

# 2020-2021 Baylor University Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

This plan meets or exceeds a Gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)\*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

All registered **Domestic students** taking six (6) 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.

**Domestic and Law students** may complete the enrollment online.

All registered **International students** on non-immigrant visas, taking one (1) or more credit hours are required to participate in the Baylor University Student Health Insurance Plan. Although students are welcome to submit an application for a waiver, in order to have such waiver approved, the plan submitted must be equivalent to the University Student Health Insurance Plan in all material respects.

All **J Scholars and students on campus for Academic Research or Study** are required to participate in the Baylor University Student Health Insurance Plan.

**International, J Scholars and students on campus for Academic Research or to Study** are automatically enrolled in the Student Health Insurance Plan and the cost of the plan will appear on your tuition bill. Please contact Student Health Services for more information.

**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.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis. Students and their dependents will NOT automatically be 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).

For additional information, go to [baylor.myahpcare.com](http://baylor.myahpcare.com).

# Baylor University 2020-2021 Plan Highlights <sup>1,2</sup>

## Benefit Maximum & Deductibles

	Student Health Center	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	Waived	\$500/\$1,500	\$1,000/\$3,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	N/A	\$6,350/\$12,700	\$12,700/\$25,400

## Benefit Coverage

<i>Deductible applies unless noted below:</i>	Student Health Center (deductible waived)	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	N/A	80%	60%
<b>Surgical Expenses</b>	N/A	80%	60%
<b>Doctor's Visits</b>	100% after \$35 Copayment	100% after: \$35 Primary Care Copayment \$45 Specialist Copayment	60% after: \$35 Primary Care Copayment \$45 Specialist Copayment
<b>Emergency Care and Accidental Injury Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	N/A	80% after \$100 copayment	
<b>Physician Services</b>	N/A	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	80%	
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply</i>  <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>	At the BU Health Center Only, 100% after: <ul style="list-style-type: none"> <li>\$15 copayment per generic drug</li> <li>\$30 copayment per preferred brand name drug</li> <li>\$50 copayment per non-preferred brand name drug</li> </ul>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% 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 non-preferred brand-name 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 non-preferred brand-name drug**</li> </ul> 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.
<b>Preventative Care Services</b>	100%	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Fall	Spring/Summer	Summer
<b>Open Enrollment</b>	07/02/2020 - 09/28/2020	11/30/2020 - 02/15/2021	04/12/2021 - 05/31/2021
<b>Dates Covered</b>	08/01/2020 - 12/31/2020	01/01/2021 - 07/31/2021	05/15/2021 - 07/31/2021
<b>Student Rate</b>	\$1,362	\$1,886	\$694
<b>Spouse Rate</b>	\$1,362	\$1,886	\$694
<b>Per Child Rate (2 child max)</b>	\$1,362	\$1,886	\$694

\*\*\*Fall rates include an \$8 AES fee and \$39 University Administrative fee (UAF), Spring/Summer includes a \$10 AES/\$55 UAF, Summer includes \$4 AES/\$20 UAF

<sup>1</sup> 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. <sup>2</sup> 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. <sup>3</sup> 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). For the full list of languages, see your specific school brochure. For the full list of languages, see your specific school brochure.