

The Texas Tech University System 2016-2017 Student Health Insurance Plan

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

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?

Texas Tech University

All registered domestic undergraduate students enrolled in six (6) or more credit hours, (three (3) or more credit hours during the summer) and all registered domestic graduate students enrolled in one (1) or more credit hours, interns, fellows and students working on their dissertation or thesis are eligible to enroll in this insurance plan on a voluntary basis. All registered international students on non-immigrant visas enrolled in one (1) or more credit hours are required to purchase the Student Health insurance plan, and are automatically enrolled in the plan, unless evidence of coverage is provided that meets the Texas Tech University international student requirements. For international students only, athletes can add sports coverage for an additional premium.

Texas Tech University Health Sciences Center & Texas Tech University Health Sciences Center El Paso

All Health Sciences Center students (including Amarillo, El Paso, Odessa, Midland, Dallas, Abilene and Lubbock) enrolled in one (1) or more credit hours may enroll online or download a form to print and mail at ttusystem.myahpcare.com by clicking on your campus link.

Angelo State University

Domestic Undergraduate Students, Domestic Graduate Students, Interns, Fellows, and Students Working on Their Dissertation: All registered, domestic undergraduate students enrolled in six (6) or more credit hours during the long semester or three (3) or more credit hours during the summer; all registered, domestic graduate students enrolled in one (1) or more credit hours; interns, fellows, and students

working on their dissertation or thesis are eligible to enroll in this Student Health Insurance Plan on a voluntary basis.

To enroll in the plan, complete the online enrollment form or download a form from ttusystem.myahpcare.com by clicking on your campus link to complete and mail.

Health Professional Students: All Health Professional Students enrolled in one (1) or more credit hours must be enrolled in the Plan unless comparable coverage is furnished to the Nursing Department, Vincent Building, Suite 268. Waiver forms are available in PDF format on ttusystem.myahpcare.com by clicking on your campus link. Waivers must be submitted by September 15, 2016, (or if a new student beginning in spring or summer 2017 by the first day of the coverage period that applies).

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 ttusystem.myahpcare.com and click on your campus link or call (855) 357-0241.

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

* 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.

The Texas Tech University System 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)	\$6,850/\$13,700	\$13,700/\$27,400
Student Health Services (SHS)	The deductible will be waived for covered expenses at the SHS.	

Benefit Coverage

	Network Provider <i>(deductible applies unless noted below)</i>	Out-of-Network Provider <i>(deductible applies unless noted below)</i>
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$30 primary care physician copayment per visit and \$50 specialist copayment per visit	60%
Emergency Care and Accidental Injury	80% after \$200 copayment (deductible waived)	
Facility Services - <i>(Copayment is waived if the Insured is admitted; Inpatient hospital expenses will apply)</i>		
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs <i>Per 30-day Retail Supply</i> <i>**Prescriptions filled at the SHS: 100% after: \$15 copayment for each generic drug; \$30 copayment for each brand-name drug</i> <i>**Does not apply to Angelo State University</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 \$40 copayment for each preferred brand-name drug*** \$60 copayment for each non-preferred brand-name drug*** 	60% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$40 copayment for each preferred brand-name drug*** \$60 copayment for each non-preferred brand-name drug*** <p>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.</p>
Preventive Care Services	100% (deductible waived)	60%

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 Blue ChoiceSM Preferred Provider Organization (PPO) 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.