

We are pleased to bring you the 2016-2017 Texas Woman's University (TWU) 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 80%, 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?

Undergraduate students taking six (6) or more credit hours (three (3) hours in the summer) and graduate students taking three (3) or more credit hours are eligible to enroll in the Student Health Insurance Plan.

All J-1 and F-1 Visa students are automatically enrolled in the benefits of this insurance plan at registration and the premium for coverage is added to their tuition fees.

You can go to your school's website and purchase the school policy.

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 twu.myahpcare.com.

You get online access to:

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

For additional information,
go to twu.myahpcare.com,
or call **855-357-0245**.



* 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.

Texas Woman's University 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)	\$6,350/\$12,700	\$12,700/\$25,400
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	80%	60%
Emergency Care and Accidental Injury	80% after \$100 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 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.	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$40 copayment for each preferred brand-name drug** 	60% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$40 copayment for each 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	Summer
Open Enrollment	07/01/2016 - 09/15/2016	07/01/2016 – 09/15/2016	11/15/2016 - 01/31/2017	04/14/2017 – 06/30/2017
Dates Covered	08/17/2016 - 08/16/2017	08/17/2016 –12/31/2016	01/01/2017 - 08/16/2017	06/01/2017 – 08/16/2017
Student Domestic Rate	\$3,293	\$1,236	\$2,057	\$695
Spouse Rate	\$3,293	\$1,236	\$2,057	\$695
Each Child Rate****	\$3,293	\$1,236	\$2,057	\$695

A \$12 AES fee is included. *A 3 Child maximum

Denton, Dallas & Houston Campus Health Partners			
Deductible is waived; covered Sickness/Injury paid at 80%; preventive at 100%			
TWU Student Health Services 303 Administration Dr. Denton, TX 76204 940-898-3826	Medical Clinic of North Texas 7515 Greenville Ave., #600 Dallas, TX 75231 214-361-5432	Concentra Medical Clinic 2920 N. Stemmons Fwy. Dallas, TX 75247 214-630-2331	University of Texas Health Services (UTHS) 7000 Fannin St., #1620 Houston, TX 77030 713-500-3267

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.