

We are pleased to bring you the 2016-2017 University of Texas at Arlington Student Health Insurance Plan

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

The actuarial value of this plan is 82%, which would meet or exceed a gold metal level of coverage.

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

Who can enroll?

To be eligible for the Student Health Insurance, you must be a fee-paying student taking credit hours, graduate student working on research/dissertation or thesis, post doctorate student, scholar, fellow and visiting scholar.

International students holding non-immigrant visas are eligible and are required to purchase this Student Health Insurance Plan to complete registration, unless the student can provide proof of comparable coverage.

A student must remain enrolled and paying fees through the census date unless he or she withdraws from school due to an injury or sickness. The absence is then considered approved medical leave.

Dependent coverage is available. To view rates and enrollment information, please go to uta.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
uta.myahpcare.com or call **855-247-7587**.



* 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.

UTA 2016-2017 Plan Highlights^{1,2}

Benefit Maximum & Deductibles			
	Network Provider	Out-of-Network Provider	
Benefit Maximum	Unlimited	Unlimited	
Deductible (Individual/Family)	\$500/\$1,500	\$1,000/\$3,000	
Out-of-Pocket Maximum (Individual/Family)	\$6,600/\$12,700	\$13,200/\$37,500	
Benefit Coverage			
	University Health Services (deductible waived)	Network Provider (deductible applies unless noted below)	Out-of-Network Provider (deductible applies unless noted below)
Hospital Expenses	N/A	80%	60%
Surgical Expenses	100%	80%	60%
Doctor's Visits	100%	100% (deductible waived) \$20 primary care copayment per visit; \$40 specialist copayment per visit	60%
Emergency Room Expenses			
Facility Services – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.	N/A	80% after \$150 copayment (deductible waived)	
Physician Services	N/A	80%	
Diagnostic X-Rays & Laboratory Procedures	100%	80%	60%
Prescription Drugs Per 30-day Retail Supply (deductible waived) **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	100% after: <ul style="list-style-type: none"> • \$15 copayment for each generic drug • \$30 copayment for each preferred brand-name drug** • \$50 copayment for each non-preferred brand-name drug** 	At University Health Services or at pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> • \$15 copayment for each generic drug • \$30 copayment for** each preferred brand-name drug • \$50 copayment for each non-preferred brand-name drug** 80% of allowable amount for each specialty drug	60% after: <ul style="list-style-type: none"> • \$15 copayment for each generic drug • \$30 copayment for each preferred brand-name drug** • \$50 copayment for each non-preferred brand-name drug** 60% of allowable amount for each specialty 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%	100% (deductible waived)	60%

For additional information, go to uta.myahpcare.com,
or call **855-247-7587**.

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.

³ 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.