

2019-2020

The University of Texas System (UT System) 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?

Health Institution Students (Hard Waiver)

All Health Institutions and medical students are automatically enrolled in the Student Health Insurance Plan at registration unless proof of comparable coverage is furnished.

International Students (Mandatory)

All international students holding non-immigrant visas are required to purchase this Student Health Insurance Plan in order to complete registration, except for those students who provide proof of comparable coverage in writing.

All Other Students (Voluntary)

Voluntary Undergraduate Students

All fee paying undergraduate students at UT System taking at least **seven (7) credit hours** each semester, are eligible to enroll in SHIP.

Voluntary Graduate Students

All fee paying graduate students enrolled in at least **four (4) credit hours** each semester, are eligible to enroll in SHIP.

Other Voluntary Students

Students working on research, dissertation, or thesis, post doctorate, scholars, fellows, visiting scholars, ESL program students, Fast Track Degree Program students, students who are deemed full-time by the campus Disability Services department, or other groups with reduced coursework that meet the criteria for exemption as defined and approved by UT System are eligible to enroll in SHIP.

Enrollment is easy!

Health Institution and International students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is furnished.

Enrollment will be verified each semester. If you enroll in annual coverage, you must meet the required credit hours for the Fall Semester, and again, for the Spring Semester. For students applying for new SHIP coverage to be active for a Summer semester, additional enrollment requirements will apply.

If you enrolled in the SHIP and do not meet eligibility requirements, your insurance coverage will be terminated immediately. You will be refunded the paid premium, minus any claims.

All other students may enroll via our website. Go to utsystem.myahpcare.com to "Find Your Campus" then click on "Enroll Online" on the Enrollment tab and follow the online instructions during the open enrollment period.

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 utsystem.myahpcare.com.

For dates and rates specific to each UT System campus, please visit our website at utsystem.myahpcare.com to "Find Your Campus" then click on the applicable enrollment form on the Enrollment tab.

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

* Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

University of Texas System 2019-2020 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
Student Health Services	If the Institution has a Student Health Center, the Deductible will be waived and benefits will be paid at 100% of Covered Expenses incurred at the Student Health Center	

Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	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>	80% after \$150 copayment (deductible waived)	
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	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>	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% (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 orientation, gender identity or sex.

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.