

We are pleased to bring you the 2016-2017 Paul Quinn College 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 68%, which would meet or exceed a silver 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?

All registered students taking three (3) or more credit hours are eligible to participate in the Student Health Insurance Plan on a voluntary basis.

Dependent coverage is available. To view rates and enrollment information, please go to pqc.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 pqc.myahpcare.com,
or call **855-306-9474**.



* 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.

Paul Quinn College 2016-2017 Plan Highlights^{1,2}

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$4,500/\$9,000	\$12,000/\$36,000
Out-of-Pocket Maximum (Individual/Family)	\$6,850/\$12,700	\$12,800/\$38,400

Benefit Coverage		
	Network Provider (deductible applies unless otherwise noted)	Out-of-Network Provider (deductible applies unless otherwise noted)
Hospital Expenses	90%	70%
Surgical Expenses	90%	70%
Doctor's Visits	100% after: \$25 primary care physician copayment per visit; \$40 specialist copayment per visit (deductible waived)	70%
Emergency Care and Accidental Injury	90% after \$300 copayment (deductible waived)	
Facility Services – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.		
Physician Services	90%	
Diagnostic X-Rays & Laboratory Procedures	90%	70%
Prescription Drugs <i>Per 30-day Retail Supply (deductible waived)</i> <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>	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$30 copayment for each brand-name drug** \$45 Copayment for each non-preferred brand-name drug** 	50% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$30 copayment for each brand-name drug** \$45 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)	70%

Deadlines, Coverage Periods and Premium Costs***

	Annual	Fall	Spring	Summer
Open Enrollment	08/01/2016 - 08/31/2106	08/01/2016 - 08/31/2016	12/01/2016 - 01/31/2017	05/01/2017 - 06/30/2017
Dates Covered	08/01/2016 - 07/31/2017	08/01/2016 - 12/31/2016	01/01/2017 - 07/31/2017	06/01/2017 - 07/31/2017
Student Rate	\$1,899	\$796	\$1,103	\$317
Dependent Rate	\$1,899	\$796	\$1,103	\$317

***A \$12 AES fee is included.

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.