

Tuskegee University 2020-2021

# Student Health Insurance Plan



**The insurance carrier for 2020-2021 is Blue Cross and Blue Shield of Alabama (BCBSAL).**

## Eligibility

All registered students are required to purchase this insurance plan on a mandatory basis.

Eligible students who enroll may also enroll their dependents.

The student must actively attend classes for at least the first 31 days of the applicable plan coverage period. Home study and correspondence do not fulfill the eligibility requirements that the student actively attend classes. BCBSAL maintains the right to investigate eligibility or student status and attendance records to verify that the plan eligibility requirements have been met.

Please view the complete Benefit Booklet online at [tuskegee.myahpcare.com](https://tuskegee.myahpcare.com) for full details of participation in the plan.



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.



# Tuskegee University 2020-2021

## Student Health Insurance Plan

This 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.**

**Student Health Center (SHC):** Services rendered at the SHC are covered at 100% (no copay or deductible). Students must first use the Student Health Center for outpatient treatment and obtain referrals before using other providers and facilities outside of the Student Health Center. A referral issued by the SHC must be electronically submitted. Only one referral is required for each injury or sickness per plan coverage period. Dependents (Spouse/Children) are not eligible for services at the SHC.

**Without a referral, medical care received outside of the SHC is not typically covered. The following are the only exceptions:**

- Medical Emergency/Accident
- SHC is closed
- Medical care rendered during break or vacation periods
- Medical care rendered at a location that is more than 30 miles from campus
- Medical care rendered when student is no longer eligible for coverage
- Maternity, obstetrical and gynecological care
- Mental Health and Substance Use Disorder treatment
- All Dental Care or Treatment

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Plan Coverage Period
Deductible	In-Network Provider: \$ 150 per Insured Person, per Plan Coverage Period Out-of-Network Provider: \$ 750 per Insured Person, per Plan Coverage Period
Individual Out-of-Pocket Maximum	In-Network Provider: \$ 6,600 per Insured Person, per Plan Coverage Period Out-of-Network Provider: \$ 13,200 per Insured Person, per Plan Coverage Period
Family Out-of-Pocket Maximum	In-Network Provider: \$ 13,200 for all Insureds in a Family, Per Plan Coverage Period Out-of-Network Provider: \$ 26,400 for all Insureds in a Family, Per Plan Coverage Period

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Allowed Amount</i>	<i>Payments are based on the Allowed Amount</i>
Inpatient Hospital and Residential Treatment Facilities	90% after deductible	70% after deductible Covered only for medical emergency services and accidental injury
Outpatient Surgery Including Ambulatory Surgical Centers	90% after deductible	70% after deductible In Alabama: Not Covered
Office Visits & Consultations	100% after a \$15 Copay deductible waived	50% after deductible
Chemotherapy, Diagnostic Lab, Dialysis & IV, Pathology, Radiation Therapy and X-ray	90% after deductible	70% after deductible In Alabama: Not Covered
Rehabilitative Occupational, Physical and Speech Therapy	90% after deductible	50% after deductible
Emergency Room (Medical Emergency) Copay waived if admitted	100% after a \$200 Copay deductible waived	100% after a \$200 Copayment after deductible
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.	<b>Prime Participating Network Pharmacies</b> 100% after a Tier 1 & 2: \$5 Copay Tier 3: \$25 Copay Tier 4: \$40 Copay Tier 5 & 6: \$80 Copay	Not Covered
Preventive Care Services For more information, please visit <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a>	100% deductible waived	Not Covered

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 [tuskegee.myahpcare.com](http://tuskegee.myahpcare.com).