you will be charged the deductible first before the company will begin paying benefits (except as otherwise noted).
7. After you receive treatment at an EPO provider, the provider may submit the charges directly to the claims administrator for you. In this case, you will receive an Explanation of Benefits indicating what the plan covered, and then the provider will bill you for any remaining charges. If the provider does not submit the charges directly, YOU will be responsible for filing a claim. In this case, you must complete the claim form and, within 90 days of treatment, send it along with any itemized hospital and medical bills to:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

8. If you have questions about the status of your claim after it has been submitted or for any questions about benefits, please call Personal Insurance Administrators, Inc., at **(800) 468-4343**, Monday–Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT. **Always keep a copy of all documents submitted for claims.**

2015–2016 SCHEDULE OF BENEFITS

Following is a brief description of the benefits of the plan. Please see the Summary Description of Benefits for details of benefits and limitations.

PAID BY PARTICIPANT	PUCHC	EPO
Your Deductible (<i>must be satisfied before benefits are paid, except as noted below</i>)	\$250 per plan year per Student (\$1,000 per family)	
Your Office Visit Copay (<i>copays for ER and prescriptions also apply—see below</i>)	\$5 per visit	\$50 per visit
Your Coinsurance Amount (<i>for most services, except as noted below</i>)	0%	20%
Your Out-of-Pocket Maximum	\$6,600 per individual, \$13,200 per family per Plan year	
PAID BY PLAN	PUCHC	EPO
AGGREGATE MAXIMUM BENEFIT	Unlimited per Participant (except as noted below)	
ELIGIBLE EXPENSES include the following	up to the Maximum Benefit indicated above	
PREVENTIVE HEALTH SERVICES	PUCHC	EPO
Routine Physical Exam includes screening for certain conditions; see Summary Description of Benefits for details.	100% of eligible expenses DEDUCTIBLE & COPAY WAIVED	100% of eligible expenses DEDUCTIBLE & COPAY WAIVED
Immunizations only as recommended by the U.S. Centers for Disease Control and Prevention; see Summary Description of Benefits for details	100% of eligible expenses DEDUCTIBLE & COPAY WAIVED	100% of eligible expenses DEDUCTIBLE & COPAY WAIVED
OUTPATIENT SERVICES	PUCHC	EPO
Emergency Health Services use of emergency room and supplies; includes physician and anesthesiologist; \$100 copay waived if directed by PUCHC to visit ER; treatment must be received within 72 hours from time of injury or first onset of sickness; Eligible Health Care Services obtained from an emergency room facility or providers not meeting the definition of medical necessity are not covered under the plan.	N/A	80% of eligible expenses <i>(includes non-EPO providers)</i> \$100 COPAY
Urgent Care Services	N/A	80% of eligible expenses
Physician Visits* primary care office visit, including consultations and referral services	100% of eligible expenses \$5 COPAY; DEDUCTIBLE WAIVED	100% of eligible expenses \$50 COPAY; DEDUCTIBLE WAIVED
Specialist Visits** including office visit, consultations and referral services; visits to an approved EPO obstetrician or gynecologist do not require a referral	N/A	100% of eligible expenses \$50 COPAY; DEDUCTIBLE WAIVED
Mental Health Counseling Services*	100% of eligible expenses DEDUCTIBLE & COPAY WAIVED	80% of eligible expenses DEDUCTIBLE & COPAY WAIVED
Severe Mental Illness or Serious Emotional Disturbance of a Child***	N/A	100% of eligible expenses \$50 COPAY; DEDUCTIBLE WAIVED
Other Mental Health Services and Substance Abuse/Chemical Dependency Treatment+ physician's office visits and outpatient facility (Prior authorization required for outpatient facility only)	N/A	80% of eligible expenses
Facility Services+ including operating, recovery, procedure, treatment, and observation rooms	N/A	80% of eligible expenses
Professional Services+ including surgeon, radiologist, pathologist, or anesthesiologist fees, in connection with outpatient surgery or procedure; assistant surgeon limited to 20% of primary surgeon eligible expenses	N/A	80% of eligible expenses
Tests and Procedures** includes additional services billed separately from office visit charge	N/A	80% of eligible expenses
Laboratory and Radiology Services+	N/A	80% of eligible expenses
Advanced Radiological Imaging+ including MRIs, MRAs, CAT Scans, PET Scans, etc.	N/A	80% of eligible expenses
Rehabilitative and Habilitative Therapy, including Physical Therapy+	N/A	80% of eligible expenses
Rehabilitative and Habilitative Chiropractic Care+ limited to 15 visits per plan year	N/A	80% of eligible expenses
Acupuncture Treatment+	N/A	80% of eligible expenses
Allergy Testing, Treatment & Injections**	N/A	80% of eligible expenses
Pain Management Injections+	N/A	80% of eligible expenses
Ambulance Services ground only	N/A	80% of eligible expenses
Durable Medical Equipment+	N/A	80% of eligible expenses
INPATIENT SERVICES+	PUCHC	EPO
Hospital Facility Services hospital confinement, room and board and hospital miscellaneous	N/A	80% of eligible expenses
Hospital Physician Visits/Consultations	N/A	80% of eligible expenses
Hospital Professional Services including surgeon, radiologist, pathologist, or anesthesiologist fees, in connection with inpatient surgery or procedure; assistant surgeon limited to 20% of primary surgeon eligible expenses	N/A	80% of eligible expenses
Other Health Care Facilities skilled nursing facility, rehabilitation hospital and sub-acute facilities	N/A	80% of eligible expenses
Severe Mental Illness or Serious Emotional Disturbance of a Child	N/A	80% of eligible expenses
Other Mental Health Services and Substance Abuse/Chemical Dependency Treatment	N/A	80% of eligible expenses
Other Mental Health and Substance Abuse/Chemical Dependency Treatment/ Partial Hospitalization	N/A	80% of eligible expenses
OTHER	PUCHC	EPO
Pediatric Dental Care+ limited to covered persons under the age of 19; prior authorization required for major services and orthodontia	See Summary Description of Benefits for details	
Pediatric Vision Care limited to covered persons under the age of 19	See Summary Description of Benefits for details	
Hospice/ Home Health Care +	N/A	80% of eligible expenses
Approved Clinical Trials	N/A	80% of eligible expenses
MATERNITY CARE SERVICES	PUCHC	EPO
Initial visit to confirm pregnancy	N/A	100% of eligible expenses \$50 COPAY
All subsequent Prenatal Visits, Postnatal Visits, and Physician's Delivery Charges	N/A	80% of eligible expenses
Office Visits in addition to global maternity fee when performed by an OB or Specialist	N/A	100% of eligible expenses \$50 COPAY
Delivery-Facility inpatient hospital, birthing center	N/A	80% of eligible expenses
OUTPATIENT PRESCRIPTION DRUGS+	EXPRESS SCRIPTS PHARMACIES ONLY	
Covered at 100% after copay, includes medication and supplies for the management and treatment of diabetes. <i>Prior authorization is required for certain drugs.</i> To locate an Express Scripts pharmacy, call (800) 451-6245 or visit www.express-scripts.com .	Generic Drugs: \$10 copay/ Preferred Brand Name Drugs (<i>when a generic alternative does not exist or is not medically appropriate</i>): \$30 copay/ Specialty Drugs: 20% copay (<i>deductible applies</i>)/ Diabetic Supplies: \$30 copay	
ONLY PRESCRIPTIONS FILLED AT AN EXPRESS SCRIPTS PHARMACY ARE COVERED		

* Referral required for Students for treatment outside PUCHC (except as otherwise allowed—see Summary Description of Benefits for details)

** Referral required for Students and Dependents for treatment outside PUCHC (except as otherwise allowed—see Summary Description of Benefits for details)

+ Prior authorization required

EXCLUSIONS

No benefits will be paid under the Plan for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, related to:

1. College entrance physicals;
2. Acne;
3. Addiction, such as: caffeine addiction; non-chemical addiction, such as gambling, sexual, spending, shopping, working and religious;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided in benefits for reconstructive surgery or for newborn or adopted infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Plan or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
8. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
9. Dental treatment, except for accidental injury to natural teeth; except as required under the Affordable Care Act.
10. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
11. Elective surgery or elective treatment;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems, except when due to a disease process; except as required under the Affordable Care Act.
13. Foot care including: flat foot conditions, supportive devices for the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
14. Health spa or similar facilities; strengthening programs;
15. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process; except as required under the Affordable Care Act.
16. Hirsutism; alopecia;
17. Hypnosis;
18. Immunizations; except as specifically provided for in the Plan;
19. Injuries due to skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
20. Preventive medicines or vaccines; except as specifically provided for in the Plan; or where required for treatment of a covered Injury;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
23. Investigational services;
24. Lipectomy;
25. Naturopathic services;
26. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
27. Prescription Drug Services – no benefits will be payable for:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
 - d) Products used for unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness, and anabolic steroids used for bodybuilding;
 - f) Anorectics – drugs used for the purpose of weight control;
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number of specified or dispensed after one (1) year of date of the prescription;
28. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies received for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; vasectomy; vasectomy reversal; reversal of sterilization procedures;
29. Research or examinations relating to research studies, or any treatment for which the Participant or the Participant's representative must sign an informed consent document identifying the treatment in which the Participant is to participate as a research study or clinical research study; except in the case of cancer clinical trial or Approved Clinical Trial;
30. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
31. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
32. Sexual/gender reassignment surgery except as provided when determined to be Medically Necessary or when treatment is otherwise covered under the Plan in the absence of a diagnosis of gender dysphoria. This exclusion does not include related mental health counseling or hormone therapy.
33. Sleep disorders;
34. Supplies, except as specifically provided in the Plan;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Plan;
36. Travel in or upon sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, scuba diving, surfing, roller skating;
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
38. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered);
39. Weight management, weight reduction, nutrition programs, surgery for removal of excess skin or fat.