

# We are pleased to bring you the 2016-2017 Oral Roberts University (ORU) Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Oklahoma (BCBSOK)

The actuarial value of this plan is 70%, which would meet or exceed a silver metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Access to a broad Preferred Provider Option (PPO) Network from BCBSOK
- Covers you at school, at home and while traveling abroad
- Academic Emergency Services\*
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

All registered international and domestic degree-seeking students, including full and part-time students, are eligible and may enroll in this plan.

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 [oru.myahpcare.com](http://oru.myahpcare.com).

## You get online access to:

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

For additional information,  
go to [oru.myahpcare.com](http://oru.myahpcare.com)  
or call **855-422-3833**



\* 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.

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

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$3,500/\$7,000	\$9,000/\$27,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$6,850/\$12,700	\$12,500/\$37,500
Benefit Coverage		
	Network Provider (deductible applies unless otherwise noted)	Out-of-Network Provider (deductible applies unless otherwise noted)
<b>Hospital Expenses</b>	70%	50%
<b>Surgical Expenses</b>	70%	50%
<b>Doctor's Visits</b>	100% after: \$25 copayment for PCP and \$35 copayment for SPC	50%
<b>Emergency Care and Accidental Injury</b>	70% of allowable amount after \$100 copayment (deductible waived)	
<b>Facility Services – Copayment</b> <i>is waived if the insured is admitted; inpatient hospital expenses will apply.</i>	70% of allowable amount after \$100 copayment (deductible waived)	
<b>Physician Services</b>	70% of allowable amount after deductible	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	70%	50%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (deductible waived)</i>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>• \$25 copayment for each generic drug</li> <li>• \$40 copayment for each preferred-name drug**</li> <li>• \$60 copayment for each non-preferred brand-name drug**</li> </ul>	50% after: <ul style="list-style-type: none"> <li>• \$25 copayment for each generic drug</li> <li>• \$40 copayment for each preferred-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% (deductible waived)	50%

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

	Annual	Fall	Spring/Summer
<b>Open Enrollment</b>	07/22/2016 – 08/31/2016	07/22/2016 – 08/31/2016	12/01/2016 – 01/31/2017
<b>Dates Covered</b>	08/10/2016-08/09/2017	08/10/2016-12/31/2016	01/01/2017-08/09/2017
<b>Student Rate</b>	\$1,420	\$560	\$860
<b>Spouse Rate</b>	\$1,420	\$560	\$860
<b>Per Child Rate</b>	\$1,420	\$560	\$860

\*\*\*A \$12 AES fee is included the Annual premium. A \$5 AES fee is included in the Fall premium and a \$7 AES fee is included in the Spring/Summer premium.

<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 BCBSOK BlueChoice 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 Oklahoma (BCBSOK) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.