



# Student Health Insurance Plan

## for Baylor University - Graduate Students

2025 – 2026

# Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

## Who can enroll?

**Graduate Students** taking three (3) or more credit hours, including on-line graduate students, are required to enroll in the insurance plan unless comparable coverage is provided by the required deadline. Students may complete the enrollment on-line.

**Seminary Students** - All registered seminary students taking five (5) or more credit hours (three (3) or more credit hours in the summer) are eligible to enroll in the insurance plan.

**Law Students** taking one (1) or more credit hours, are eligible to enroll in the plan. Student may complete the enrollment on-line.

**Enrollment will be verified each semester. You must meet the required credit hours for each semester enrolled.** For students applying for new SHIP coverage to be active for a Summer semester, additional enrollment requirements will apply.

Dependent coverage is available. Students and their dependents will NOT be automatically re-enrolled. You will need to re-enroll them by each semester's deadline. For rates and enrollment information, go to [baylor.myahpcare.com](http://baylor.myahpcare.com).

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at [baylor.myahpcare.com](http://baylor.myahpcare.com).



## Advantages of Membership

- 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

## Premium Costs and Coverage Periods

	Fall	Spring/Summer	Summer
Dates Covered	8/15/2025 - 12/31/ 2025	1/1/2026 - 8/14/2026	5/15/2026 - 8/14/2026
Student Rate	\$1,580	\$2,568	\$1,046
Spouse Rate	\$1,580	\$2,568	\$1,046
Per Child Rate (2 child max)	\$1,580	\$2,568	\$1,046

Fall rates include a \$16 AES/ASAP/ALC fee and \$46 University Administrative fee.

Spring/Summer rates include a \$26 AES/ASAP/ALC fee and a \$74 University Administrative fee.

Summer rates include a \$11 AES/ASAP/ALC and \$31 University Administrative fee.

To see all enrollment and coverage periods available, please visit [baylor.myahpcare.com](http://baylor.myahpcare.com).

## Student Health Center

At the Baylor University Health Center, the deductible will be waived and benefits will be paid at 100% of covered expenses after a \$35 copayment.

Prescription Drugs at the BU Health Center only, 100% after: \$15 copayment per generic drug; \$40 copayment per preferred brand-name drug; \$75 copayment per non-preferred brand-name drug.

Benefit Maximums and Deductibles	In-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>Out-of-Pocket Maximum (Individual/Family)</b>	\$9,450/\$18,900	\$18,900/\$37,800

Benefits Deductible applies unless noted below	In-Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after: \$35 Primary Care Copayment \$45 Specialist Copayment	60% after: \$35 Primary Care Copayment \$45 Specialist Copayment
<b>Mental Illness/Chemical Dependency</b>	Paid as any other Covered Sickness	Paid as any other Covered Sickness
<b>Emergency Care and Accidental Injury</b> Facility Services - Copayment is waived if the insured is admitted, inpatient hospital expenses will apply.	80% after \$250 Copayment	80% after \$250 Copayment
<b>Physician Services</b>	80%	80%
<b>Independent Lab &amp; X-Ray Provider</b>	80%	60%
<b>Preventive Care Services</b>	100% (Deductible Waived)	60%
<b>Prescription Drugs</b> Per 30-day Retail Supply  **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none"> <li>\$20 copayment for each 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>20% coinsurance for each specialty drug</li> </ul>	60% after: <ul style="list-style-type: none"> <li>\$20 copayment for each generic drug</li> <li>\$40 copayment for each preferred brand-name drug**</li> <li>\$60 copayment for each non-preferred brand-name drug**</li> </ul> <p><b>Please note:</b> 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>



## On Campus Resources:

**The Baylor University Health Center** is located on the 2nd floor of the McLane Student Life Center, 209 Speight Ave. The services offered there include:

- General Services - for diagnosis and treatment of injuries and illnesses
- Lab Services
- Pharmacy Services
- Referrals
- Psychiatry Services - students have access to a Psychiatrist for diagnosis and treatment of mental health illnesses. For counseling services call the Counseling Center **254-710-2467** or visit the Walk in Clinic.

Graduate Students are eligible to use these on campus resources while registered in the current session. Dependents are eligible to use on campus Pharmacy Services. For more information about on campus services offered to Baylor Students, go to **baylor.myahpcare.com**.

### Open Enrollment Dates

**Fall:** 07/10/2025 - 09/19/2025

**Spring/Summer:** 11/28/2025 - 01/25/2026

**Summer:** 04/21/2026 - 05/31/2026

### Waiver Deadlines

**Fall:** 07/10/2025 - 09/19/2025

**Spring/Summer:** 11/28/2025 - 01/25/2026

**Summer:** 04/21/2026 - 07/02/2026

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 (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).

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).



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., 35<sup>th</sup> 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	للحصول على مساعدة لغوية أو للتواصل مجاناً 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	ભાષા 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 jí' hodíilni.
فارسی	برای دریافت کمک کنزانی یا اتوباطی ایگان، لطفاً 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	فہمیت ہیں زبان یا مواصلت کی مدد موصول کرنے کے لیے براہ کرم ہمیں 855-710-6984 پر کلا کوئی۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.