

We are pleased to bring you the 2015-2016 Austin Community College Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

- Affordable, quality coverage compatible with the Affordable Care Act
- Access to the broad BCBSTX Blue Choice PPOSM 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 students taking three (3) or more credit hours are eligible to participate in the Student Health Insurance Plan on a voluntary basis.

You must enroll within 30 days from the day of your first class for the Fall and Spring sessions. For Summer sessions, you must enroll within 14 days from the day of your first class.

Dependent coverage is available. To view rates and enrollment information, please go to austincc.myahpcare.com.

You get online access to:

- View and download complete plan description
- Enroll in or renew coverage
- 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 austincc.myahpcare.com,
or call 855-824-9681**

* 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, accidental death and dismemberment benefits, emergency medical and travel assistance, travel information and other services for Academic HealthPlans (AHP). On Call International is solely responsible for its products and services.

Austin Community College 2015-2016 Plan Highlights^{1,2}

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$200/\$600	\$400/\$1,200
Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$6,000	\$4,000/\$12,000
Benefit Coverage		
	Network Provider (deductible applies unless otherwise noted)	Out-of-Network Provider (deductible applies unless otherwise noted)
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$35 primary care physician copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
Emergency Care and Accidental Injury	80% after \$150 copayment (deductible waived)	
Facility Services – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.		
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs <i>Per 30-day Retail Supply (deductible waived)</i>	At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none"> • \$15 copayment for each generic drug • \$30 copayment for each brand-name drug • \$40 Copayment for each non-preferred brand-name drug 	50% after: <ul style="list-style-type: none"> • \$15 copayment for each generic drug • \$30 copayment for each brand-name drug • \$40 Copayment for each non-preferred brand-name drug 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.
Preventive Care Services	100% (deductible waived)	60%

Deadlines, Coverage Periods and Premium Costs

	Annual [†]	Fall	Spring	Summer
Dates Covered	08/22/2015 - 08/21/2016	08/22/2015 - 12/31/2015	01/01/2016 - 05/21/2016	05/22/2016 - 08/21/2016
Student Rate	\$2,316	\$838	\$901	\$577
Dependent Rate	\$5,773	\$2,087	\$2,246	\$1,439

[†] For more payment options go to austincc.myahpcare.com

¹ 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 BlueChoice Preferred Provider Organization Network.

² 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 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.