

# Oklahoma Baptist University 2016-2017 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, 2016** for the fall and **January 30, 2017** 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](http://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](http://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](http://okbu.myahpcare.com)
- (855) 856-2384



# Oklahoma Baptist University 2016-2017 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

<b>Benefit Maximum</b>	Unlimited, per Covered Person, per Policy Year
<b>Deductible</b> <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
<b>Individual Out-of-Pocket Maximum</b>	\$6,600 per Covered Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	\$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%

## 2016–2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/07/2016 through 08/06/2017	Fall 08/07/2016 through 12/31/2016	Spring/Summer 01/01/2017 through 08/06/2017	Summer 05/26/2017 through 08/06/2017
<b>Open Enrollment</b>	07/01/2016 through 09/19/2016	07/01/2016 through 09/19/2016	12/01/2016 through 01/30/2017	05/26/2017 through 06/06/2017
<b>Student</b>	\$ 1,311	\$ 656	\$ 656	\$ 261
<b>Spouse</b>	\$ 3,346	\$ 1,673	\$ 1,673	\$ 669
<b>Child</b>	\$ 1,424	\$ 712	\$ 712	\$ 284

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