

We are pleased to bring you the 2018-2019 University of Texas at Arlington Student Health Insurance Plan

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

This plan meets or exceeds 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 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?

To be eligible for the Student Health Insurance, you must be a fee-paying student taking credit hours, graduate student working on research/dissertation or thesis, post doctorate student, scholar, fellow and visiting scholar.

International students holding non-immigrant visas are eligible and are required to purchase this Student Health Insurance Plan to complete registration, unless the student can provide proof of comparable coverage.

A student must remain enrolled and paying fees through the census date unless he or she withdraws from school due to an injury or sickness. The absence is then considered approved medical leave.

Dependent coverage is available. To view rates and enrollment information, please go to uta.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
uta.myahpcare.com or call 855-247-7587.



* 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.

UTA 2018-2019 Plan Highlights^{1,2}

Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$350/\$1,050	\$700/\$2,100
Out-of-Pocket Maximum (Individual/Family)	\$6,600/\$12,700	\$13,200/\$37,500

Benefit Coverage

<i>Deductible applies unless noted below:</i>	University Health Services (deductible waived)	Network Provider	Out-of-Network Provider
Hospital Expenses	N/A	80%	60%
Surgical Expenses	100%	80%	60%
Doctor's Visits	100%	100% (deductible waived) \$20 primary care copayment per visit; \$40 specialist copayment per visit	60%
Emergency Care and Accidental Injury <i>Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply</i>	N/A	80% after \$150 copayment	
Physician Services	N/A	80%	
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>	100% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$30 copayment for each preferred brand-name drug** \$50 copayment for each non-preferred brand-name drug** 	At University Health Services or at pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$30 copayment for each brand-name drug** \$50 copayment for non-preferred brand-name drug** 80% of allowable amount for each specialty drug	60% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$30 copayment for each brand-name drug** \$50 copayment for non-preferred brand-name drug** 60% of allowable amount for each specialty 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)	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 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.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. The final policy is pending approval by applicable federal and state regulatory authorities, which may result in differences between this summary and the actual policy of insurance issued to you. For specific details about your plan, please refer to your policy of insurance.

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.