



2022-2023 STUDENT HEALTH PLAN HIGHLIGHTS

AM I ELIGIBLE?

All undergraduate students enrolled for nine (9) or more credits and graduate students enrolled for six (6) or more credits (or registered for thesis or dissertation supervision) are eligible to enroll in the health plan on a voluntary basis.

All International, Pharmacy, Nursing and College of Health Sciences students are required to enroll in the health plan unless proof of comparable coverage is provided.

Please view the complete Benefit Booklet online at samford.myahpcare.com for full details of participation in the health plan.

ADDITIONAL BENEFITS

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services*



Administered by Academic HealthPlans

*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.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Alabama.

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 Medical Expenses are subject to plan maximums, limitations and exclusions as described in the Benefit Booklet. **The provider network is BlueCard® PPO.**

COVERAGE & COST

(add dependent rates to the Student rate to determine plan cost)

Annual	08/21/22 - 08/20/23
Enrollment/Waiver Period	07/05/22 - 09/06/22
Student	\$3,146
Spouse	\$3,146
Child ¹	\$3,146
Fall	08/21/22 - 12/31/22
Enrollment/Waiver Period	07/05/22 - 09/06/22
Student	\$1,146
Spouse	\$1,146
Child ¹	\$1,146
Spring/Summer	01/01/23 - 08/20/23
Enrollment/Waiver Period	11/09/22 - 01/25/23
Student	\$2,000
Spouse	\$2,000
Child ¹	\$2,000
Summer	05/01/23 - 08/20/23
Enrollment/Waiver Period	04/14/23 - 06/06/23
Student	\$931
Spouse	\$931
Child ¹	\$931

¹Coverage for two (2) or more children is calculated at the single child rate multiplied by two (2).

To view all enrollment and coverage periods available, please visit samford.myahpcare.com.

MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, per Plan Coverage Period	Unlimited	
Deductible Per Insured Person, per Plan Coverage Period	\$ 200	\$ 600
Individual Out-of-Pocket Maximum Per Insured Person, per Plan Coverage Period	\$ 6,850	\$ 15,000
Family Out-of-Pocket Maximum All Insureds in a Family, per Plan Coverage Period	\$ 13,700	N/A

This document contains a summary of your school's student health insurance plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved plan. The final plan may be pending approval by applicable federal and state regulatory authorities. The final approved plan is accessible upon approval at samford.myahpcare.com.

BENEFITS (deductible applies unless otherwise stated below)

IN-NETWORK PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Inpatient Hospital & Residential Treatment Facilities Precertification Required	
80%	60% In Alabama: Covered only for medical emergency services and accidental injury
Outpatient Surgery, including Ambulatory Surgical Centers	
80%	60% In Alabama: Not Covered
Inpatient Physician Visits & Consultations	
80%	60% In Alabama: 50%
Chemotherapy, Diagnostic Lab, Dialysis & IV, Pathology, Radiation Therapy and X-ray	
80%	60% In Alabama: 50%
Rehabilitative Occupational, Physical and Speech Therapy	
80%	60% In Alabama: 50%
Emergency Room (Medical Emergency) Copay waived if admitted	
100% after a \$150 copay (deductible waived)	100% after a \$150 copay
Preventive Care Services For more information, please visit AlabamaBlue.com/PreventiveServices	
100% (deductible waived)	Not Covered
Prescription Drugs Maintenance drugs: up to 90-day supply may be purchased but copay applies for each 30-day supply Prescription drugs (other than maintenance drugs): up to a 30-day supply	
Prime Participating Network Pharmacies	Not covered
100% after copay	
Tier 1: \$15 copay	
Tier 2: \$15 copay	
Tier 3: \$35 copay	
Tier 4: \$60 copay	
Tier 5 (Preferred Specialty): \$120 copay	Not covered
Tier 6 (Non-Preferred Specialty): \$120 copay	