Tuskegee University
Policy Number 59694-22

Student Coverage With Care 2026-2027

Pending Carrier Approval

What's Included?

- Academic Student Assistance Program (ASAP)
- Telehealth solutions through AcademicLiveCare (ALC)
- Academic Emergency Services (AES)*
- Coverage when traveling
- Network is BlueCard® PPO
- Access to Academic Vision Care (AVC)

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit tuskegee.myahpcare.com/additionalresources

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. Blue Cross and Blue Shield of Alabama maintains the right to investigate eligibility or student status and attendance records to verify that the plan eligibility requirements have been met.

Students have access to Telehealth/Behavioral Health Services through AcademicLiveCare (ALC). More information, regarding services benefits and enrollment is available online at tuskegee.myahpcare.com.

For more information, visit tuskegee.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, Inc. (AHP), Part of the Brown & Brown Team.

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

Student Health Center (SHC):

Services rendered at the SHC are covered at 100% (no copayment or deductible). Students must first use the SHC for outpatient treatment and obtain referrals before using other providers and facilities outside of the SHC. 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

BENEFITS

(Deductible Applies Unless Otherwise Stated Below)

	IN-NETWORK COVERAGE Payments are based on the Allowed Amount	OUT-OF-NETWORK COVERAGE Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, per Plan Coverage Period	Unlimited	
Deductible Per Insured Person, per Plan Coverage Period	$250	$500
Individual Out-of-Pocket Maximum Per Insured Person, per Plan Coverage Period	$8,000	$16,000
Inpatient Hospital and Residential Treatment Facilities	80%	60% In Alabama:Only medical emergency services and accidental injury
Outpatient Surgery Including Ambulatory Surgical Centers	80%	60% In Alabama: Not Covered
Office Visits & Consultations	100% after a $20 Copayment (Deductible Waived)	100% after a $20 Copayment In Alabama: 50%
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy and X-ray (Performed In Physician's Office)	80%	60% In Alabama: 50%
Rehabilitative Occupational, Physical and Speech Therapy	80%	60% In Alabama: 50%
Emergency Room (Medical Emergency) Copayment Waived If Admitted	100% after a $200 Copayment (Deductible Waived)	100% after a $200 Copayment (Deductible Waived)
Ambulance Service	100% (Deductible Waived)	100% (Deductible Waived)
Prescription Drugs Maintenance Drugs - up to a 90-day supply may be purchased, but Copayment applies for each 30-day supply Prescription Drugs - up to a 30-day supply (Other than Maintenance Drugs)	Prime Participating Network Pharmacies 100% after Copayment Tier 1: $10 Copayment Tier 2: $20 Copayment Tier 3: $40 Copayment Tier 4: $80 Copayment Tier 5 (Preferred Specialty): $125 Copayment Tier 6 (Non-Preferred Specialty): $250 Copayment	Not Covered
Preventive Care Services For more information, please visit AlabamaBlue.com/PreventiveServices	100% (Deductible Waived)	Not Covered
Annual Dental Exam and Cleaning Benefits Plan Paid for Two Annual Exams and Cleanings	100% (Deductible Waived)	100% (Subject to the Policy Year Deductible)

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at tuskegee.myahpcare.com upon approval by federal and state authorities.