

# We are pleased to bring you the 2016-2017 Austin Community College Student Health Insurance Plan

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

This plan meets or exceeds a Platinum 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 a broad Participating Provider Option (PPO) Network from BCBSTX
- 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.

You must enroll within 30 days from the day of your first class for the Fall and Spring sessions. For Summer sessions, you must enroll within 14 days from the day of your first class.

Dependent coverage is available. To view rates and enrollment information, please go to [austincc.myahpcare.com](http://austincc.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  
[austincc.myahpcare.com](http://austincc.myahpcare.com)  
or call 855-824-9681.

\* 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.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas. 727942.0217

# Austin Community College 2017–2018 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>	\$200/\$600	\$400/\$1,200
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$2,000/\$6,000	\$4,000/\$12,000

## Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after: \$10 primary care physician copayment per visit; \$20 specialist copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury</b> <b>Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$150 copayment	
<b>Physician Services</b>	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Prescription Drugs</b> <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 <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$20 copayment for each brand-name drug**</li> <li>\$40 copayment for non-preferred brand-name drug**</li> </ul>	50% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$20 copayment for each brand-name drug**</li> <li>\$40 copayment for non-preferred brand-name drug**</li> </ul> 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>Preventative Care Services</b>	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs<sup>\*\*\*</sup>

	Annual <sup>†</sup>	Fall	Spring	Summer
<b>Dates Covered</b>	08/22/2016 - 08/21/2017	08/22/2016 - 12/31/2016	01/01/2017 - 05/29/2017	05/30/2017 - 08/21/2017
<b>Student Rate</b>	\$2,208	\$798	\$901	\$508
<b>Dependent Rate</b>	\$2,208	\$798	\$901	\$508

<sup>\*\*\*</sup>A \$12 AES fee is included.

<sup>†</sup> For more payment options go to [austincc.myahpcare.com](http://austincc.myahpcare.com)

<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 BCBSTX Participating Provider Option (PPO) 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 Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that 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.