



## The University of Oklahoma (OU) - Fall CESL International Self-Funded Student Health Plan

### Welcome to AcademicBlue, your Student Health Plan

#### Who can enroll?

All CESL international students enrolled full-time are automatically enrolled unless a waiver is granted.

Eligible students who enroll may also enroll their Dependents. See the plan brochure for details.

#### How do I waive?

Waivers may be requested if you are currently covered (on or before the beginning of the semester) and will continue to be covered for the duration of your stay in the U.S. International Students may be granted a waiver from the OU SHP for any semester that the student:

1. Is eligible for and enrolled in, the OU employee group health plan, or other employer sponsored ACA compliant group health plan,
2. Provides evidence that the student is eligible for, and enrolled in, coverage that is backed by the full faith and credit of the government of the exchange visitor's home country and is provided through an ACA compliant plan or policy,
3. Is sponsored by the U.S. government or other sponsoring entity that has guaranteed payment of all of the student's medical expenses,
4. Provides evidence that the student is eligible for, and enrolled in coverage that meets all of the requirements as outlined below, and
5. Is enrolled exclusively in distance learning classes at the University.

The policies described above must provide, at a minimum:

1. Minimum Essential Coverage (MEC) as required by the Affordable Care Act (ACA) with no annual or lifetime limits,
2. No exclusions for pre-existing conditions,
3. Preventative care and women's health care as required by the ACA covered at 100%,
4. An annual deductible not greater than \$500,
5. Coinsurance that does not exceed 30% of allowable charges under the plan,
6. Repatriation benefit of at least U.S. \$25,000, and
7. Evacuation benefit of at least U.S. \$50,000.

Please view the complete policy on-line at [ou.myahpcare.com](http://ou.myahpcare.com) for full details of participation in the plan.

#### Open enrollment dates & Waiver deadlines

- **Fall 1:** 08/15/2025 – 08/29/2025
- **Fall 2:** 10/18/2025 – 10/31/2025

To see all enrollment and coverage periods available, please visit [ou.myahpcare.com](http://ou.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 BCBSOK
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

## The University of Oklahoma Fall CESL International 2025-2026 Plan Highlights<sup>1,2</sup>

Plan Coverage	Goddard Health Center* (Norman)	In-Network Providers	Out-of-Network Providers
<b>Doctor's Visits</b>	100%	100% after a \$35 copayment per visit	60% after deductible
<b>Specialists Office Visit</b>	100%	100% after a \$50 copayment per visit	60% after deductible
<b>Coinsurance</b>	100%	80% after deductible	60% after deductible
<b>Plan Deductible</b>	\$0	\$500	\$1,500
<b>Out-of-Pocket Maximum (unless otherwise noted)</b>	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
<b>Preventive Care Services</b>	100%	100%	Not Covered
<b>Prescription Drugs <i>Per 30-day Retail Supply</i></b>	100% after: <ul style="list-style-type: none"> <li>• \$15 copayment per generic drug</li> <li>• \$50 copayment per brand-name drug</li> </ul> Contraceptives are paid at 100% (No copayment) (deductible waived)	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>• \$15 copayment for each generic drug</li> <li>• \$50 copayment for each brand-name drug</li> <li>• \$100 annual prescription deductible applies</li> </ul>	Not Covered
Coverage Periods and Premium Costs**	Fall 1	Fall 2	
<b>Dates Covered</b>	08/15/2025 - 10/17/2025	10/18/2025 - 01/11/2026	
<b>Student</b>	\$483	\$649	
<b>Student &amp; Spouse</b>	\$918	\$1,233	
<b>Student &amp; Children</b>	\$870	\$1,169	
<b>Student, Spouse and Children</b>	\$1,305	\$1,753	

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

\*\*A \$2.00 AES fee is included in the Fall 1 premium and a \$4.00 AES fee is included in the Fall 2 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.

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 Oklahoma.

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).



### 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	.855-710-6984 لتقدي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم
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 મદ્દતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिन्दी	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 855-710-6984 번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinit'sá'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 ji' hodíílni.
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 بمیں 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.