Gettysburg College
Undergraduate
Students

2017-2018 Student Health Insurance Plan

RCM&D, working with Gettysburg College designated a student-focused health insurance plan that helps protect
students at school, at home, and while traveling.

What is the Plan All About
Your Highmark BlueShield Student Health Insurance Plan offers you:
- Discounted retail and mail order pharmacy networks with drug management control
- There is no Policy Year Maximum Benefit.
- Preventive Care is covered at 100% at a Highmark Blue Shield Provider.
- Blues On Call – Call our toll-free number to talk to health coaches. They can share information on a range of
  healthy topics.

How Much Does It Cost?

<table>
<thead>
<tr>
<th>Student Only</th>
<th>Deadline</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual</strong> 8/1/17 – 7/31/18</td>
<td>9/1/2017</td>
<td>$2,013.00</td>
</tr>
</tbody>
</table>

Who is eligible?
All full-time domestic/international undergraduate students enrolled in “degree seeking” programs are required to
purchase the Gettysburg Student Health Insurance Plan, or demonstrate you have coverage, in another plan, that
meets Gettysburg’s waiver requirements.

How do I enroll in or waive out of the plan?
To elect this coverage, please follow the enrollment directions found on Dashboard under the Student Health Insurance
Selection.

Student Medical Insurance Contact Information
Toll Free: 800.346.4075
- Paige Fritze – pfritte@rcmd.com – ext. 1607
- Tim Cummons – tcummons@rcmd.com – ext. 1452
Here is a brief description of the plan benefits

**Lifetime Maximum**

Unlimited

**Prescription Maximum**

Unlimited

**Annual Deductibles – per person**

Preferred Care: $100; Non-Preferred Care: $250

Deductible is waived for preventive care services

**Individual Out of Pocket Maximum – per person**

Preferred Care: $5,000 per policy year

Non-Preferred Care: $10,000 per policy year

**Emergency Room Co-pay – per visit; co-pay waived if admitted**

Preferred Care: $150; Non-Preferred Care: $15

**Expenses**

**Physician Office Visit – non-preventive**

Preferred Care: 100% after $20 co-pay

Non-Preferred: 80% after deductible

**Physician Office Visit – routine physical exam**

Preferred Care: 100%; Non-Preferred: 80% after deductible

**Inpatient Hospitalization**

Preferred Care: 100% after $200 deductible per admission

Non-Preferred: 80% after $400 deductible per admission

**Emergency Room- co-pay waived if admitted**

Preferred Care: 100% after applicable co-pay

Non-Preferred: 100% after applicable co-pay

**Labs & X-rays**

Preferred Care: 100% after $20 co-pay

Non-Preferred: 80% after deductible

**Prescription Coverage**

Generic co-pay- $20 for a 30 day supply

Formulary brand co-payment - $30 for a 30 day supply

Non-Formulary brand co-payment - $50 for a 30 day supply

Details of the coverage including, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available on the dashboard.

**Please Note**: All eligible students attending Gettysburg College must enroll in or waive out of the insurance coverage offered by the college. If you do not take action by September 1, 2017, you will automatically be charged the $2,013.00

**PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU**: Please read the Gettysburg College Health Insurance brochure located on the Student Health Insurance Selection carefully before enrolling. While this document and the Gettysburg Student Health Insurance brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay. If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may request a copy from pfritze@rcmd.com.

For more information on limitations and plan exclusions, limitations and benefit maximums, please refer to the Gettysburg brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.