AcademicBlue℠

ASU Angelo State University

We are pleased to bring you the 2014-2015 Angelo State University Student Health Insurance Plan

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

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

Who can enroll?

Domestic Undergraduate Students, Domestic Graduate Students, Interns, Fellows, and Students Working on Their Dissertation: All registered, domestic undergraduate students enrolled in six (6) or more credit hours during the long semester or three (3) or more credit hours during the summer; all registered, domestic graduate students enrolled in one (1) or more credit hours; interns, fellows, and students working on their dissertation or thesis are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. To enroll in the plan, complete the online enrollment form or download a form from **angelo.myahpcare.com** to complete and mail.

Health Professional Students: All Health Professional Students enrolled in one (1) or more credit hours must be enrolled in the Plan unless comparable coverage is furnished to the Nursing Department, Vincent Building, Suite 268. Waiver forms are available in PDF format on **angelo.myahpcare.com.** Waivers must be submitted by September 1, 2014, (or if a new student beginning in spring or summer 2015 by the first day of the coverage period that applies).

You get online access to:

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

For additional information, go to angelo.myahpcare.com, or call 855-850-4299

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to **angelo.myahpcare.com.**

* Academic Emergency Services (AES) is a global emergency services product provided by On Call International, a separate and independent company. AES provides medical evacuation, repatriation, accidental death and dismemberment benefits, emergency medical and travel assistance, travel information and other services for Academic HealthPlans (AHP). On Call International is solely responsible for its products and services.

AcademicBlue℠ is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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

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Angelo State University 2014-2015 Plan Highlights[1,2]

Benefit Maximum & Deductibles *(per covered person, per policy year)*		
	Network Provider	**Out-of-Network Provider**
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	$500/$1,500	$1,000/$3,000
Out-of-Pocket Maximum (Individual/Family)	$6,350/$12,700	$12,700/$25,400
Benefit Coverage *(per covered person, per policy year)*		
	Network Provider	**Out-of-Network Provider**
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: $30 Primary Care Copayment per visit $50 Specialist Copayment per visit	60%
Emergency Room Expenses *$200 Copayment per visit*	80%	80% - Emergency 60% - Non-Emergency
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs *Per 30-day Retail Supply (Deductible Waived)*	At pharmacies contracting with Prime Therapeutics*, 100% after: • $20 Copayment for each generic drug • $40 Copayment for each preferred brand-name drug • $60 Copayment for each non-preferred brand-name drug	60% after: • $20 Copayment for each generic drug • $40 Copayment for each preferred brand-name drug • $60 Copayment for each non-preferred brand-name drug Please Note: You are required to pay the full amount charged at the time of service or all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventive Care Services	100%	60%

Deadlines, Coverage Periods and Premium Costs

	Annual	Fall	Spring/Summer	Summer
Open Enrollment	07/01/2014 - 09/26/2014	07/01/2014 - 09/26/2014	11/15/2014 - 02/20/2015	03/20/2015 - 06/19/2015
Dates Covered	08/15/2014 - 08/14/2015	08/15/2014 - 01/14/2015	01/15/2015 - 08/14/2015	05/14/2015 - 08/14/2015
Student Rate	$2,136	$905	$1,231	$537
Spouse Rate	$5,881	$2,470	$3,411	$1,482
Each Child Rate	$1,988	$835	$1,153	$501

[1] 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 BlueChoice® Preferred Provider Organization Network.

[2] 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.

* 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 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.