

2023-2024

St. Mary's University

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
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) Network from BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Who can enroll?

All registered students residing on campus and all intercollegiate athletes will be automatically charged for the Student Health Insurance Plan (SHIP) at registration and the premium will be added to your tuition bill unless proof of comparable coverage is provided. Students that have comparable coverage must complete the online waiver at stmarytx.myahpcare.com/waiver.

All other registered undergraduate, graduate, doctoral, and law students taking six (6) or more credit hours are eligible to participate in the Plan and may enroll online or request to add the premium to their tuition bill by the deadlines specified at stmarytx.myahpcare.com/enrollment.

Graduate students completing a thesis or dissertation and enrolled in their last semester are eligible to participate in the Plan.

All registered "F", "J", and "H" International students, including "J" and "F" visa Intensive English Program (IEP) students, will be automatically charged for the SHIP.

International students may submit an online waiver by the deadline to remove the health insurance premium from their business accounts. There are strict requirements that must be met before a waiver is granted, including demonstration of medical evacuation and repatriation benefits.

Dependents are not eligible to enroll.

Enrollment and Waiver Deadlines:

Enrollment Periods

Domestic & Intercollegiate Students Residing on Campus, International Students:

Fall: 06/19/2023 - 09/01/2023

Spring/Summer: 12/01/2023 - 01/31/2024

Summer: 05/01/2024 - 05/31/2024

Summer 2: 06/10/2024 - 06/28/2024

Domestic Non-Resident Students:

Fall: 06/19/2023 - 09/01/2023

Fall (Charge to Tuition): 06/27/2023 - 08/21/2023

Spring/Summer: 12/01/2023 - 01/31/2024

Spring/Summer (Charge to Tuition):

12/01/2023 - 01/19/2024

Summer: 05/02/2024 - 05/31/2024

Summer 2: 06/20/2024 - 06/28/2024

Deadlines to Waive

Domestic & Intercollegiate Students Resident on Campus and International Students only:

Fall: 06/19/2023 - 09/01/2023

Spring/Summer: 12/01/2023 - 1/31/2024

Summer: 05/01/2024 - 5/31/2024

Summer 2: 6/10/2024 - 06/28/2024

Domestic Non-resident students are voluntary and therefore do not need to waive coverage.

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at stmarytx.myahpcare.com.

St. Mary's University 2023-2024 Plan Highlights ^{1,2}

Benefit Maximum & Deductibles

	Student Health Center	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited	Unlimited
Deductible (Individual)	Waived	\$500	\$500
Out-of-Pocket Maximum (Individual)	N/A	\$8,550	\$17,100

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% after \$10 Primary Care Copayment per visit	100% (deductible waived) \$30 Primary Care Copayment per visit \$30 Specialist Copayment per visit	60%
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	N/A	80% after \$200 copayment (deductible waived)	
Physician Services	\$10 Copayment per Doctor visit - any additional (Doctor) services are covered at 100%	80%	60%
Labs	100%	100% (deductible waived)	60%
Prescription Drugs <i>Per 30-day Retail Supply</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"> \$15 copayment for each preferred generic drug \$60 copayment for each non-preferred generic drug \$30 copayment for each preferred brand-name drug** \$60 copayment for non-preferred brand-name drug** \$80 coinsurance for each specialty drug 	60% after: <ul style="list-style-type: none"> \$15 copayment for each preferred generic drug \$60 copayment for each non-preferred generic drug \$30 copayment for each preferred brand-name drug** \$60 copayment for non-preferred brand-name drug** \$80 coinsurance 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.
Preventive Care Services	100%	100% (deductible waived)	60%

Deadlines, Periods and Premium Costs***

	Fall	Spring/Summer	Summer	Summer 2
Dates Covered	08/02/2023 - 12/31/2023	01/01/2024 - 08/01/2024	05/28/2024 - 08/01/2024	06/28/2024 - 08/01/2024
Student Rate	\$1,335	\$1,335	\$482	\$256

***A \$24 AES/ASAP/ALC fee and a \$25 University Admin fee is included in the Fall and Spring/Summer rates. A \$9 AES/ASAP/ALC fee and a \$9 University Admin fee is included in the Summer rates. A \$5 AES/ASAP/ALC fee and a \$5 University Admin fee is included in the Summer 2 rates.

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 school's 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.

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).

CHỦ 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 policy.