



Student Health Insurance Plan

for St. Mary's University

Welcome to AcademicBlue, your Student Health Insurance Plan

Who is automatically enrolled?*

- All registered students residing on campus and intercollegiate athletes
- All registered "F", "J", and "H" International students, including "J" and "F" visa Intensive English Program (IEP) students

*Unless proof of comparable coverage is provided at stmarytx.myahpcare.com/waiver. International students must also include proof of medical evacuation and repatriation benefits.

Who can voluntarily enroll?

- All registered undergraduate, graduate, doctoral, and law students taking six (6) or more credit hours
- Graduate students completing a thesis or dissertation and enrolled in their last semester
- Commuter/Non-Dorm Residents

Enrollment is available at stmarytx.myahpcare.com/enrollment.

Special notes on eligibility

- Dependents are not eligible to enroll.
- Domestic Non-resident/Commuter 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.

Enrollment Periods

Domestic & Intercollegiate Students Residing on Campus and International Students:

- Fall: 6/24/2024 - 9/5/2024
- Spring/Summer: 12/2/2024 - 1/30/2025
- Summer: 5/12/2025 - 6/2/2025
- Summer 2: 6/16/2025 - 7/8/2025

Domestic Non-Resident/Commuter Students:

- Fall: 6/24/2024 - 9/5/2024
- Fall (Charge to Tuition): 6/24/2024 - 8/27/2024
- Spring/Summer: 12/2/2024 - 1/30/2025
- Spring/Summer (Charge to Tuition):

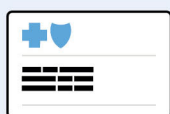
12/02/2024 - 01/21/2025

- Summer: 5/12/2025 - 6/2/2025
- Summer 2: 6/16/2025 - 7/8/2025

Deadlines to Waive

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

- Fall: 06/24/2024 - 09/05/2024
- Spring/Summer: 12/02/2024 - 1/30/2025
- Summer: 05/12/2025 - 06/02/2025
- Summer 2: N/A



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

St. Mary's University 2025-2026 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 <i>(deductible waived)</i>	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	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)	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 Per 30-day Retail Supply <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** 20% 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 nonpreferred brand-name drug** 20% 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	8/2/2024 – 12/31/2024	1/1/2025 – 8/1/2025	6/3/2025 – 8/1/2025	7/8/2025 – 8/1/2025
Student	\$1,394	\$1,394	\$459	\$191

***A \$24 AES/ASAP/ALC fee and a \$35 University Admin fee is included in the Fall and Spring/Summer rates. A \$8 AES/ASAP/ACL fee and a \$12 University Admin fee is included in the Summer rates. A \$3 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.

Academic HealthPlans, Inc., 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.



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.