

Pacific Union College

2015–2016 Student Health Plan (SHP)



Welcome to the 2015–2016 Student Health Plan! Below are brief highlights of plan benefits, as well as important dates and costs of coverage.

For more information, please consult the Summary Description of Benefits.

You can find all plan materials at www.4studenthealth.com/puc. If you have any questions about benefits, please call Personal Insurance Administrators, Inc., at (800) 468-4343.

Important Dates

	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	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

EPO Network

This Student Health Plan is an Exclusive Provider Organization (EPO) Plan. The Plan provides coverage for Eligible Health Care Services received by the PUC Health Clinic, St. Helena Hospital, CMG, and approved EPO providers in the First Health Network.



Referral Requirement

A PUC Health Clinic referral is required for non-emergency care within a 50-mile radius of campus, unless the center is closed or certain preventive care is required. **If you do not obtain a referral, benefits will not be paid, even covered benefits.** See brochure for more details. 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. For a list of approved EPO providers, please visit www.myfirsthealth.com or contact the PUC Health Clinic.



What's Covered

- Preventive/Wellness services – covered at 100% in-network with no copay or deductible. Includes routine screenings, gynecological care, certain immunizations, and well-baby and well-child visits.
- Doctor visits and urgent care
- Emergency expenses
- Surgery, inpatient and outpatient
- Physical therapy
- Tests, procedures, and laboratory services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, copays, coinsurance, and deductibles may apply. Please see the Summary Description of Benefits for details.



What's New for 2015–2016

- The Plan complies with the requirements of The Affordable Care Act, to satisfy the individual coverage mandate and avoid a federal tax penalty.
- Annual limits have been removed for Essential Health Benefits.
- Oral anticancer medications total cost share limited to no more than \$200 per filled prescription, up to a 30 day supply.
- Preventive Services have been expanded to include medications for breast cancer risk reduction for certain individuals.
- All individuals will be required to provide evidence of health coverage on 2015 federal tax returns (see Summary Description of Benefits for further details).



Additional Plan Information

Please note the following levels for coinsurance, copays, deductibles, and other costs of this coverage.

Covered Person Pays	PUC Health Clinic	EPO Network
Deductible	\$250 per plan year per student (\$1,000 per family)	
Coinsurance	0% after copay, deductible waived	20% after deductible
Office Visit Copay	\$5 per visit	100% after \$50 per visit, deductible waived
Emergency Room Copay	N/A	\$100 copay, then 20% of eligible expenses (includes non-EPO providers)
Prescription Drug Copays	\$10 generic/ \$30 preferred brand name/ 20% specialty drugs after deductible	
Out-of-Pocket Maximum	\$6,600 per individual/ \$13,200 per family per plan year	