

Health Care Coverage for Baylor College of Medicine Students (2022-2023)

Baylor College of Medicine (the College) believes student wellness is essential to academic progress. In order to support this philosophy, BCM maintains the BCM Health Student Health Insurance Plan (the SHIP) and requires that all individuals enrolled in any BCM academic program maintain medical coverage through the SHIP or are enrolled in alternative coverage that meets the coverage requirements established by the College. The SHIP provides a benefit for routine care, illness, injury and is administered by Blue Cross Blue Shield of Texas (BCBSTX). If the student chooses to opt out of the SHIP they must apply for a "Waiver of Coverage". If the student's "Waiver of Coverage" application is approved, the student is allowed to opt out of the SHIP. If the student does not proactively enroll or waive during the designated time period, the student will be **manually** enrolled in the SHIP after the designated time period. Proactively enrolling rather than being automatically enrolled ensures that coverage begins timely instead of retroactively. More information about the enrollment and waiver processes is discussed in detail below.

Enrollment in the BCM Student Health Insurance Plan

First Year Students

Incoming first-year Graduate, Medical and School of Health Professions students must complete the online enrollment or waiver process during the designated time period. Students must complete enrollment in the SHIP as soon as possible during the specific enrollment or waiver period for their group based on the date of matriculation. Specific dates and information about enrollment and applying for a waiver will be given to incoming students during the Benefits Orientation. Information regarding the requirements for waiving the SHIP is discussed under the section, "Applying for a Waiver of Coverage".

Current Students

Current students are required to enroll or waive the health insurance each academic year. Students are given a period of time, referred to as the Student Health Insurance Plan Annual Change Period, during which they can enroll in the SHIP, apply for a waiver of coverage, or add or drop dependent coverage. The Student Health Insurance Plan Annual Change Period occurs during the month of May. Any changes made during the Student Health Insurance Plan Annual Change Period will be effective July 1. To ensure that coverage is readily available to access on July 1, the student must actively enroll during the Annual Student Insurance Change Period. If a student takes no action during this period they will be considered a "Non-Responder" and will **manually** be enrolled in the SHIP. Non-Responders might experience a delay in accessing the benefits, so it is better to take action and either enroll or waive during the Student Health Insurance Plan Annual Change Period.

Instructions on how to waive or enroll for coverage will be sent to all students via email. The information how to complete and submit an online Application for Waiver of Coverage. All current students should review the section below entitled, "Applying for a Waiver of Coverage" before completing and submitting an online waiver application. ***An online Application for Waiver of Coverage must be completed and submitted by accessing the Academic HealthPlans website at <https://bcm.myahpcare.com/>***

Coverage for Dependents under the BCM Student Health Insurance Plan

Students can enroll eligible family members during their specific initial enrollment period (new students), or during the Student Health Insurance Plan Annual Change Period (returning students). Eligible family members include:

- spouse or domestic partner, and/or
- dependent children through age 25 who are not eligible for coverage through their own or spouse's employer's group health plan

Returning dependents must be re-enrolled each year during the Student Health Insurance Plan Annual Change Period to maintain coverage under the SHIP. Coverage for dependents that are not re-enrolled will end **effective June 30**. Coverage will begin July 1st for dependents that are successfully enrolled during the Student Health Insurance Plan Annual Change Period. **Dependents must remain enrolled until the end of the academic year or until the last day of the student's enrollment if it ends prior to June 30.**

Students are responsible for the cost of their family members' coverage, and premium payment arrangements must be made with Academic HealthPlans. Premiums may be charged to credit cards. Students must enroll dependents for coverage through Academic HealthPlans enrollment process and can only be added after the student has enrolled for coverage.

Adding Dependent Coverage during the Academic Year (Qualifying Events)

Students who experience a qualifying event have 31 days from the date of the qualifying event to notify Academic HealthPlans at 855-856-4117 to add a dependent to coverage. Qualifying events include, but are not limited to, the birth of a baby or marriage. Upon enrollment, the student will be charged on a quarterly basis for the remaining months of the academic year, and the prorated monthly premium for the enrollment month, if applicable. **Dependents must remain enrolled until the end of the academic year or until the last day of the student's enrollment if it ends prior to June 30.** Contact Academic HealthPlans at 855-856- 4117 to get a complete list of qualifying events and required documentation.

INFORMATION ABOUT COVERAGE

The Preferred Provider Organization (PPO)

For the **22-23** academic year, BCM will partner with Blue Cross and Blue Shield of Texas (BCBSTX) to provide our students with access to an insured Preferred Provider Organization (PPO) health care program for both medical and dental. Additionally, we will partner with Academic HealthPlans (AHP) to provide enhanced customer service to assist you. A PPO allows you flexibility and choice when making health care decisions. It is important that you understand the program so that you can make informed health care decisions that best fit your situation. Below is an overview of the PPO. For complete details, you should visit Academic HealthPlans website at <https://bcm.myahpcare.com/>

AcademicBlue is the student health insurance plan provided by BCBSTX. AcademicBlue offers an extensive local and national PPO of physicians, hospitals, and pharmacies. You can go to any provider or facility you choose in a PPO. However, by choosing preferred providers and facilities, there are no claims to file. There is an Annual Medical Plan Deductible of \$0 for "Preferred Provider" services and \$500 for "Non-Preferred Provider" services. In most cases, when you access a preferred provider, you will have to pay a small co-payment and/or co-insurance for services provided. When you access a preferred provider you will have no more than \$1,250 out-of-pocket expenses (including all co-payments, prescription drug co-

4/13/2020

payments, and pharmacy co-insurance) per person or \$2,500 out-of-pocket per family in any Policy year. The preferred physicians include general practitioners, internists, primary care physicians (PCPs), as well as specialists. No physician referral is necessary for you to see a specialist. You may choose the specialist you wish to see. For specific exclusions and more information, please access Academic HealthPlans website at <https://bcm.myahpcare.com/>.

You may also choose to receive care through a non-preferred provider; however, you will experience a reduced benefit, and you will be responsible for a significant amount of out-of-pocket expense. If you choose to receive care through a non-preferred provider, you will also have to file your own claims, which means your provider will expect payment when services are provided.

There is an Annual Dental Plan Deductible of \$75 for "Preferred Provider" services and \$75 for "Non-Preferred Provider" services. The policy year maximum is \$1,000. For specific exclusions and more information, please access Academic HealthPlans website at <https://bcm.myahpcare.com/>.

Cost of Coverage

Medical and School of Health Professions students are responsible for paying the cost of their SHIP. Medical students pay for eleven (11) months of coverage the first year of academic enrollment and twelve (12) months of coverage each subsequent academic year. Student financial aid and scholarship funds are used to reduce the balance of the student’s cost of coverage. If a student is not receiving such funds, he or she is expected to pay the charges as directed by Student Account Services. The current monthly premium amounts for the period of July 1, 2022 through June 30, 2023 are as follows:

Coverage Level	Total Monthly Premium (Includes both Medical and Dental)
Student only	\$468.25
Student & Spouse/Domestic Partner	\$936.50
Student & One Child	\$914.58
Student & Two or More Children	\$1,360.91
Student & Spouse/Domestic Partner & One Child	\$1,388.83
Student & Spouse/Domestic Partner & Two or More Children	\$1,829.16

*These premiums are subject to change July 1st of each academic year.

Applying for a Waiver of Coverage

A student may be allowed to submit an application to waive participation in the SHIP if the student has alternative coverage that meets the minimum requirements established by the College. The alternative coverage must be maintained through the student's own, their spouse's, or their parent's U.S. employer-sponsored group health plan and the employer-sponsored plan must meet all the coverage requirements established by the College. A returning student who has an approved waiver on file for the current academic year must submit another application for review and approval (or denial) during each Student Health Insurance Plan Annual Change Period annually in May. If approved, the Waiver of Coverage is effective **July 1** through June 30, unless the alternative coverage terminates during the year for such reason as a student is no longer eligible due to age limitation (turning 26 or the coverage is no longer available). If the student's alternative coverage ends during the academic year or if the coverage changes the student must notify the Human Resources - Benefits Office within 31 days the loss of change of coverage date. The student will have to either enroll for coverage under the SHIP or submit a new waiver for approval. For more information about enrolling during the year see "Additional Information about Waiving Coverage". Failure to submit the online application for a Waiver of Coverage during Student Health Insurance Plan Annual Change Period (returning students) or during the initial enrollment or waiver period (new students) will result in **automatic** enrollment in the BCM Student Health Insurance Plan. To avoid unnecessary charges for health insurance coverage, the completed application for a Waiver of Coverage must be submitted by accessing the Academic HealthPlans website at <https://bcm.myahpcare.com/> for both current students and for incoming students by their assigned deadline date. To ensure compliance, the requirements are strictly adhered to and no exceptions are made.

Alternative Health Care Coverage Requirements

In order to waive the student health plan the student's alternative plan coverage must meet all of the following *minimum* criteria established by the College.

- Plan provides in-network coverage in the greater Houston metropolitan area (unless you are a Distance Education Student, then your plan must provide in-network coverage in the area in which you reside).
- Plan does not provide emergency-only coverage
- Individual annual out-of-pocket maximum of **\$8,700** or less
- Plan meets minimum value standard of 60%, meaning that it has at least bronze medal status under the Affordable Care Act and is ACA compliant.
- Plan provides coverage for prescription drugs (prescription discount cards will not be accepted as coverage)

The application for Waiver of Coverage is administered through Academic HealthPlans by accessing the Academic HealthPlans website at <https://bcm.myahpcare.com/>. To avoid delay in the approval of an application for Waiver of Coverage, students should complete and submit their online application of Waiver during the Annual Student Insurance Change Period or during their specific enrollment or waiver period. Please be aware that alternative coverage is verified during the waiver application review process, as applicable. Once the online waiver application review process is completed, each student will be notified of the approval or denial of his or her application. If a student's application for Waiver of Coverage is denied after the initial

review, then the Human Resources – Benefits office will contact you and a second review will be conducted by a BCM Human Resources – Benefits Representative. If then your alternate coverage does not meet the waiver criteria, you will be enrolled into the SHIP and responsible for paying the related premiums. Students do have the opportunity to waive the coverage outside of the initial enrollment period or the Student Health Insurance Plan Annual Change Period. In order to waive coverage during the year the student will need to contact the BCM Human Resources – Benefits Office at ask-studentinsurance@bcm.edu to provide the required information. Waiver of Coverage applications submitted during the year will be effective the 1st of the month after the waiver is approved. No adjustments or refunds will be made to the student's personal accounts if coverage is later verified based upon additional information provided by the student.

Additional Information about Waiving Coverage

A student who has an approved waiver application on file and experiences a loss or change in coverage during the academic year must notify the Human Resources —Benefits Office at ask-studentinsurance@bcm.edu within 31 days of loss or change of coverage date. This includes loss of coverage due to reaching the limiting age as defined by the spouse's or the parent's employer-sponsored group health care plan. It is BCM policy that students maintain health insurance through the SHIP or through alternative coverage that meets all of the BCM waiver criteria throughout the entire academic year.

Health Insurance Benefits at a Glance

The charts below reflects a summary of benefits under the BCM Student Health Insurance Plan for Students for academic year July 1, 2022 through June 30, 2023.

More detailed information about the student health insurance for both medical and dental can be found on the Academic HealthPlans website at <https://bcm.myahpcare.com/>

Medical

Services	Preferred (In-Network)	Non-Preferred (Out-of-Network)
Annual Out-of-Pocket maximum (penalties, and non-covered services do not apply toward the out-of-pocket maximum)	<p>\$1,250/Person \$2,500/Family</p> <p>*Annual deductible, all co-pays, prescription drug co-pays, medial coinsurance and pharmacy coinsurance apply toward Preferred Care out-of-pocket maximum.</p>	<p>\$2,500/Person \$5,000/Family</p>
Per Policy Year Deductible	\$0/Person	\$500/Person
Inpatient Hospitalization Benefits	80% of the Allowable Amount	60% of the Allowable Amount
Prescription Drug Expenses	<p>(At pharmacies contracting with Prime Therapeutics)</p> <p>Generic: 100% after \$10 copay</p> <p>Preferred Brand Name: 100% after \$40 copay</p> <p>Non-Preferred Brand Name: 100% after \$60 copay</p>	<p>(Prescriptions dispensed at a non-participating pharmacy)</p> <p>Generic: 70% after \$10 deductible</p> <p>Preferred Brand Name: 70% after \$40 deductible</p> <p>Non-Preferred Brand Name: 70% after \$60 deductible</p>
Emergency Room Care	<p>80% of the Negotiated Charge after \$100 copay</p> <p>(deductible waived if admitted)</p>	<p>80% of the Recognized Charge after \$100 copay</p> <p>(deductible waived if admitted)</p>
Physician Office Visit	<p>Preferred Primary Care Practitioner: 100% after \$10 co-pay</p> <p>Specialty Care Practitioner: 100% after \$10 co-pay</p> <p>Preventive services per ACA guidelines are covered at 100% with no copayments or co-insurance</p>	70% of the Allowable Amount after deductible is met
Ambulance Expenses	80% of the Allowable Amount	80% of the Allowable Amount
Surgery Expenses	80% of Allowable Amount	60% of the Allowable Amount

Dental

Policy Year Maximum	\$1,000	
	Preferred Care	Non-Preferred Care
DEDUCTIBLE* *The deductible applies to: Basic & Major Services only	Individual: \$75 Family: \$75	Individual: \$75 Family: \$75
PREVENTIVE SERVICES	90% of the allowable amount	90% of the allowable amount
BASIC SERVICES	70% of the allowable amount	70% of the allowable amount
MAJOR SERVICES	50% of the allowable amount	50% of the allowable amount
ORTHODONTICS	Not Covered	Not Covered

Students on an Approved Leave of Absence

Students on approved leave of absence who were enrolled in the BCM Student Health Insurance Plan on the date **prior** to the effective date of the leave of absence may voluntarily continue coverage for up to a maximum of 12 months following the effective date of the leave of absence. Students have 31 days from the effective date of leave to contact the Human Resources – Benefits office and elect to continue health coverage by completing the Student Continuation for Insurance while on Leave of Absence form and submit a check for the first month of leave. Thereafter, payment must be made (postmarked) on or before the first of each month for that month’s coverage. Payment may be made in person or by mail in the form of a personal check, money order or cashier’s check. Payment may also be made via credit by logging into your CAMS student portal. The online system accepts VISA, MASTERCARD and DISCOVER credit cards. A mandatory convenience fee of 3% will apply to each online transaction. Payment made to the Human Resources - Benefits office is for individual coverage only.

Coverage will be terminated effective the 1st of the month in which payment is late or not received. If upon checkout a student chooses to discontinue coverage, then coverage will end effective the last day of the month in which the leave is effective. Students who are on an approved leave of absence and have continued their coverage may add or drop dependents during the Student Health Insurance Plan Annual Change Period or within 31 days of experiencing a qualifying event. Contact Academic HealthPlans at 855-856-4117 to add or drop dependents by completing a paper enrollment form while on leave of absence.

Termination of Coverage

Upon graduation the insurance will terminate the last day of the month of graduation. There is not a continuation plan after graduation however students have the opportunity to purchase an individual policy. Although BCM does not endorse any particular health insurance company, below a list of possible resources.

- <https://www.ehealthinsurance.com>
- www.healthcare.gov
- ~~<http://health.worthaminsurance.com>~~

Human Resources — Benefits Office

The Human Resources — Benefits Office administers the BCM Student Health Insurance Plan. The Human Resources — Benefits Office is currently located at the O'Quinn Medical Tower, 6624 Fannin St, Suite 1800 and can be reached at 713-798-1500 or ask-studentinsurance@bcm.edu. Student Account Services administers charges placed on students' personal accounts.

Academic HealthPlans — Third Party Student Benefits Administrator

The Academic HealthPlans Customer Service is available by phone at 855-856-4117, Monday through Friday 8:30AM-4:30PM Central Time. Their website is <https://bcm.myahpcare.com/>

Blue Cross Blue Shield Texas – 22-23 vendor for Student Health Insurance Plan

The Blue Cross Blue Shield Texas Customer Service is available by phone at 855-267-0214. Their website is www.bcbstx.com