

# International Student Health Insurance 2008–2009

**BAYLOR**<sup>®</sup>  
U N I V E R S I T Y

# Student Medical Insurance

---

Coverage offered through



## ***Includes***

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

# Access to Treatment

---

- **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
- Doctor's Office
- Minor Emergency Clinic
- Inpatient and Outpatient Hospital Care
- Emergency Room Care

# Student Health Center

---

- Best cost and easiest access
- Most routine visits or health issues
- **Benefits at Baylor University Health Center (SHC) (Students Only):** 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)

---

Most routine visits and health issues,  
ongoing treatment

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



# 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 evenings or weekends), 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.



# Preferred Provider Network (PPO)

---



## Finding Doctors

Inside Texas

Texas True Choice  
(800) 683-4856

[www.texastruechoice.com](http://www.texastruechoice.com)

Outside of Texas

First Health  
(800) 226-5116

[www.firsthealth.com](http://www.firsthealth.com)

- 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.

# Benefit Coverage

---

## **In-Network**

*Preferred Allowance* means the amount a Preferred Provider will accept as payment in full for covered expenses.

## **Out-of-Network**

*Usual and Customary Charges (U&C)* means 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.

# Benefit Coverage

---

<i>Benefit Category</i>	<i>STUDENT HEALTH CENTER</i>	<i>In Network</i>	<i>Out of Network</i>
<b>Lifetime Maximum</b>	Up to <b>\$200,000</b> Maximum Benefit Paid for Each Covered Injury or Sickness		
<b>Deductible</b>	<b>\$300</b> per Covered Person per Policy Year / <b>\$600</b> per Family per Policy Year		
<b>Hospital Expenses</b> <i>\$1,500 per day aggregate maximum</i>	Not applicable	<b>80%</b> of Preferred Allowance	<b>60%</b> of Usual & Customary
<b>Surgical Expenses</b>	Not applicable	<b>80%</b> of Preferred Allowance	<b>60%</b> of Usual & Customary
<b>Day Surgery Miscellaneous</b> <i>\$2,500 maximum</i>	Not applicable	<b>80%</b> of Preferred Allowance	<b>60%</b> of Usual & Customary
<b>Doctor's Office Visits</b>	<b>\$25</b> copay	<b>\$25</b> copay, then <b>80%</b> of Preferred Allowance	<b>\$25</b> copay, then <b>60%</b> of Usual & Customary
<b>Emergency Room</b> <i>\$100 copay per visit</i>		<b>80%</b> of Preferred Allowance	<b>60%</b> of Usual & Customary
<b>Diagnostic X-rays and Laboratory Services</b>	<b>90%</b> of charges	<b>\$50</b> copay, then <b>80%</b> of Preferred Allowance	<b>\$50</b> copay, then <b>60%</b> of Usual & Customary

# Benefit Coverage

## Prescriptions

- Prescriptions are classified as **Generic** or as **Brand name**.
- Benefits up to **\$1,500** maximum per policy year.
- Prescriptions obtained at Baylor University Health Services have a **\$15** copay for a generic and a **\$30** copay for brand name.
- Prescriptions purchased at a WellDyneRx participating pharmacy have a **\$20** copay for a generic and a **\$40** copay for brand name.
- There are no benefits at a non-participating pharmacy.

[www.welldynex.com](http://www.welldynex.com)

888.479.2000



# Claims

---

**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.***

**Questions about Claims or Benefits?**

**Please contact  
Academic HealthPlans  
by phone or e-mail:  
888.308.7320  
info@AHPCare.com**



# Global Emergency Services

## *Medical Evacuation and Repatriation*

Refer to brochure for complete information.

**All care must be arranged** by Assist America/Scholastic Emergency Services in order to be covered.



## **Scholastic Emergency Services**

877.488.9833 (inside U.S.)  
or 609.452.8570 (outside U.S.)

[medservices@assistamerica.com](mailto:medservices@assistamerica.com)

Reference Number  
01-AA-AHP-05054

Look for this logo on student healthplan website:



## 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 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 are met and medications that are not covered.





## Baylor University



School Year:

[help me choose](#)

[Baylor University](#)

[Baylor Health Services](#)

[FAQs](#)



Please Note: J-1 Scholars are now eligible to enroll in this Plan. Please review the online brochure and the J-1 Scholar enrollment form for eligibility and premium information.



### Enrollment

[Eligibility Guidelines](#)

[Premium Cost](#)

[Enroll Online](#)

[Coverage Renewal Options](#)

[Undergrad / Grad Enrollment Form](#)

[Law Student Enrollment Form](#)

[J-Scholar Enrollment Form](#)

[Student Login](#)



### Benefits

[Brochure](#)

[Plan Highlights](#)

[Temporary ID Card](#)

[Global Assistance](#)

[Find a Doctor or Hospital](#)

[Prescription Benefits](#)

[Find a Pharmacy](#)





### Claims

[Prescription Claim Form](#)

[Contact Information](#)

[Contact Information](#)

# Identification (ID) Cards

<b>2008–2009 Identification Card</b> <b>ACE American Insurance Company</b> <b>Philadelphia, PA</b>		<b>CLAIMS INSTRUCTIONS</b>	
<b>Insured:</b> _____ If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to: <b>Group: BAYLOR UNIVERSITY</b> <b>ID #:</b> _____ <b>Policy #:SDHN01063480-08</b>		Claims must be submitted to the Company within 90 days after the date of treatment. Please mail all medical and hospital bills to Klais & Company, Inc., 1867 West Market Street, Akron, Ohio 44313. (Klais EDI# 34145).	
<b>Preferred Provider Information</b>		<b>Notice to All Health Care Providers</b>	
<b>Inside Texas</b>	<b>Outside Texas</b>	This card is not a guarantee of coverage. For information concerning coverage, co-payments and claim instructions, please call Claims Administrator, Klais & Company, Inc. at (800) 331-1096.	
 www.TexasTrueChoice.com (800) 683-4856	 www.firsthealth.com (800) 226-5116	<b>Prescription Drug Information</b>	
			Rx Group #: RXW008BU Processor: NetCard Bin#: 008878 (888) 479-2000 At SHC - \$15 copay for Generic/\$30 for Brand Outside SHC - \$20 copay for Generic/\$40 for Brand

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

Temporary ID Cards available at [www.AHPCare.com/baylor](http://www.AHPCare.com/baylor).  
If you have questions, call 888.308.7320, 8:30am–5:00pm CST

*Note: You will receive a separate card for the AHP Plus program.*