

# 2020-2021 Stephen F. Austin State University 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 domestic 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. All international students registered for one (1) or more credit hours are eligible to enroll in the 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](https://sfasu.myahpcare.com).

For dates and rates specific to Stephen F. Austin State University campus, please visit our website at [sfasu.myahpcare.com](https://sfasu.myahpcare.com).

Dependent coverage is available. To view rates and enrollment information, please go to [sfasu.myahpcare.com](https://sfasu.myahpcare.com).

For additional information, go to  
[sfasu.myahpcare.com](https://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



\*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.

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, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

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

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. 732225.0620

# Stephen F. Austin State University 2020-2021 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>	\$500/\$1,500	\$1,000/\$3,000
<b>Individual Out-of-Pocket Maximum</b>	\$8,150	\$16,300
<b>Family Out-of-Pocket Maximum</b>	\$16,300	\$32,600

## Benefit Coverage

<i>Deductible applies unless noted below:</i>	Student Health Center (Deductible Waived)	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	N/A	80%	60%
<b>Surgical Expenses</b>	N/A	80%	60%
<b>Doctor's Visits</b>	100%	100% after Copayment \$25 Primary Care Copayment per visit; \$35 Specialist Copayment per visit (Deductible Waived)	60%
<b>Emergency Care and Accidental Injury</b> <b>Facility Services –</b> <i>Copayment is waived if the insured is admitted, inpatient hospital expenses will apply.</i>	N/A	80% after \$300 copayment (Deductible Waived)	
<b>Physician Services</b>	N/A	80%	60%
<b>Urgent Care Services</b>	N/A	100% after \$50 Copayment (Deductible Waived)	70%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	100%	80%	60%
<b>Prescription Drugs</b> Per 30-day Retail Supply (deductible waived)  **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	N/A	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$10 copayment for each preferred generic drug</li> <li>\$15 copayment for each non-preferred generic drug</li> <li>\$50 copayment for each preferred brand-name drug**</li> <li>\$100 copayment for each non-preferred brand-name drug**</li> <li>\$250 copayment for preferred specialty drug**</li> <li>\$500 copayment for non-preferred specialty drug **</li> </ul>	70% after: <ul style="list-style-type: none"> <li>\$10 copayment for each preferred generic drug</li> <li>\$15 copayment for each non-preferred generic drug</li> <li>\$50 copayment for each preferred brand-name drug</li> <li>\$100 copayment for each non-preferred brand-name drug</li> <li>\$250 copayment for preferred specialty drug</li> <li>\$500 copayment for non-preferred specialty drug</li> </ul> <p>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.</p>
<b>Preventative Care Services</b>	100%	100% (deductible waived)	70%

## Deadlines, Coverage Periods and Premium Costs\*\*

	Fall	Spring /Summer	Spring Only	Summer Only	Maymester	Summer 1	Summer 2
<b>Open Enrollment</b>	7/28/2020-9/28/2020	12/1/2020-2/1/2021	12/1/2020-2/1/2021	4/30/2021-5/28/2021	5/1/2021-5/17/2021	5/21/2021-6/19/2021	6/26/2021-7/24/2021
<b>Dates Covered</b>	8/28/2020-12/31/2020	1/1/2021-8/27/2021	1/1/2021-5/18/2021	5/19/2021-8/27/2021	5/19/2021-6/5/2021	6/6/2021-7/12/2021	7/13/2021-8/27/2021
<b>Student &amp; Dependent Rate***</b>	\$1,168	\$2,227	\$1,296	\$931	\$166	\$345	\$419

\*\*\* 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 1 rates, Summer 2 rates, and Maymester rates; A \$3 AES fee is included in the Summer Only rates. A 2 child maximum.

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.