

## 2020-2021

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

Administered by Blue Cross and Blue Shield of Oklahoma (BCBSOK)

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 BCBSOK
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

### Who can enroll?

All Spring CESL, International students taking credit hours 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 brochure on-line at [ou.myahpcare.com](http://ou.myahpcare.com) for full details of the plan.

### You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Enroll in or renew coverage
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

Students are responsible for providing all required documentation, in writing in English. International Students who have been granted a waiver and who lose coverage at any time during the semester for which the waiver has been granted must immediately report any loss of healthcare coverage to Academic HealthPlans, [ou.myahpcare.com](http://ou.myahpcare.com).

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

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

# The University of Oklahoma 2020-2021 Plan Highlights<sup>1,2</sup>

## Spring CESL International Students

### Plan Coverage

	<b>Goddard Health Center**</b> (Norman)	<b>In- and Out-of-Network Providers</b> (with Referral)	<b>In- and Out-of-Network Providers</b> (without Referral)
<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</b> (unless otherwise noted)	No maximum	\$6,600	\$15,000

### Benefits

<i>Payments are based on the allowable charge</i>	<b>Goddard Health Center**</b> (Norman) <b>Student Health Clinic**</b> (Tulsa)	<b>In- and Out-of-Network Providers</b> (with Referral)	<b>In- and Out-of-Network Providers</b> (without Referral)
<b>Preventative Care Services</b>	100%	100% (for services not offered at the Student Health Center)	Not Covered
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply</i>	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) <i>(deductible waived)</i>	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> </ul> \$100 annual prescription deductible applies	Not Covered

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

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

	<b>Spring 1</b>	<b>Spring 2</b>	<b>Summer 1</b>	<b>Summer 2</b>
<b>Dates Covered</b>	1/19/2021 - 3/14/2021	3/15/2021 - 5/9/2021	5/10/2021 - 6/27/2021	6/28/2021 - 8/18/2021
<b>Student</b>	\$318	\$324	\$283	\$300
<b>Student &amp; Spouse</b>	\$604	\$615	\$538	\$570
<b>Student &amp; Child(ren)</b>	\$572	\$583	\$510	\$540
<b>Student, Spouse, and Child(ren)</b>	\$858	\$874	\$765	\$810

\*\*\*A \$12 AES fee is included in the Annual Premium.

<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 BCBSOK 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 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.

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, age, disability, sex orientation, gender identity or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.