

## Student Health Insurance Plan

*Detailed Information  
& Questions about*

*Enrollment, Benefits, or Claims*

**Academic HealthPlans**

**www.AHPCare.com/baylor**

**888.308.7320**

*Provider Network Information*

**IN TEXAS:**

**Texas True Choice**

**www.texastruechoice.com**

**800.683.4856**

**OUTSIDE TEXAS:**

**First Health Network**

**www.firsthealth.com**

**800.226.5116**

*Pharmacy Information*

**WellDyneRx**

**www.welldynernx.com**

**888.479.2000**

*Global Assistance*

**Scholastic Emergency Services**

**877.488.9833 (inside U.S.)**

**or 609.452.8570 (outside U.S.)**

**medservices@assistamerica.com**

**Reference Number:**

**01-AA-AHP-05054**

*AHP Plus 24-Hour Nurse Line &  
Audio Health Library*

**www.ahpplus.com/baylor**

**877.924.7758**

*AHP Plus Health Discount Card  
(Dental, Vision, Pharmacy)*

**www.ahpplus.com/baylor**

**800.290.0523**

# BAYLOR<sup>®</sup>

U N I V E R S I T Y

## international Student Health insurance

### 2008–2009

### Student Medical Insurance

Coverage offered through Academic HealthPlans.

Includes

- Medical Benefits
- Prescription Drugs
- Repatriation Coverage and Medical Evacuation
- 24-Hour Nurse Line & Audio Health Library
- Discount Card for Dental, Vision, and Prescription

### Identification (ID) Cards

*Remember to take your medical insurance ID card for each doctor visit.*

Temporary ID Cards available on Student Health Insurance Plan Website

### Access to Treatment

The U.S. healthcare system may be different from your home country. It is important to already have a physician, as things will work more smoothly, especially in an emergency situation. The cost of treatment for a doctor office visit is much less than a hospital visit.

*Always use common sense and good judgment when making your health care choices.*

### Types of Treatment Facilities:

#### Baylor University Health Services (Students Only)

This provides the best cost and easiest access for most routine visits and health issues. After the Deductible is satisfied, Allergy treatment, Routine Pap Smear, Laboratory, X-ray and Physical Therapy benefits are paid at 90% of the negotiated fee schedule. After the deductible is satisfied, Mental & Nervous Disorder benefits are payable beginning with the 10th visit, \$25 for 10th visit, \$10 per visit for all remaining visits.

#### Doctor's Office (General Practitioner, Clinic, Specialists)

*Examples:* Family Practice, Internal Medicine, OB/GYN, Neurologist

Can address most routine visits and health issues, ongoing treatment.

#### Minor Emergency Clinic (Urgent Care Clinic)

If you have a non life-threatening health problem that cannot wait, and your physician is unavailable (such as in the evening or weekend), these clinics can handle most minor medical situations.

#### Inpatient or Outpatient Hospital

Normally inpatient and outpatient hospital care is at the direction of your doctor. This is not for routine office visits or after hours care.

#### Emergency Room Care

In this type of situation, it is assumed that critical emergency care is needed at a hospital. You may need to call 911. This should only be used in emergency situations.



## Plan Overview

The following is an overview of benefits. For complete information on coverage details, including limitations and exclusions, please refer to the plan brochure.

Benefit Category	STUDENT HEALTH CENTER	Health Care In Network	Health Care Out of Network
		Payments are based on the Preferred Provider Allowance	Payments based on Usual & Customary Charges
Lifetime Maximum	Up to \$200,000 Maximum Benefit Paid for Each Covered Injury or Sickness		
Deductible	\$300 per Covered Person, per Policy Year / \$600 per Family, per Policy Year		
Hospital Expenses \$1,500 per day aggregate maximum	Not applicable	80%	60%
Surgical Expenses	Not applicable	80%	60%
Day Surgery Miscellaneous \$2,500 maximum	Not applicable	80%	60%
Doctor's Office Visits	\$25 copay	\$25 copay, then paid at 80%	\$25 copay, then paid at 60%
Emergency Room \$100 copay per visit	Not applicable	80%	60%
Diagnostic X-rays and Laboratory Services	90% of charges	\$50 copay, then paid at 80%	\$50 copay, then paid at 60%
Prescription Drugs \$1,500 maximum per Policy year	\$15 copay generic \$30 copay brand name	At a WellDyneRx pharmacy: \$20 copay generic \$40 copay brand name	No benefits

## Global Emergency Services

Medical evacuation and repatriation coverage. Refer to brochure for complete information. All care must be arranged by Assist America/Scholastic Emergency Services in order to be covered. (Contact information on front.)

## Preferred Provider Network (PPO)

Certain doctors, hospitals, and other treatment facilities contract with a PPO network, agreeing to provide services at a lower cost. Doctors are screened for quality. There is less cost to you when you receive care from a contracted healthcare provider.

### In-Network

The benefit shown is based on *Preferred Allowance*: the amount a Preferred Provider will accept as payment in full for covered expenses.

### Out-of-Network

The benefit shown is based on *Usual and Customary Charges (U&C)*: the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service or supply is provided. The student is responsible for costs that exceed the U&C amount.

## AHP Plus (You will receive a separate ID card and additional information in the mail.)

### Nurse Line & Audio Health Library

Toll-free access to speak confidentially with a licensed registered nurse regarding medical issues, any time day or night. Listen to recorded information on over 1,500 health topics using a touch-tone phone.

### Discount Card

National networks for discounts on these health services, available to your whole family:

- Dental:** save on most dental procedures including exams, cleanings, major work, orthodontia and cosmetic dentistry. (Careington network)
- Vision:** save on retail eyewear, contact lenses, eye exams, and vision correction surgery, e.g. LASIK (EyeMed network)
- Prescription:** discounts on generic and brand-name drugs; convenient mail-order program (Agelity network). For use after plan prescription maximums exceeded or for medications that are not covered.

## Submit Claims for Reimbursement

Mail all medical receipts and bills, along with the patient's name, address, and Social Security Number, and name of University under which the student is insured to

Klais & Company, Inc.  
1867 W Market Street  
Akron, OH 44313

Please keep a copy of all paperwork for your records.

Please go to  
to view and  
download:

[www.ahpcare.com/baylor](http://www.ahpcare.com/baylor)

- Enrollment Form
- Complete plan description
- Provider and Pharmacy information
- Temporary ID Card
- Link to Customer Service
- Link to Student Health Services

