



Student Health Plan

for Angelo State University (Domestic)

2025 – 2026



Enrollment and eligibility information

Angelo State University (Domestic)

Domestic Undergraduate Students, Domestic Graduate Students, Interns, Fellows, and Students Working on Their Dissertation: All registered, domestic undergraduate students enrolled in seven (7) or more credit hours (three (3) or more credit hours during the summer); all registered, domestic graduate students enrolled in four (4) or more credit hours (three (3) or more credit hours during the summer); interns, fellows, and students working on their dissertation or thesis are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. All Health Professional Students enrolled in one (1) or more credit hours must be enrolled in the Plan unless comparable coverage is furnished to the Nursing Department, Health and Human Services Building, Suite 318.

Note: Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- 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

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Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$500 / \$1,500	\$1,000 / \$3,000
Out-of-Pocket Maximum (Individual/Family)	\$7,900 / \$15,800	\$15,800 / \$31,600
Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
Hospital Expenses	75%	50%
Surgical Expenses	75%	50%
Doctor's Visits	75% (deductible waived) \$50 primary care copayment per visit; \$50 specialist copayment per visit	50%
Emergency Care and Accidental Injury Facility Services - Copayment is waived if the insured admitted, inpatient hospital expenses will apply	75% after \$200 copayment (deductible waived)	75% after \$200 copayment (deductible waived)
Physician Charges	75%	50%
Lab and X-ray Charges	100% (deductible waived)	50%
Preventive Care Services	100% (deductible waived)	50%
Prescription Drugs 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.	100% after: \$20 copayment for each preferred generic drug \$20 copayment for each non- preferred generic drug \$60 copayment for each preferred brand-name drug* \$100 copayment for each non- preferred brand-name drug*	50% after: \$20 copayment for each preferred generic drug \$20 copayment for each non- preferred generic drug \$60 copayment for each preferred brand-name drug* \$100 copayment for each non- preferred brand-name 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.

To view all enrollment and coverage periods available, please visit angelo.myahpcare.com

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 Texas.

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.

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.

The relationship between Blue Cross and Blue Shield of Texas 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).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711).



Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	આપા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.