

2024-2025

The University of Oklahoma (OU) Norman Campus

Self-Funded Student Health Plan

Administered by Blue Cross and Blue Shield of Oklahoma (BCBSOK)

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 BCBSOK
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Who can enroll?

Undergraduate students: You must be enrolled for at least nine (9) credit hours during the fall or spring semesters or three (3) credit hours if you are enrolling for summer only coverage.

Graduate students: You must be enrolled for at least five (5) credit hours during the fall or spring semesters, three (3) credit hours if you are enrolling for summer only coverage, or two (2) thesis or dissertation credit hours.

Disabled students: If you are not enrolled as a full-time student, but you have a documented disability and have successfully petitioned the university for full-time status, you may be eligible to enroll in the plan.

International students: Non-immigrant international students (on an “F” visa or “J1” visa) taking credit hours are automatically enrolled unless a waiver is granted.

Eligible students who enroll may also enroll their spouses and dependents.

This plan is also available to The University of Oklahoma-Tulsa Schusterman Center Campus students (Social Work, Human Relations, Organizational Dynamics, Public Administration, Library & Information Sciences and Early Childhood Education).

Please view the complete policy on-line at ou.myahpcare.com for full details of the plan.

Open Enrollment Dates

Fall: 08/19/2024 - 09/06/2024

Spring/Summer: 01/13/2025 - 01/31/2025

Summer: 05/12/2025 - 05/26/2025

Waiver Deadlines

Fall: 08/19/2024 - 09/13/2024

Spring/Summer: 01/13/2025- 02/07/2025

Summer: 05/12/2025 - 05/26/2025

To see all enrollment and coverage periods available, please visit ou.myahpcare.com.

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Enroll in or renew coverage
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to ou.myahpcare.com.

*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 Oklahoma, 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), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Oklahoma.

The University of Oklahoma 2024-2025 Plan Highlights^{1,2}

Plan Coverage

	Goddard Health Center** (Norman)	In-Network Providers	Out-of-Network Providers
Doctor's Visits	100%	100% after a \$35 copayment per visit	60% after deductible
Specialists Office Visit	100%	100% after a \$50 copayment per visit	60% after deductible
Coinsurance	100%	80% after deductible	60% after deductible
Plan Deductible	\$0	\$500	\$1,500
Out-of-Pocket Maximum (unless otherwise noted)	No maximum	\$6,600	\$15,000

Benefits

<i>Payments are based on the allowable charge</i>	Goddard Health Center** (Norman)	In-Network Providers	Out-of-Network Providers
Preventive Care Services	100%	100%	Not Covered
Prescription Drugs <i>Per 30-day Retail Supply</i>	100% after: <ul style="list-style-type: none"> \$15 copayment per generic drug \$50 copayment per brand name drug Contraceptives are paid at 100% (No copayment) <i>(deductible waived)</i>	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$50 copayment for each brand-name drug \$100 annual prescription deductible applies 	Not Covered

**Access to on-campus health services locations is based on your campus enrollment.

Coverage Periods and Premium Costs***

	Fall	Spring/Summer	Summer
Dates Covered	8/19/2024 - 1/12/2025	1/13/2025 - 8/10/2025	5/12/2025 - 8/10/2025
Student	\$1,019	\$1,455	\$631
Student & Spouse	\$1,936	\$2,764	\$1,198
Student & Children	\$1,834	\$2,620	\$1,136
Student, Spouse, and Children	\$2,751	\$3,929	\$1,703

***A \$4.00 AES fee is included in the Fall Premium. A \$7.00 AES fee is included in the Spring/Summer Premium and a \$3.00 AES fee is included in the Summer Premium.

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 BCBSOK 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 Oklahoma (BCBSOK) 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. BCBSOK, 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 Oklahoma 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.