



STUDENT HEALTH INSURANCE PLAN

FOR NORMAN CAMPUS AND HEALTH SCIENCES CENTER CAMPUS

2015-2016

Account Number:

115548-15



Administered by:

Blue Cross and Blue Shield of Oklahoma (BCBSOK)

*Please read the brochure to understand your coverage.
Please see "Important Notice" on the final page of this document.*

AcademicBlueSM is from Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health insurance plans of Blue Cross and Blue Shield of Oklahoma.

PLEASE NOTE: WE HAVE CAPITALIZED CERTAIN TERMS THAT HAVE SPECIFIC, DETAILED MEANINGS, WHICH ARE IMPORTANT TO HELP YOU UNDERSTAND YOUR POLICY. PLEASE REVIEW THE MEANING OF THE CAPITALIZED TERMS IN THE DEFINITIONS SECTION.

Eligibility

NORMAN CAMPUS:

Undergraduate students: You must be enrolled for at least nine (9) credit hours during the fall or spring semesters or three credit hours if you are enrolling for summer only coverage. If you are in your last semester before graduation and you need fewer than nine (9) hours, you may continue to have coverage. (You have this option only once during your attendance at OU.)

Graduate students: You must be enrolled for five (5) credit hours during the fall or spring semesters, three (3) credit hours if you are enrolling for summer only coverage, or two thesis or dissertation credit hours. If you are in your last semester before taking your thesis or dissertation, and you need fewer than five (5) credit hours, you may continue to have coverage. (You have this option only once during your attendance at OU.)

Disabled students: If you are not enrolled as a full-time student, but you have a documented disability and have successfully petitioned the university for full-time status, you may be eligible to enroll in the plan.

International students: Non-immigrant international students (on an "F" visa) taking credit hours are automatically enrolled unless a waiver is granted. CESL and J-1 International Students: refer to CESL and J-1 plan brochure.

Other students: Students specifically designated by the university may be eligible for the plan.

HEALTH SCIENCES CENTER CAMPUS:

As part of the acceptance criteria at the University of Oklahoma Health Sciences Center, all students are required to have medical coverage. The University requires each active student to show proof of health insurance coverage.

ALL OU/OUHSC STUDENTS:

A student must actively attend classes in accordance with the student's academic program for at least the first 31 days after the date for which coverage is purchased unless he or she withdraws from classes due to an Injury or Sickness and the absence is an approved medical leave. Home study, correspondence, Internet classes and television (TV) courses do not fulfill the eligibility requirements unless the student is in full accordance with their academic program. Blue Cross and Blue Shield of Oklahoma (BCBSOK) maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If BCBSOK discovers the eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who enroll may also insure their Dependents. Dependent enrollment must take place at the time of student enrollment (or within 30 days if tuition billed) with the exception of newborn or adopted children or a Qualifying Event. Dependent means an Insured's lawful spouse or an Insured's child, stepchild, foster child, a child who is adopted by the Insured or placed for adoption with the Insured, or for which the Insured is a party in a suit for the adoption of the child; or a child which the Insured is required to insure under a medical support order issued or enforceable by the courts. Any such child must be under age 26.

Coverage will continue for a child who is 26 or more years old, chiefly supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to BCBSOK within 31 days after the date the child ceases to qualify as a child for the reasons listed above. During the next two years, BCBSOK may, from time to time, require proof of the continuation of such condition and dependence. After that, BCBSOK may require proof no more than once a year.

Dependent coverage is available only if the student is also insured. Dependent coverage must be the exact same coverage period of the Insured; and therefore, will expire concurrently, with that of the student.

A newborn child will automatically be covered for the first 31 days following the child's birth. To extend coverage for a newborn child past the 31 day period, the covered student must: 1) enroll the child within 31 days of birth, and 2) pay any required additional premium.

Qualifying Event: Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying event. Students are required to submit the Qualifying Event enrollment form, a copy of the Certificate of Creditable Coverage, and the letter of ineligibility. A change in status due to a qualifying event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation. The premium will be the same as it would have been at the beginning of the semester or quarter, whichever applies. However, the effective date will be the later of the date the student enrolls for coverage under the Policy and pays the required premium, or the day after the prior coverage ends. You may download the forms from ou.myahpcare.com or ouhsc.myahpcare.com.

Effective and Termination Dates

The Policy on file at the school becomes effective at 12:00 a.m. standard time at the University's address on the later of the following dates:

- 1) The effective date of the Policy, or
- 2) The date premium is received by BCBSOK or its authorized representative.

Coverage is effective as follows:

NORMAN CAMPUS	From	Through
Annual	08/19/15	08/18/16
Fall	08/19/15	01/11/16
Spring	01/12/16	05/13/16
Spring/Summer*	01/12/16	08/18/16
Summer	05/14/16	08/18/16

*F-1 Internationals are required to enroll in Spring/Summer Coverage for the Spring Semester.

HEALTH SCIENCES CENTER CAMPUS	From	Through
Annual 1	07/01/15	06/30/16
Annual 2	08/15/15	06/30/16
Fall 1	07/01/15	12/31/15
Fall 2	08/15/15	12/31/15
Spring	01/01/16	05/31/16
Spring/Summer	01/01/16	06/30/16
Summer	06/01/16	06/30/16
Summer 2	07/01/16	07/31/16

The coverage provided with respect to the Covered Person shall terminate at 11:59 p.m. standard time on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid; or
- 2) The date the eligibility requirements are not met.

You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. **Refunds of premium are allowed only if BCBSOK discovers eligibility requirements have not been met or upon entry into the Armed Forces, and BCBSOK receives proof of active duty. Otherwise all premiums received by BCBSOK will be considered fully earned and nonrefundable.**

The Policy issued to the University is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the plan the next year. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage. If you no longer meet the eligibility requirements contact Academic HealthPlans at 1-888-924-7758 prior to your termination date.

Extension of Benefits

The coverage provided under the plan ceases on the termination date. However, if a Covered Person is Hospital Confined, on the termination date for a covered Injury or Sickness for which benefits were paid before the termination date, the Covered Expenses for such covered Injury or Sickness will continue to be paid provided the condition continues but not to exceed 90 days after the termination date.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Coordination of Benefits

Under a Coordination of Benefits (COB) provision, the plan that pays first is called the Primary Plan. The Secondary Plan typically makes up the difference between the Primary Plan's benefit and the Covered Expenses. When one plan does not have a COB provision, that plan is always considered Primary, and always pays first. You may still be responsible for applicable Deductible amounts, Copayments and Coinsurance.

Additional Covered Expenses

The Policy will always pay benefits in accordance with any applicable federal and state insurance law(s).

Network Provider Information

Network Providers allow the Covered Person to maximize the benefits offered under this plan. You should seek treatment from the Blue Cross and Blue Shield of Oklahoma (BCBSOK) BlueChoice® Preferred Provider Organization (PPO) Network, which consists of Hospitals, Doctors, ancillary, and other health care providers who have contracted with BCBSOK for the purpose of delivering covered health care services.

A list of Network Providers can be found online at ou.myahpcare.com or ouhsc.myahpcare.com by clicking the "Find a Doctor or Hospital" link under Benefits or by calling (855) 267-0214. Please note: Referral required for most services performed outside of the Student Health Center.

Outpatient Prescription Drug Benefit

AT THE OU STUDENT HEALTH CENTER ONLY: Expenses are payable at 100% of the Allowable Charge after a \$15 Copayment for each Generic and a \$50 Copayment for each Brand Name prescription drug dispensed by **Goddard Health Center (Norman Campus), OU Physicians Student Health & Wellness Clinic (OKC) or Student Health Clinic (Tulsa Campus)**. *Note: All contraceptives will be covered at 100% with no Copayments at the health centers.*

AT PHARMACIES CONTRACTING WITH THE PRIME THERAPEUTICS NETWORK: After the \$100 prescription drug Deductible has been satisfied, expenses are payable at 100% of the Allowable Charge after a \$15 Copayment for each Generic and a \$50 Copayment for each Brand Name prescription drug dispensed by a pharmacy contracting with the Prime Therapeutics Network. Benefits include diabetic supplies. You must go to a pharmacy contracting with the Prime Therapeutics Network in order to access this program. Present your insurance ID card to the pharmacy to identify yourself as a participant in this plan. Eligibility status will be online at the pharmacy. You can locate a participating pharmacy by calling (800) 423-1973 or online at ou.myahpcare.com or ouhsc.myahpcare.com by clicking on the "Find a Pharmacy" link under Benefits.

Covered Expenses for all prescription drugs are limited to a 90 day supply/one (1) Copayment per 30 days.

Pre-Authorization Notification

BCBSOK should be notified of all Hospital Confinements prior to admission.

- 1) **Pre-Authorization Notification of Medical Non-Emergency Hospitalizations:** The patient, Doctor or Hospital should telephone (800) 441-9188 at least five (5) working days prior to the planned admission.
- 2) **Pre-Authorization Notification of Medical Emergency Hospitalizations:** The patient, patient's representative, Doctor or Hospital should telephone (800) 441-9188 within two (2) working days of the admission or as soon as reasonably possible to provide the notification of any admission due to Medical Emergency.

BCBSOK is open for Pre-Authorization Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voicemail after hours by calling (800) 441-9188. **IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the Policy; in addition, Pre-Authorization Notification is not a guarantee that benefits will be paid.

Overview of the Student Health Plan

When you enroll in the Student Health Plan, you must choose the **Enhanced Plan** or **Basic Plan**. The Enhanced Plan covers more of the cost of your care – so you pay less from your own pocket.

OU encourages you to enroll in the **Enhanced Plan** because it pays more of the cost for Covered Medical Care and services than the **Basic Plan** pays. Although coverage costs more under the **Enhanced Plan**, it has much better coverage.

Both the **Enhanced Plan** and the **Basic Plan** cover many medical services available at the on-campus Student Health Center. The Student Health Insurance Plan also pays for many services not available at the Health Center. Both plans help make medical care more affordable, because they include a network of medical providers – called the Preferred Provider Organization (PPO) – that have agreed to charge reduced rates for medical care to people covered under the Student Health Insurance Plan.

Choosing a Health Care Provider

The Student Health Insurance Plan provides benefits for Covered Medical Care provided by the Student Health Center and other medical service providers. To get the greatest benefit from your medical plan, it is important to understand when to use each kind of provider.

- **Student Health Center:** When you need medical care, you should start by going to the Student Health Center. They will refer you to another provider if they cannot provide the services you need.

Goddard Health Center:

620 Elm Ave., Norman, OK (405) 325-4441

Student Health Clinic:

4444 E. 41st Street, Tulsa, OK (918) 619-4565

OU Physicians Student Health & Wellness Clinic:

825 NE 10th Street, OKC, OK (405) 271-2577

- **Preferred Providers:** The Preferred Provider Organization (PPO) is a network of Doctors, Hospitals and other health care providers who have agreed to provide medical care to members of the Student Health Insurance Plan at discounted rates. The Student Health Insurance Plan pays a greater percentage of Covered Medical Care when you use Network Provider Doctors and Hospitals than it pays for Out-of-Network Doctors. To receive the PPO benefit level, you must first receive a valid written referral from the Student Health Center. If you are admitted to a PPO Hospital, please be aware that not all of the Doctors at the that Hospital are necessarily part of the PPO. Whenever you receive a referral to any provider, it is your responsibility to verify that the provider is part of the PPO.
- **Out-of-Network Providers:** You should generally use only the Student Health Center or PPO Network Providers. If you use Out-of-Network Providers you will have limited coverage, and the plan will pay a lower percentage of the cost of Covered Medical Care.

If your provider's charges are more than the Allowable Charge, you must pay 100% of any charges that exceed the Allowable Charge.

What the Plan Covers

The Schedule of Benefits provides an overview of how the Student Health Insurance Plan pays for Covered Medical Care. You need to be aware that the Student Health Insurance Plan has certain limitations and exclusions.

Receiving Medical Care from the Student Health Center

- 1) **Visit the Student Health Center First** (See above for locations)
- 2) **Get a Referral** - If the Student Health Center cannot provide the services you need, they will refer you to a Preferred Provider. You must get a referral from the Student Health Center before you visit any other provider unless you are out of town or require emergency care in a Hospital Emergency Room when the center is closed.

Receiving Medical Care When the Student Health Center is Closed *(A referral is still required within 48 hours)*

- 1) **Go to the Urgent Care** - When the Student Health Center is closed you may go to an Urgent Care Center. Urgent care is for treatment of a medical condition needing immediate attention. According to the Urgent Care Association of America, urgent care services often serve as a direct link between the public and Emergency Room services. Examples could include: care for flu, lacerations, stitches, animal bites and so forth.
- 2) **Go to the Emergency Room** - You should only visit a Hospital Emergency Room when the Sickness or Injury could cause serious jeopardy to your health if not immediately treated.
- 3) **Get a Referral** - You must contact the Student Health Center to get a referral within two (2) days after your visit to another provider. Benefits will be reduced if you fail to receive a referral from the Student Health Center within 48 hours.

Schedule of Medical Expense Benefits Injury and Sickness - ENHANCED PLAN

	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
COINSURANCE	100%	80%	60%
PLAN DEDUCTIBLE*	\$0	\$750	\$1,500
OUT-OF-POCKET MAXIMUM (Unless otherwise noted)	No Maximum	\$10,000	\$15,000

*After the Deductible is satisfied, benefits will be paid based on the selected provider. Benefits will be paid at 80% of the Allowable Charge for services rendered by Network Providers in the Blue Cross and Blue Shield of Oklahoma (BCBSOK) BlueChoice® PPO Network, unless otherwise specified in the Policy. Services obtained from Out-of-Network Providers (any provider outside the BCBSOK BlueChoice® PPO Network) will be paid at 60% of the Allowable Charge, unless otherwise specified in the Policy. Benefits will be paid up to the maximum for each service as specified below regardless of the provider selected.

OUT-OF-POCKET MAXIMUM: Once the Out-of-Pocket limit has been satisfied, Covered Expenses will be payable at 100% for the remainder of the Policy year, up to any maximum that may apply. Coinsurance applies to the Out-of-Pocket limit. Covered Expenses are:

Inpatient	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
*Plan Deductible Applies			
Hospital Expense , daily semi-private room rate; intensive care; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, Laboratory tests, X-ray examinations, pre-admission testing, anesthesia, drugs (excluding take home drugs) or medicines, Physical Therapy, therapeutic services and supplies.	N/A	*80% of Allowable Charge*	*60% of Allowable Charge
Surgical Expense: Student Health Center , Minor Office Surgery Only Network and Out-of-Network Provider, when multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full allowance for that procedure. The surgical procedure with the highest Allowable Charge should be priced at 100% of the Allowable Charge and the remaining eligible procedures should be priced at 50% of the Allowable Charge.	100% Minor Office Surgery Only	*80% of Allowable Charge*	*60% of Allowable Charge
Assistant Surgeon	N/A	*80% of Allowable Charge	*60% of Allowable Charge

Inpatient *Plan Deductible Applies	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Anesthetist	N/A	*80% of Allowable Charge	*60% of Allowable Charge
Doctor's Visits	N/A	*80% of Allowable Charge	*60% of Allowable Charge
Routine Well-Baby Care	N/A	*80% of Allowable Charge No Referral Required	
Mental & Nervous Disorder / Alcoholism & Drug Abuse (Psychiatric Care Services)	100% <i>(Counseling Services at Health Center)</i>	*80% of Allowable Charge	*60% of Allowable Charge

Outpatient *Plan Deductible Applies	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Surgical Expense: Student Health Center , Minor Office Surgery Only Network and Out-of-Network Provider, when multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full allowance for that procedure. The surgical procedure with the highest Allowable Charge should be priced at 100% of the Allowable Charge and the remaining eligible procedures should be priced at 50% of the Allowable Charge.	100% Minor Office Surgery Only	*80% of Allowable Charge	*60% of Allowable Charge
Day Surgery Miscellaneous (Ambulatory Surgical Center Benefits) , related to scheduled surgery performed in a Hospital, including the cost of the operating room, Laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies. (Facility Charges Only)	N/A	*80% of Allowable Charge	*60% of Allowable Charge
Assistant Surgeon	N/A	*80% of Allowable Charge	*60% of Allowable Charge
Anesthetist	N/A	80% of Allowable Charge	*60% of Allowable Charge
Doctor's Visits	100%	*80% of Allowable Charge	*60% of Allowable Charge
Physical Therapy	100%	*80% of Allowable Charge	Not Covered
Chiropractic	N/A	*80% of Allowable Charge \$100 maximum/year	Not Covered
Radiation Therapy and Chemotherapy	N/A	*80% of Allowable Charge	Not Covered

<p style="text-align: center;">Outpatient</p> <p><small>*Plan Deductible Applies</small></p>	<p style="text-align: center;">Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)</p>	<p style="text-align: center;">In and Out-of-Network Providers (with Referral)</p>	<p style="text-align: center;">In and Out-of-Network Providers (without Referral)</p>
<p>Emergency Room Expenses, benefits are payable for the use of the Emergency Room & Supplies. Copayment waived if admitted to the Hospital.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*80% of Allowable Charge after a \$35 Copayment per visit at Norman Regional \$100 Copayment per visit at All Others</p>	<p style="text-align: center;">*60% of Allowable Charge for Non-Emergency *80% of Allowable Charge for True Emergency after a \$35 Copayment per visit at Norman Regional \$100 Copayment per visit at All Others</p>
<p>Minor Emergency/Urgent Care</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">100% Allowable Charge after a \$35 Copayment per visit</p>	<p style="text-align: center;">100% Allowable Charge after a \$35 Copayment per visit</p>
<p>Diagnostic X-rays & Laboratory Procedures</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*80% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>X-rays & Laboratory Services</p>	<p style="text-align: center;">100%</p>	<p style="text-align: center;">*80% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>Injections, when administered in the Doctor's office and charged on the Doctor's statement.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*80% of Allowable Charge</p>	<p style="text-align: center;">*60% of Allowable Charge</p>
<p>Tests & Procedures, diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physical Therapy and X-rays and Lab procedures.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*80% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>Prescription Drugs, all prescriptions are limited to 90 day retail supply with one Copayment per 30 days. Includes diabetic supplies. <i>(See Outpatient Prescription Drug Section for more details.)</i></p>	<p style="text-align: center;">100% of Allowable Charge after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs Contraceptives are paid at 100% <i>(No Copayment)</i></p>	<p style="text-align: center;"><i>At pharmacies contracting with the Prime Therapeutics Network</i> 100% of Allowable Charge after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs \$100 Annual Prescription Deductible</p>	<p style="text-align: center;">Not Covered</p>
<p>Mental & Nervous Disorder / Alcoholism & Drug Abuse (Psychiatric Care Services), includes all related or ancillary charges incurred as a result of a Mental & Nervous Disorder.</p>	<p style="text-align: center;">100% <i>(Counseling Services at Health Center)</i></p>	<p style="text-align: center;">*80% of Allowable Charge</p>	<p style="text-align: center;">*60% of Allowable Charge</p>

The relationship between Blue Cross and Blue Shield of Oklahoma (BCBSOK) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics, LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSOK, as well as several other independent Blue Cross plans, has an ownership interest in Prime Therapeutics.

Other	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Ambulance Service (deductible does not apply)	N/A	80% of Allowable Charge	80% of Allowable Charge
Durable Medical Equipment , when prescribed by a Doctor and a written prescription accompanies the claim when submitted.	N/A	*80% of Allowable Charge \$5,000 maximum/year	*60% of Allowable Charge \$5,000 maximum/year
Dental , made necessary by Injury to sound, natural teeth only.	N/A	*80% of Allowable Charge	Not Covered
Human Tissue and Organ Transplants	N/A	*80% of Allowable Charge	Not Covered
Maternity/Complications of Pregnancy	N/A	*80% of Allowable Charge	*60% of Allowable Charge
<p>Preventive Care Services</p> <p>a. Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”);</p> <p>b. Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (“CDC”);</p> <p>c. Evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”) for infants, child(ren), and adolescents; and</p> <p>d. With respect to women, such additional preventive care and screenings, not described in item “a” above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>Preventive Care services as mandated by state and federal law. Please refer to the Policy or call Blue Cross and Blue Shield of Oklahoma for more information at (855) 267-0214.</p>	100% of Allowable Charge	100% (for services not offered at the Student Health Center)	Not Covered

Schedule of Medical Expense Benefits Injury and Sickness - BASIC PLAN

	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
COINSURANCE	100%	50%	30%
PLAN DEDUCTIBLE*	\$0	\$750	\$1,500
OUT-OF-POCKET MAXIMUM (Unless otherwise noted)	No Maximum	\$15,000	\$20,000

*After the Deductible is satisfied, benefits will be paid based on the selected provider. Benefits will be paid at 50% of the Allowable Charge for services rendered by Network Providers in the Blue Cross and Blue Shield of Oklahoma (BCBSOK) BlueChoice® PPO Network, unless otherwise specified in the Policy. Services obtained from Out-of-Network Providers (any provider outside the BCBSOK BlueChoice® PPO Network) will be paid at 30% of the Allowable Charge, unless otherwise specified in the Policy. Benefits will be paid up to the maximum for each service as specified below regardless of the provider selected.

OUT-OF-POCKET MAXIMUM: Once the Out-of-Pocket limit has been satisfied, Covered Expenses will be payable at 100% for the remainder of the Policy Year, up to any maximum that may apply. Coinsurance applies to the Out-of-Pocket limit. Covered Expenses are:

Inpatient *Plan Deductible Applies	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Hospital Expense , daily semi-private room rate; intensive care; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, Laboratory tests, X-ray examinations, pre-admission testing, anesthesia, drugs (excluding take home drugs) or medicines, Physical Therapy, therapeutic services and supplies.	N/A	*50% of Allowable Charge*	*30% of Allowable Charge
Surgical Expense: Student Health Center , Minor Office Surgery Only Network and Out-of-Network Provider, when multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full allowance for that procedure. The surgical procedure with the highest Allowable Charge should be priced at 100% of the Allowable Charge and the remaining eligible procedures should be priced at 50% of the Allowable Charge.	100% Minor Office Surgery Only	*50% of Allowable Charge*	*30% of Allowable Charge
Assistant Surgeon	N/A	*50% of Allowable Charge	*30% of Allowable Charge

Inpatient <small>*Plan Deductible Applies</small>	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Anesthetist	N/A	*50% of Allowable Charge	*30% of Allowable Charge
Doctor's Visits	N/A	*50% of Allowable Charge	*30% of Allowable Charge
Routine Well-Baby Care	N/A	*50% of Allowable Charge No Referral Required	
Mental & Nervous Disorder / Alcoholism & Drug Abuse (Psychiatric Care Services)	100% <i>(Counseling Services at Health Center)</i>	*50% of Allowable Charge	*30% of Allowable Charge

Outpatient <small>*Plan Deductible Applies</small>	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Surgical Expense: Student Health Center , Minor Office Surgery Only Network and Out-of-Network Provider, when multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full allowance for that procedure. The surgical procedure with the highest Allowable Charge should be priced at 100% of the Allowable Charge and the remaining eligible procedures should be priced at 50% of the Allowable Charge.	100% Minor Office Surgery Only	*50% of Allowable Charge	*30% of Allowable Charge
Day Surgery Miscellaneous (Ambulatory Surgical Center Benefits) , related to scheduled surgery performed in a Hospital, including the cost of the operating room, Laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies. (Facility Charges Only)	N/A	*50% of Allowable Charge	*30% of Allowable Charge
Assistant Surgeon	N/A	*50% of Allowable Charge	*30% of Allowable Charge
Anesthetist	N/A	50% of Allowable Charge	*30% of Allowable Charge
Doctor's Visits	100%	*50% of Allowable Charge	*30% of Allowable Charge
Physical Therapy	100%	*50% of Allowable Charge	Not Covered
Chiropractic	N/A	*50% of Allowable Charge \$100 maximum/year	Not Covered
Radiation Therapy and Chemotherapy	N/A	*50% of Allowable Charge	Not Covered

<p style="text-align: center;">Outpatient</p> <p><small>*Plan Deductible Applies</small></p>	<p style="text-align: center;">Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)</p>	<p style="text-align: center;">In and Out-of-Network Providers (with Referral)</p>	<p style="text-align: center;">In and Out-of-Network Providers (without Referral)</p>
<p>Emergency Room Expenses, benefits are payable for the use of the Emergency Room & Supplies. Copayment waived if admitted to the Hospital.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*50% of Allowable Charge after a \$35 Copayment per visit at Norman Regional/ \$100 Copayment per visit at All Others</p>	<p style="text-align: center;">*30% of Allowable Charge for Non-Emergency *50% of Allowable Charge for True Emergency after a \$35 Copayment per visit at Norman Regional \$100 Copayment per visit at All Others</p>
<p>Minor Emergency/Urgent Care</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">100% Allowable Charge after a \$35 Copayment per visit</p>	<p style="text-align: center;">100% Allowable Charge after a \$35 Copayment per visit</p>
<p>Diagnostic X-rays & Laboratory Procedures</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*50% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>X-rays & Laboratory Services</p>	<p style="text-align: center;">100%</p>	<p style="text-align: center;">*50% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>Injections, when administered in the Doctor's office and charged on the Doctor's statement.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*50% of Allowable Charge</p>	<p style="text-align: center;">*30% of Allowable Charge</p>
<p>Tests & Procedures, diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physical Therapy and X-rays and Lab procedures.</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">*50% of Allowable Charge</p>	<p style="text-align: center;">Not Covered</p>
<p>Prescription Drugs, all prescriptions are limited to 90 day retail supply with one Copayment per 30 days. Includes diabetic supplies. (See Outpatient Prescription Drug Section for more details.)</p>	<p style="text-align: center;">100% of Allowable Charge after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs Contraceptives are paid 100% (No Copayment)</p>	<p style="text-align: center;">At pharmacies contracting with the Prime Therapeutics Network 100% of Allowable Charge after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs \$100 Annual Prescription Deductible</p>	<p style="text-align: center;">Not Covered</p>
<p>Mental & Nervous Disorder / Alcoholism & Drug Abuse (Psychiatric Care Services), includes all related or ancillary charges incurred as a result of a Mental & Nervous Disorder.</p>	<p style="text-align: center;">100% (Counseling Services at Health Center)</p>	<p style="text-align: center;">*50% of Allowable Charge</p>	<p style="text-align: center;">*30% of Allowable Charge</p>

Other	Goddard Health Center (Norman) OU Physicians Student Health & Wellness Clinic (OKC) Student Health Clinic (Tulsa)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Ambulance Service (deductible not required)	N/A	50% of Allowable Charge	50% of Allowable Charge
Durable Medical Equipment , when prescribed by a Doctor and a written prescription accompanies the claim when submitted.	N/A	*50% of Allowable Charge \$5,000 maximum/year	*30% of Allowable Charge \$5,000 maximum/year
Dental , made necessary by Injury to sound, natural teeth only.	N/A	*50% of Allowable Charge	Not Covered
Human Tissue and Organ Transplants	N/A	*50% of Allowable Charge	Not Covered
Maternity/Complications of Pregnancy	N/A	*50% of Allowable Charge	*30% of Allowable Charge
<p>Preventive Care Services</p> <p>a. Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”);</p> <p>b. Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (“CDC”);</p> <p>c. Evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”) for infants, child(ren), and adolescents; and</p> <p>d. With respect to women, such additional preventive care and screenings, not described in item “a” above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>Preventive Care services as mandated by state and federal law. Please refer to the Policy or call Blue Cross and Blue Shield of Oklahoma for more information at (855) 267-0214.</p>	100% of Allowable Charge	100% (for services not offered at the Student Health Center)	Not Covered

Definitions

Allowable Charge means the maximum amount determined by BCBSOK to be eligible for consideration of payment for a particular service, supply or procedure.

For Hospitals, Doctors and other providers contracting with BCBSOK or any other Blue Cross and Blue Shield Plan - The Allowable Charge is based on the terms of the Network Provider contract and the payment methodology in effect on the date of service. The payment methodology used may include diagnosis-related groups (DRG), fee schedule, package pricing, global pricing, per diems, case-rates, discounts, or other payment methodologies.

For Hospitals, Doctors and other providers not contracting with BCBSOK or any other Blue Cross and Blue Shield Plan (non-contracting Allowable Charge) - The Allowable Charge will be the lesser of: (i) the provider's billed charges, or; (ii) the non-contracting Allowable Charge.

The Non-Contracting Allowable Charge is developed from base Medicare reimbursements, excluding any Medicare adjustments using information on the claim, and adjusted by a predetermined factor established by the plan. Such factor shall be not less than 100% of the base Medicare reimbursement rate. For services for which a Medicare reimbursement rate is not available, the Allowable Charge for non-contracting Providers will represent an average contract rate for Network Providers adjusted by a predetermined factor established by the plan and updated on a periodic basis. Such factor shall not be less than 100% of the average contract rate and will be updated not less than every two years. We will utilize the same claim processing rules and/or edits that We utilize in processing Participating Provider claims for processing claims submitted by Non-Contracting Providers which may also alter the Allowable Charge for a particular service. In the event the plan does not have any claim edits or rule, the plan may utilize the Medicare claim rules or edits that are used by Medicare in processing the claims. The Allowable Charge will not include any additional payments that may be permitted under the Medicare laws or regulations which are not directly attributable to a specific claim, including but not limited to, disproportionate share and graduate medical education payments.

Any change to the Medicare reimbursement amount will be implemented by BCBSOK within 145 days after the effective date that such change is implemented by the Centers for Medicaid and Medicare Services, or its successor.

In the event the non-contracting Allowable Charge does not equate to the Non-Contracting Provider's billed charges, the Covered Person will be responsible for the difference, along with any applicable Copayment, Coinsurance and Deductible amount. This difference may be considerable. To find out an estimate of the plan's non-contracting Allowable Charge for a particular service, Covered Persons may call customer service at the number on the back of the identification card.

For multiple surgeries - The Allowable Charge for all surgical procedures performed on the same patient on the same day will be the amount for the single procedure with the highest Allowable Charge plus a determined percentage of the Allowable Charge for each of the other covered procedures performed.

For Prescription Drugs as applied to Network Provider and Out-of-Network Provider Pharmacies - The Allowable Charge for pharmacies that are Network Providers will be based on the provisions of the contract between BCBSOK and the pharmacy in effect on the date of service. The Allowable Charge for pharmacies that are not Network Providers will be based on the Average Wholesale Price.

Copayment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Person means any eligible student or an eligible Dependent who applies for coverage, and for whom the required premium is paid to BCBSOK.

Definitions Continued

Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

Doctor means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

Interscholastic Activities means playing, participating and/or traveling to or from an interscholastic, intercollegiate, club sports, professional, or semi-professional sport, contest or competition, including practice or conditioning for such activity.

Medically Necessary means those services or supplies covered under the plan which are:

- Essential to, consistent with, and provided for the diagnosis or the direct care and treatment of the condition, Sickness, disease, Injury, or bodily malfunction; and
- Provided in accordance with and are consistent with generally accepted standards of medical practice in the United States; and
- Not primarily for the convenience of the Participant, his Physician, Behavioral Health Practitioner, the Hospital, or the Other Provider; and
- The most economical supplies or levels of service that are appropriate for the safe and effective treatment of the Participant. When applied to hospitalization, this further means that the Participant requires acute care as a bed patient due to the nature of the services provided or the Participant's condition, and the Participant cannot receive safe or adequate care as an outpatient.

The medical staff of BCBSOK shall determine whether a service or supply is Medically Necessary under the plan and will consider the views of the state and national medical communities, the guidelines and practices of Medicare, Medicaid, or other government-financed programs, and peer reviewed literature. Although a Physician, Behavioral Health Practitioner or Professional Other Provider may have prescribed treatment, such treatment may not be Medically Necessary within this definition.

Network Provider means a Hospital, Doctor or other provider who has entered into an agreement with BCBSOK (and in some instances with other participating Blue Cross and/or Blue Shield Plans) to participate as a managed care provider.

Out-of-Network Provider means a Hospital, Doctor or other provider who has not entered into an agreement with BCBSOK (or other participating Blue Cross and/or Blue Shield Plan) as a managed care provider.

Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness

We, Our, Us means Blue Cross and Blue Shield of Oklahoma or its authorized agent.

Exclusions and Limitations

Except as specified in this Policy, coverage is not provided for loss or charges incurred by or resulting from services:

1. Problems, mental retardation, or for inpatient confinement for environmental change;
2. For which the provider of service customarily makes no direct charge to a Covered Person;
3. For treatment of an injury received while participating in a riot or civil disorder, war, declared or undeclared, commission of or attempt to commit a felony or fighting, except in self defense;
4. For treatment of an injury received while practicing for, or participating in, any club, intercollegiate, professional sport or traveling to or from such event as a member of an organized team representing the Services which are not prescribed by or performed by or upon the direction of a Doctor;
5. Services which are not Medically Necessary, except as specified;
6. Incurred during a Hospital confinement, regardless of Medical Necessity, when such services, supplies or charges are not approved in accordance with the Pre-Authorization process;
7. Which are in excess of the Allowable Charge;
8. Which are Experimental/Investigational in nature;
9. For any illness or injury occurring in the course of employment if whole or partial compensation or benefits are or might have been available under the laws of any government unit; any policy of workers' compensation insurance; or according to any recognized legal remedy arising from an employer-employee relationship. This applies whether or not you claim the benefits or compensation or recover the losses from a third party;
10. To the extent payment has been made under Medicare or would have been made if you had applied for Medicare and claimed Medicare benefits, or to the extent governmental units provide benefits (some state or federal laws may affect how we apply this exclusion);
11. For which you have no legal obligation to pay in the absence of this or like coverage;
12. Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
13. For cosmetic treatment including prescription drugs, Surgery or complications resulting therefrom, including Surgery to improve or restore your appearance, unless: needed to repair conditions resulting from a covered accidental injury which occurs after your effective date, provided treatment begins within three months from the date of the accident. In no event will any care and services for breast reconstruction and implantation or removal of breast prostheses be a Covered Service unless such care and services are performed solely and directly as a result of Medically Necessary mastectomy;
14. For reverse sterilization;
15. Received from a member of your immediate family;
16. For any Inpatient care and services unless documentation can be provided that, due to the nature of the services rendered or your condition, you cannot receive safe or adequate care as an Outpatient;
17. Expenses for treatment rendered after your termination date;
18. For personal hygiene and convenience items regardless of whether or not recommended by a Doctor. Examples include but are not limited to: air conditioners, air purifiers or filters; humidifiers; or physical fitness equipment, including exercise bicycles or treadmills;

Exclusions and Limitations Continued

19. For telephone consultations, missed appointments, or completion of a claim form;
20. For Custodial Care such as sitters' or homemakers' services, care in a place that serves you primarily as a residence when you do not require skilled nursing, or for rest cures;
21. For foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, bunions (except capsular and bone Surgery), calluses, toenails, and the like;
22. For routine or periodic physical examinations, except at Student Health Center or as specifically provided;
23. For screening examinations (except as specifically provided), including X-ray examinations without film;
24. For dental treatment or surgery (including complications resulting therefrom), except for: the treatment of accidental injury, to sound natural teeth, mouth or face occurring on or after the Covered Person's effective date; or for the improvement of the physiological functioning of a malformed body member, provided the Covered Person has been continuously covered under the plan since birth;
25. Benefits are not provided for dental implants, grafting of alveolar ridges, or for any complications arising from such procedures;
26. For eyeglasses, contact lenses or examinations for prescribing or fitting them, except for aphakic patients (including lenses required after cataract surgery) and soft lenses or sclera shells to treat disease or injury. Vision examinations not related to the prescription or fitting of lenses will be a covered service only when performed in connection with the diagnosis or treatment of disease or injury. Eye refractions are not covered in any event;
27. For eye surgery such as radial keratotomy, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring);
28. For hearing aids, tinnitus maskers, or examinations for prescribing or fitting them. Hearing examinations not related to the prescription or fitting of hearing aids will be a covered service only when performed in connection with the diagnosis or treatment of disease or injury;
29. For transsexual surgery or any treatment leading to or in connection with transsexual surgery;
30. For diagnosis, treatment or medications for infertility and fertilization procedures. Examples include any form of: artificial insemination; ovulation induction procedures; in vitro fertilization; embryo transfer; or any other procedures, supplies or medications which in any way are intended to augment or enhance your reproductive ability;
31. For treatment of sexual problems not caused by organic disease;
32. For treatment of obesity, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether to be taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complications resulting from weight loss treatments or procedures;
33. For elective abortion;
34. For or related to acupuncture, whether for medical or anesthesia purposes;
35. For treatment of an illness or injury received while skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any aircraft except as a passenger on a regularly scheduled commercial flight;
38. For treatment of temporomandibular joint dysfunction, included but not limited to diagnostic procedures, splints, orthodontic/orthopedic appliances, restorations necessary to increase vertical dimension or to restore or maintain functional or centric occlusion, alteration of teeth or jaws, Physical Therapy, and medication and behavioral modification related to conditions

Exclusions and Limitations Continued

- involving the jaw joint, adjacent muscles or nerves, regardless of cause or diagnosis;
- 37. For orthopedic braces or prosthetic appliances and orthotics;
- 38. Which are not specifically named as Covered Services subject to any other specific Exclusions and Limitations in this plan;
- 39. Resulting from injury or sickness sustained while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces, the plan will refund unearned pro-rata contribution;
- 40. Treatment of sleep disorders;
- 41. Gynecomastia, 19300 hirsutism;
- 42. Deviated nasal septum, including submucous resection and/or other surgical correction, unless due to an Injury occurring while continuous coverage is in effect;
- 43. Botox for any reason; and
- 44. For injuries caused by bobsledding, or travel in or upon a snowmobile, an all-terrain vehicle (ATV) or any other 2- or 3-wheeled motor vehicle, unless the injuries were sustained traveling in or upon a 2- or 3-wheeled vehicle that is legally registered to be operated on public streets and highways, the operator was licensed to operate the vehicle, the injured covered person was wearing a helmet and all appropriate safety attire, and no traffic laws were being violated at the time such injuries were sustained.

Academic Emergency Services

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services benefits in your student health plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small.

The following services and benefits are available to you 24 hours a day, 7 days a week:

- **Medical Assistance:** Pre-travel information; doctor, dentist or ophthalmologist referrals; medical monitoring to ensure adequate care; 24/7 Nurse Help Line; prescription assistance or medicine dispatch.
- **Emergency Medical Evacuation and Repatriation:** Unlimited benefit for evacuation from inadequate facility to closest adequate facility, repatriation home for continued care or recovery and repatriation of deceased remains.
- **Accidental Death and Dismemberment:** \$25,000 benefit
- **Emergency Family Assistance:** benefits for visit of a family member or friend if hospitalized for 7 or more days, return of children if left unattended, bereavement reunion, emergency return home in the event a participant's family member suffers life threatening illness or death and return of participant's personal belongings in the event of evacuation or death.
- **Travel, Legal and Security Assistance:** Pre-travel destination information or security advice; assistance locating lost luggage; passport replacement assistance; emergency travel arrangements; translation assistance; interpreter referral; legal consultation and referral; emergency message forwarding.

**Preparing for your time away from home is easy, simply visit
the Academic Emergency Services portal:**

<http://aes.mysearchlightportal.com>

Login: AHPAES

Password: student1

**To obtain additional pre-travel information or advice, or in the event of a medical,
travel or security crisis, call Academic Emergency Services immediately.**

(855) 464-8975 call toll free from the US or Canada

+ 1 (603) 328-1362 call collect from anywhere

Email: mail@oncallinternational.com

This only provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged and paid for through AES, there is no claim process for reimbursement of self-paid expenses.

Academic Emergency Services (AES) is a global emergency services product provided by On Call International, a separate and independent company. AES provides medical evacuation, repatriation, AD&D, emergency medical and travel assistance, travel information and other services for Academic Health Plans (AHP). On Call is solely responsible for its product and services.

(Academic Emergency Services, Inc. is not affiliated with BCBSOK.)

Claim Procedure

In the event of Injury or Sickness, the student should:

- 1) Report to the Student Health Center for treatment or a referral. When not in school or when the Health Center is closed, you may go to an Urgent Care Center. *NOTE: A referral will be required within 48 hours of the visit.*

**IN AN EMERGENCY, REPORT DIRECTLY TO THE
NEAREST EMERGENCY ROOM FOR TREATMENT.**

- 2) Mail to the address below all prescription drug receipts (for providers outside of those contracting with Prime Therapeutics), medical and Hospital bills along with patient's name and Insured student's name, address, Social Security Number and name of the University under which the student is Insured.
- 3) File claims within 30 days of Injury or first treatment for a Sickness. Bills should be received by BCBSOK within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims or Inquiries to:

Blue Cross and Blue Shield of Oklahoma
P.O. Box 3283
Tulsa, OK 74102-3283

BCBSOK Customer Service	(855) 267-0214
Medical Providers Call	(800) 496-5774
All Other Calls	1-888-924-7758



**Academic
HealthPlans**

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 809-4700
Fax (817) 809-4701
ahpcare.com

For more information about this plan please visit:

ou.myahpcare.com
ouhsc.myahpcare.com

Important Notice

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued in the state in which the Policy was delivered. Complete details may be found in the Policy on file at your school's office. The Policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Privacy Disclosure

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of the BCBSOK HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call 1-888-924-7758. You may also view and download a copy from the website at: ou.myahpcare.com or ouhsc.myahpcare.com.

Summary of Benefits and Coverage

The Affordable Care Act requires all health insurers to provide consumers with a **Summary of Benefits and Coverage (SBC)**. The SBC is a description of the benefits and health coverage offered by a particular health plan. The SBC is intended to provide clear, consistent descriptions that may make it easier for people to understand their health insurance coverage.

The items in the SBC just represent an overview of coverage; they are not an exhaustive list of what is covered or excluded. The full terms of coverage are located in your insurance Policy. To obtain an SBC for your Policy, please go to ou.myahpcare.com or ouhsc.myahpcare.com.

Coverage Period Notice

Coverage Periods are established by the University and subject to change from one policy year to the next. In the event that a coverage period overlaps, the prior coverage period will terminate as of the effective date of the new coverage period. In no case will an eligible member be covered under two coverage periods within the same group.