



Student Health Insurance Plan

Eligibility

All International students taking credit hours are automatically enrolled unless a waiver is granted.

Eligible students who enroll may also enroll their Dependents. See the plan brochure for details.

How do I Waive?

Waivers may be requested if your current insurance plan meets or exceeds the following conditions, and you provide proof in English prior to the waiver deadline EACH semester:

You are currently covered (on or before the beginning of the semester) and will continue to be covered for the duration of your stay in the U.S.

- Under a group employer health insurance plan (for example, as a daughter/son of a parent covered under a job-based employer's health insurance coverage); or
- You are currently covered and will continue to be covered for the duration of your stay in the U.S. by a health insurance policy that is backed by your home country's government and payable inside the United States; or
- You are currently covered and will continue to be covered for the duration of your stay in the U.S. by a health insurance policy that is required by your University. The student must provide a letter from the University Coordinator describing the requirements and the coverage to ensure they are equivalent to the Student Health Insurance Plan.

The policies described above must include the following minimum requirements (Students are responsible for obtaining all required information).

- Medical benefits of at least U.S. \$100,000 for each accident or sickness
- Annual deductible of no more than U.S. \$500
- Covered benefits paid at a minimum of 75%
- Repatriation of Remains of at least U.S. \$25,000*
- Medical evacuation of at least U.S. \$50,000*
- Policies may not exclude or unreasonably limit coverage for activities essential for students

**A nominal charge will be added for these benefits if they are not included in an otherwise acceptable policy.*




Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

 ou.myahpcare.com

 1-888-924-7758



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.

University of Oklahoma 2015-2016

Spring International J-1 Students & J-1 Graduates Assistants

Student Health Insurance Plan

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is BCBSOK Blue Choice®.

J-1 INTERNATIONAL PLAN			
	Goddard Health Center* (Norman)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
Coinsurance	100%	80%	60%
Plan Deductible*	\$0	\$500	\$500
Out-of-Pocket Maximum (Unless otherwise noted)	No Maximum	\$10,000	\$15,000

BENEFITS			
BENEFIT CATEGORY	Goddard Health Center* (Norman)	In and Out-of-Network Providers (with Referral)	In and Out-of-Network Providers (without Referral)
	Payments are based on the Allowable Charge		
Preventive Care Services	100%	100% (for services not offered at the Student Health Center and for Well Woman Physicals)	Not Covered
Prescription Drugs	100% after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs Contraceptives are paid at 100% (No Copayment)	At Pharmacies contracting with Prime Therapeutics 100% after a \$15 Copayment per Generic Drugs \$50 Copayment per Brand Name Drugs \$100 Annual Prescription Deductible Applies	Not Covered

*Access to on-campus health services locations is based on your campus enrollment.

2015-2016 PREMIUM COSTS AND COVERAGE PERIODS			
J-1 International	*Spring 01/12/2016 through 05/11/2016	Spring/Summer 01/12/2016 through 08/18/2016	*Summer 05/12/2016 through 08/18/2016
Student Only	\$ 395	\$ 720	\$ 325
Student & Spouse	\$ 750	\$ 1,369	\$ 618
Student & Children	\$ 711	\$ 1,297	\$ 585
Student, Spouse & Children	\$ 1,066	\$ 1,946	\$ 878

*New students or special situations only.

Coverage becomes effective on the date the coverage period begins or the date the premium is received by the company, whichever is later. To view all enrollment and coverage periods available, please visit ou.myahpcare.com or call Academic HealthPlans at 1-888-924-7758.

Please see the brochure and enrollment forms for detailed information online at ou.myahpcare.com

Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

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 and Blue Shield Plans, has an ownership interest in Prime Therapeutics.