

We are pleased to bring you the 2018-2019 Stephen F. Austin State University Student Health Insurance Plan

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

- 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 students registered for nine (9) or more credit hours and all graduate and allied health students registered for three (3) or more credit hours may purchase the Student Health Insurance Plan.

Please read the plan brochure in full to determine whether this Student Health Insurance Plan is right for you! The plan brochure provides details of the coverage including benefits, exclusions and any reductions or limitations and the terms under which the Policy may be continued in force. The plan brochure is available online at sfasu.myahpcare.com.

For dates and rates specific to Stephen F. Austin State University campus, please visit our website at sfasu.myahpcare.com.

Dependent coverage is available. To view rates and enrollment information, please go to sfasu.myahpcare.com.

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



For additional information, go to
sfasu.myahpcare.com
or call 855-899-3451.

* 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 an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.

Stephen F. Austin State University 2018-2019 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
Individual Out-of-Pocket Maximum		\$7,150	\$14,300
Family Out-of-Pocket Maximum		\$14,300	\$42,900
Benefit Coverage			
<i>Deductible applies unless noted below:</i>	Student Health Center (deductible waived)	Network Provider	Out-of-Network Provider
Hospital Expenses	N/A	80%	60%
Surgical Expenses	N/A	80%	60%
Doctor's Visits	100%	100% after copayment \$25 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	70%
Emergency Care and Accidental Injury			
Facility Services – <i>Copayment is waived if the insured is admitted, inpatient hospital expenses will apply.</i>	N/A	80% after \$300 copayment (deductible waived)	
Physician Services	N/A		80%
Urgent Care Services	N/A	100% after \$50 copayment (deductible waived)	70%
Diagnostic X-Rays & Laboratory Procedures	100%	80%	60%
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>	N/A	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 non-preferred brand-name drug** 	70% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$40 copayment for each preferred brand-name drug** \$60 copayment for 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.
Preventative Care Services	100%	100% (deductible waived)	70%

Deadlines, Coverage Periods and Premium Costs***

	Annual	Fall	Spring/Summer	Spring Only	Summer Only	Maymester	Summer I	Summer II
Open Enrollment	07/28/18-09/28/18	07/28/18-09/28/18	12/01/18-02/01/19	12/01/18-02/01/19	04/30/19-05/28/19	05/01/19-05/17/19	05/21/19-06/18/19	06/26/19-07/24/19
Dates Covered	08/28/18-08/27/19	08/28/18-12/31/18	01/01/19-08/27/19	01/01/19-05/18/19	05/19/19-08/27/19	05/19/19-06/05/19	06/06/19-07/12/19	07/13/19-08/27/19
Student & Dependent Rate***	\$2,648	\$913	\$1,735	\$1,001	\$731	\$133	\$265	\$333

***A \$12 AES fee is included in the Annual rates; A \$4 AES fee is included in the Fall; A \$5 AES fee is included in the Spring Only rates; A \$8 AES fee is included in the Spring/Summer rates; A \$1 AES fee is included in the Summer I rates, Summer II rates, and Maymester rates; A \$3 AES fee is included in the Summer Only rates. A 2 child maximum

This plan meets or exceeds a Gold metal level of coverage

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 Participating Provider Option (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 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.