

Oklahoma Baptist University 2015-2016 Student Health Insurance Plan

Eligibility

All registered **International students** taking **one (1)** or more credit hours are required to participate in the Student Health Insurance Plan or provide proof of comparable coverage by **September 19, 2015** for the fall and **January 30, 2016** for the spring. The insurance premium will be automatically assessed on the student's tuition bill.

In order to have the insurance premium removed from the tuition, students must complete and submit a waiver form with proof of comparable coverage prior to the enrollment/waiver deadline date.

Additionally, if you need to add your spouse and/or child(ren) to the plan, please complete the enrollment form, you can download online at okbu.myahpcare.com then mail it to Academic HealthPlans along with the correct payment.

Please view the complete brochure on-line at okbu.myahpcare.com for full details of participation in the plan.



Additional Benefits

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

Additional Information

- okbu.myahpcare.com
- (855) 856-2384



Oklahoma Baptist University 2015-2016 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 Cigna.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Covered Person, per Policy Year
Deductible <i>(The Deductible is waived for services rendered at the Student Health Center and benefits are paid at 100%)</i>	\$100 per Covered Person, per Policy Year
Individual Out-of-Pocket Maximum	\$6,600 per Covered Person, per Policy Year
Family Out-of-Pocket Maximum	\$13,200 per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Hospital Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Outpatient Rehabilitation Therapy Services, <i>includes Physical, Occupational and Manipulation Therapy.</i>	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$50 Copayment per visit</i>	80%	80% - Emergency 60% - Non-Emergency
Shots and Injections	80%	60%
Prescription Drugs <i>Limited to a 30 day supply</i>	At pharmacies contracting with HealthSmart Rx® 100% after a \$10 Copayment per Generic Drug \$20 Copayment per Preferred Brand Drug	60% after a \$10 Copayment per Generic Drug \$20 Copayment per Preferred Brand Drug
Preventive Care Services	100%	60%

2015-2016 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/07/2015 through 08/06/2016	Fall 08/07/2015 through 12/31/2015	Spring/Summer 01/01/2016 through 08/06/2016	Summer 05/26/2016 through 08/06/2016
Open Enrollment	07/01/2015 through 09/19/2015	07/01/2015 through 09/19/2015	12/01/2015 through 01/30/2016	05/26/2016 through 06/06/2016
Student	\$ 1,410	\$ 705	\$ 705	\$ 280
Spouse	\$ 3,637	\$ 1,819	\$ 1,819	\$ 725
Child	\$ 1,548	\$ 774	\$ 774	\$ 308

To view all enrollment and coverage periods available, please visit okbu.myahpcare.com or call Academic HealthPlans at (855) 856-2384.