




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.austincollege.myahpcare.com](http://www.austincollege.myahpcare.com) or by calling 1-855-370-7215. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [Coinsurance](#), [Copayment](#), [Deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">Deductible</a> ?	\$ 400 Individual (Network & Non-Network Combined)	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">Deductible</a> amount before this <a href="#">plan</a> begins to pay
Are there services covered before you meet your <a href="#">Deductible</a> ?	Yes. <a href="#">Preventive care</a> , In-office Physician's Visits, Urgent Care and SHC services are covered before you meet your <a href="#">Deductible</a>	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">Deductible</a> amount. But a <a href="#">Copayment</a> or <a href="#">Coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">Deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">Deductibles</a> for specific services?	No	You don't have to meet <a href="#">Deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Individual: \$6,850, Family: \$13,700 (Network & Non-Network Combined)	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <a href="#">out-of-pocket limit</a> must be met. .
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, balance-billed charges, health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="https://www.cigna.com/hcpdirectory/">https://www.cigna.com/hcpdirectory/</a> or call 1-800-244-6224 for a list of <a href="#">network providers</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146  
 Released on April 6, 2016

 All [Copayment](#) and [Coinsurance](#) costs shown in this chart are after your [Deductible](#) has been met, if a [Deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$25 <a href="#">Copay</a> / visit	40% <a href="#">Coinsurance</a>	One visit per day
	<a href="#">Specialist</a> visit	\$25 <a href="#">Copay</a> / visit	40% <a href="#">Coinsurance</a>	One visit per day
	<a href="#">Preventive care/screening/immunization</a>	No Charge	40% <a href="#">Coinsurance</a>	Limited to those services required by the Affordable Care Act.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	---none---
	Imaging (CT/PET scans, MRIs)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	---none---
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.studentplanscenter.com">www.studentplanscenter.com</a>	Generic drugs	\$20 <a href="#">Copay</a> / prescription	\$20 <a href="#">Copay</a> / prescription 40% <a href="#">Coinsurance</a>	---none---
	Preferred brand drugs	\$45 <a href="#">Copay</a> / prescription	\$45 <a href="#">Copay</a> / prescription 40% <a href="#">Coinsurance</a>	---none---
	Non-preferred brand drugs	\$60 <a href="#">Copay</a> / prescription	\$60 <a href="#">Copay</a> / prescription 40% <a href="#">Coinsurance</a>	---none---
	<a href="#">Specialty drugs</a>	\$60 <a href="#">Copay</a> / prescription	\$60 <a href="#">Copay</a> / prescription 40% <a href="#">Coinsurance</a>	---none---
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	none
	Physician/surgeon fees	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	Physician: One visit per day. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value
If you need immediate medical attention	<a href="#">Emergency room care</a>	20% <a href="#">Coinsurance</a> , \$150 <a href="#">Copay</a> / visit	20% <a href="#">Coinsurance</a> \$150 <a href="#">Copay</a> / visit	---none---
	<a href="#">Emergency medical transportation</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	---none---
	<a href="#">Urgent care</a>	\$25 <a href="#">Copay</a> / visit	40% <a href="#">Coinsurance</a>	One visit per day

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	One visit per day. Precertification required.
	Physician/surgeon fees	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Physician: One visit per day. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value Precertification required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>Copay</u> / visit	40% <u>Coinsurance</u>	---none---
	Inpatient services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Precertification required
If you are pregnant	Office visits	\$25 <u>Copay</u> / visit	40% <u>Coinsurance</u>	One visit per day
	Childbirth/delivery professional services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	Childbirth/delivery facility services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Precertification required. Up to 60 visits per Policy Year.
	<a href="#">Rehabilitation services</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Inpatient: Precertification required
	<a href="#">Habilitation services</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	<a href="#">Skilled nursing care</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Precertification required
	<a href="#">Durable medical equipment</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	<a href="#">Hospice services</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---

If your child needs dental or eye care	Children's eye exam	No Charge	40% <u>Coinsurance</u>	Preventive Only. One exam per Policy Year.
	Children's glasses	No Charge	40% <u>Coinsurance</u>	One pair of prescribed frames and lenses per Policy Year.
	Children's dental check-up	No Charge	40% <u>Coinsurance</u>	Preventive Only. One exam every 6 months

#### Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
- Cosmetic surgery
- Infertility treatment
- Long-term care
- Non-Emergency care when traveling outside the U.S.
- Routine foot care, except for the prevention of complications associated with diabetes
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture, by a licensed Acupuncturist only
- Chiropractic care
- Dental care (Adult), accidental injury only
- Hearing aids (limited to one new aid per hearing impaired ear up to the maximum per 36-month period)
- Private-duty nursing
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Texas Department of Insurance 333 Guadalupe St, Austin TX 78701 or (512) 676-6000 or visit: [www.tdi.texas.gov](http://www.tdi.texas.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Texas Department of Insurance, Consumer Protection, MC 111-1A, P.O. Box 149091, Austin, Texas 78714-9091 or (512) 676-6000 or visit: [www.ConsumerProtection@tdi.texas.gov](mailto:www.ConsumerProtection@tdi.texas.gov).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-370-7215

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([Deductibles](#), [Copayments](#) and [Coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">Deductible</a>	\$400
■ <a href="#">Specialist Copay</a>	\$25
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,740</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$400
<a href="#">Copayments</a>	\$90
<a href="#">Coinsurance</a>	\$2400
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2950</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">Deductible</a>	\$400
■ <a href="#">Specialist Copay</a>	\$25
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,410</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$400
<a href="#">Copayments</a>	\$1000
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$1760</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">Deductible</a>	\$400
■ <a href="#">Specialist Copay</a>	\$25
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$400
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$800</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

The Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2014)PPO TX et al. National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America AKA The Guardian or Guardian Life.