

# Pacific Union College

## 2015–2016 Student Health Plan (SHP)

This document is only brief information about the Student Health Plan. PUC reserves the right, in its sole discretion at any time, to make any change, amendment, or modification to the Plan, or to terminate it. For complete provisions of the Plan, including benefits, limitations, exclusions, definitions, and claim procedure, please review the Summary Description of Benefits carefully, available at [www.puc.edu/campus-services/health-services/insurance-information](http://www.puc.edu/campus-services/health-services/insurance-information). *If there is any discrepancy between this document and the Summary Description of Benefits, the Summary Description of Benefits will govern.*

### GENERAL

#### WHY DO I NEED HEALTH INSURANCE?

Medical costs can be overwhelming and are rising continuously. Without health insurance, students could potentially go into debt with excessive medical bills that will only hinder their academic careers. Academic excellence is facilitated and strengthened when students have a strong mind, healthy body, enlivened spirit, and clear aspirations, nurtured in a supportive environment.

For these reasons and more, Pacific Union College has designed a health plan for PUC students. In conjunction with the Health Clinic on campus, this plan offers coverage for most health conditions that affect our students.

#### CONTACTS

<p><b>STUDENT HEALTH CLINIC:</b>                  One Angwin Avenue                  Angwin, CA 94508-9646                  Phone: (707) 965-6339                  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.  <i>On-call staff are available all hours the office is closed, including weekends and holidays, at (707) 965-6789.</i></p>	<p><b>BENEFITS AND CLAIMS:</b>                  Personal Insurance Administrators, Inc.                  P.O. Box 6040                  Agoura Hills, CA 91376-6040                  Phone: (800) 468-4343                  Hours: Monday–Friday, 8:00 a.m. to 5:00 p.m.                  (4:00 p.m. on Fridays) PT</p>
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### ELIGIBILITY AND ENROLLMENT

#### AM I ELIGIBLE TO BE COVERED UNDER THE STUDENT HEALTH PLAN?

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 nursing programs are not eligible for coverage under the Plan.
- Students 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. Eligible dependents are defined as the spouse and unmarried dependent children under 26 years of age who are not self-supporting. A non-self-supporting child is considered a child who provides less than one-half of their own support, whether from taxable or non-taxable sources.

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.

#### HOW DO I KNOW IF I AM COVERED UNDER THE STUDENT HEALTH PLAN?

The cost for the Student Health Plan is included in the tuition fee bill each semester. You may check your student account statement for health plan charges. See below for a breakdown of charges.

#### WHAT IF I DON'T WANT OR NEED THE STUDENT HEALTH PLAN?

Pacific Union College feels it is vital for students to have access to health care on campus. Therefore, we require all full-time students to be enrolled in the Plan.

#### ARE MY DEPENDENTS ELIGIBLE TO BE COVERED UNDER THE STUDENT HEALTH PLAN?

Students may enroll their legal spouses, as well as unmarried dependent children under 26 years of age who are not self-supporting.

#### HOW DO I ENROLL MY DEPENDENTS?

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.

#### HOW MUCH DOES IT COST TO ENROLL?

	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
<b>Dependent Enrollment Deadline Date</b>	<b>10/01/15</b>	<b>02/05/16</b>	<b>04/30/16</b>
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

## SEEKING TREATMENT

### WHERE DO I GET MY INSURANCE ID CARD?

You will receive your plan ID card in the mail. You can download and print a temporary ID card at [www.4studenthealth.com/puc](http://www.4studenthealth.com/puc). 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.

### WHAT DO I DO IN THE CASE OF AN 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.

### WHAT DO I DO IF I GET SICK OR IF I AM INJURED (AND IT'S NOT AN EMERGENCY)?

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, 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. 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.

NOTE: Dependents are encouraged but not required to use the resources of the PUC Health Clinic first when receiving primary care services.

### WHAT DOCTORS CAN I GO TO?

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.

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

### WHAT ARE THE EPO PROVIDERS?

#### 1. 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.

#### 2. Other EPO Plan Provider

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](http://www.myfirsthealth.com) or contact the PUC Health Clinic.

**WHAT DO I DO IF I GET SICK OR INJURED WHILE I AM TRAVELING AWAY FROM SCHOOL/HOME?**

If you are traveling within the United States, you must seek treatment from a provider who is part of the First Health Network. If you are traveling outside the U.S., you are not covered under this Plan.

**WHAT SHOULD I TAKE TO THE DOCTOR'S OFFICE OR HOSPITAL?**

If you go to a doctor's office or to the hospital, show your insurance ID card. If the doctor or hospital needs to verify coverage for you or your dependents, they may call Personal Insurance Administrators, Inc., at **(800) 468-4343**. **You should carry your insurance ID card with you at all times.**

**WHERE CAN I GO TO GET MY PRESCRIPTIONS FILLED?**

You must fill your prescriptions at an Express Scripts pharmacy in order for them to be covered by the Plan. Simply present your ID card to the pharmacist and pay the applicable copay at the time of pickup. To locate an Express Scripts pharmacy near you, call **(800) 451-6245** or visit **www.express-scripts.com**. Some nearby Express Scripts pharmacies include Silverado Pharmacy in Calistoga, and Smith's, Vasconi's, and Deer Park pharmacies in St. Helena.

**IF I HAVE A BENEFIT QUESTION ABOUT THE STUDENT HEALTH PLAN, WHOM SHOULD I ASK?**

You should familiarize yourself with the covered benefits as described in the plan Summary Description of Benefits, available from the Human Resources office or at **www.4studenthealth.com/puc**. If you require further assistance, please contact Personal Insurance Administrators, Inc. They can be reached by phone at **(800) 468-4343**, Monday–Friday, 8 a.m. to 5 p.m. (4 p.m. on Fridays) PT.

**CLAIM PROCEDURE****HOW DO I GET MY MEDICAL BILLS PAID?**

1. **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.**
2. 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.
3. After you receive treatment, you will be charged the deductible first before the company will begin paying benefits (except as otherwise noted).
4. After you receive treatment at an EPO provider, the provider may submit the charges directly to the claims administrator for you. You will receive an Explanation of Benefits indicating what the Plan covered, and then the provider will bill you for any remaining charges.
5. If the provider does not submit the claim for you, follow these instructions:
  - a) Obtain a copy of the itemized billing, then download a claim form from **www.4studenthealth.com/puc**, answer all the questions, and sign the form before submitting it.
  - b) If you have any other expenses such as X-rays or laboratory charges, be sure to attach these bills to the claim form as well.
  - c) Send your claim form, referral, and all other bills to PIA at the address below. Try to have all itemized bills attached to the same claim form. *Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.*
  - d) A properly completed claim form must be submitted for each injury or sickness.
  - e) Claim forms and bills should be sent to:
 

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**
  - f) Always keep a copy of all documents submitted for claims.

**WHOM DO I CONTACT TO CHECK ON THE STATUS OF MY CLAIM?**

If you have questions about the status of your claim after it has been submitted, please call PIA at **(800) 468-4343** (Monday–Friday, 8:00 a.m. to 5:00 p.m., 4:00 p.m. on Fridays).

**HOW LONG DO I HAVE TO SUBMIT A CLAIM?**

A claim (and all bills and receipts) must be submitted within 90 days after treatment, or as soon as is reasonably possible, in order for the claim to be paid. Note that charges must be incurred within one year of the date of injury or the date of first treatment for sickness.

**WHAT DO I DO IF MY CLAIM IS DENIED OR IS NOT BEING PAID?**

If you have a question about a claim that was denied or has not been paid, call PIA at **(800) 468-4343**. Do not assume billing problems will just “go away.” It is your responsibility to make sure providers are paid for their services (either by you or the Plan).