

# We are pleased to bring you the 2016-2017 Baylor University Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation

The actuarial value of this plan is 79%, which would meet or exceed a gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Access to the broad BCBSTX Blue Choice PPO<sup>SM</sup> Network
- Discounts on vision, fitness and much more
- Covers you at school, at home and while traveling abroad
- Academic Emergency Services (AES)\*
- Access to multilingual 24/7 Nurseline

## Who can enroll?

All registered **Domestic students** taking six (6) or more credit hours {three (3) or more credit hours in the summer} are eligible to enroll in the insurance plan.

**Graduate students** taking one (1) or more credit hours and enrolled in the master or doctoral level thesis or dissertation class may enroll in the insurance plan.

**Law students** taking one (1) or more credit hours, who are eligible to enroll in the plan.

**Domestic, Graduate and Law students** may complete the enrollment form or enroll online.

All registered **International students** on non-immigrant visas, taking one (1) or more credit hours and accompanying Dependents are required to participate in the Baylor University Student Health Insurance Plan. Although students are welcome to submit an application for a waiver, in order to have such waiver approved, the plan submitted must be equivalent to the University Student Health Insurance Plan in all material respects.

All **J Scholars and students on campus for Academic Research or Study** are required to participate in the Baylor University Student Health Insurance Plan.

## International, J Scholars and students on campus for Academic Research or to Study

are automatically enrolled in the Student Health Insurance Plan and the cost of the plan will appear on your tuition bill. Please contact Student Health Services for more information.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to [baylor.myahpcare.com](http://baylor.myahpcare.com).

## You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to [baylor.myahpcare.com](http://baylor.myahpcare.com) or call **855-357-0246**

\* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.



# Baylor University 2016-2017 Plan Highlights<sup>1, 2</sup>

Benefit Maximum & Deductibles			
	Student Health Center	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	Waived	\$500/\$1,500	\$1,000/\$3,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	N/A	\$6,350/\$12,700	\$12,700/\$25,400

Benefit Coverage			
	Student Health Center <i>(deductible waived)</i>	Network Provider <i>(deductible applies unless noted below)</i>	Out-of-Network Provider <i>(deductible applies unless noted below)</i>
<b>Hospital Expenses</b>	N/A	80%	60%
<b>Surgical Expenses</b>	N/A	80%	60%
<b>Doctor's Visits</b>	100% after \$35 Copayment	100% after: \$35 Primary Care Copayment \$45 Specialist Copayment	60% after: \$35 Primary Care Copayment \$45 Specialist Copayment
<b>Emergency Room Expenses</b>			
<b>Facility Services</b> – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.	N/A	80% after \$100 copayment (deductible waived)	
<b>Physician Services</b>	N/A		80%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	80%	60%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply</i>	At the BU Health Center Only, 100% after: <ul style="list-style-type: none"> <li>\$15 Copayment per Generic Drug</li> <li>\$30 Copayment per Preferred Brand Name Drug</li> <li>\$50 Copayment per Non-Preferred Brand Name Drug</li> </ul>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$20 Copayment for each generic drug</li> <li>\$40 Copayment for each preferred brand-name drug**</li> <li>\$60 Copayment for each non-preferred brand-name drug**</li> </ul>	60% after: <ul style="list-style-type: none"> <li>\$20 Copayment for each generic drug</li> <li>\$40 Copayment for each preferred brand-name drug**</li> <li>\$60 Copayment for each non-preferred brand-name drug**</li> </ul>
<i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>			Please Note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
<b>Preventive Care Services</b>	100%	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Annual	Fall	Spring / Summer	Summer
<b>Open Enrollment</b>	07/01/2016 - 09/30/2016	07/01/2016 - 09/30/2016	12/01/2016 - 02/15/2017	04/14/2017 - 06/01/2017
<b>Dates Covered</b>	08/01/2016 - 7/31/2017	08/01/2016 - 12/31/2016	01/01/2017 - 07/31/2017	05/15/2017 - 07/31/2017
<b>Student Rate</b>	\$2,337	\$980	\$1,357	\$500
<b>Spouse Rate</b>	\$2,337	\$980	\$1,357	\$500
<b>Each Child Rate****</b>	\$2,337	\$980	\$1,357	\$500

\*\*\*A \$12 AES fee and \$68 University Administrative fee is included.

\*\*\*\*A 2 Child maximum

<sup>1</sup> This document 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 expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSTX Blue Choice Preferred Provider Organization Network.

<sup>2</sup> 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.

<sup>3</sup> The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.