

# We are pleased to bring you the 2016-2017 University of Houston-Language and Culture Center Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation

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

## Who can enroll?

### Non-Immigrant International:

Each term, all non-immigrant international students in the Language and Culture Center (LCC) will be automatically enrolled in and charged for the Student Health Insurance Plan. Students must pay the premium of the plan to the University of Houston.

### Domestic Students:

Domestic students, including U.S. citizens and Permanent Residents, will not be automatically enrolled in and charged for the plan. Domestic students seeking coverage of the plan must enroll in the plan during the open enrollment period, and pay the premium to Academic HealthPlans (AHP).

### Dependents:

Dependents seeking coverage of the plan must enroll during the open enrollment period, and pay the premium to AHP.

To view rates and enrollment information, please go to [lcc.myahpcare.com](http://lcc.myahpcare.com).

## Enrollment is easy!

Each term, all non-immigrant international students in the LCC will be automatically enrolled in and charged for the Student Health Insurance Plan. To enroll their dependents in the plan, students must submit a completed paper enrollment form to AHP. The form is available at [lcc.myahpcare.com](http://lcc.myahpcare.com).

Domestic students and their dependents may enroll via our website. Go to [lcc.myahpcare.com](http://lcc.myahpcare.com) then click on the "Enroll Online" link and follow the online instructions.

Please read the plan brochure in full to determine whether this Student Health Insurance Plan is right for you! The plan brochure provides details of the coverage including benefits, exclusions and any reductions or limitations and the terms under which the Policy may be continued in force. The plan brochure is available online at [lcc.myahpcare.com](http://lcc.myahpcare.com).

For dates and rates specific to UH-LCC, please visit our website at [lcc.myahpcare.com](http://lcc.myahpcare.com) then click on the applicable enrollment form.

## 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 [lcc.myahpcare.com](http://lcc.myahpcare.com),  
or call **855-824-9683**.

\* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

## UH-LCC 2016-2017 Plan Highlights<sup>1,2</sup>

Benefit Maximum & Deductibles			
	Network Provider		Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited		Unlimited
<b>Deductible (Individual/Family)</b>	\$350/\$1,050		\$700/\$2,100
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$6,350/\$12,700		\$12,700/\$25,400
Benefit Coverage			
	UH Health Center <sup>3</sup> <i>(deductible waived)</i>	Network Provider <i>(deductible applies unless noted below)</i>	Out-of-Network Provider <i>(deductible applies unless noted below)</i>
<b>Hospital Expenses</b>	N/A	80%	60%
<b>Surgical Expenses</b>	100%	80%	60%
<b>Doctor's Visits</b>	100%	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Emergency Room Expenses</b>		80% after \$150 copayment (deductible waived)	
<b>Facility Services</b> – <i>Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.</i>	N/A		
<b>Physician Services</b>	N/A	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	100%	80%	60%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (deductible waived)</i>  <i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>	100% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$25 copayment for each preferred brand-name drug</li> <li>\$70 copayment for each non-preferred brand-name drug</li> </ul>	At pharmacies contracting with Prime Therapeutics <sup>4</sup> , 100% after: <ul style="list-style-type: none"> <li>\$20 copayment for each generic drug</li> <li>\$50 copayment for each preferred brand-name drug**</li> <li>\$70 copayment for each non-preferred brand-name drug**</li> <li>\$100 copayment for each specialty drug</li> </ul>	60% after: <ul style="list-style-type: none"> <li>\$20 copayment for each generic drug</li> <li>\$50 copayment for each preferred brand-name drug**</li> <li>\$70 copayment for each non-preferred brand-name drug**</li> </ul> Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
<b>Preventive Care Services</b>	100%	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs<sup>\*\*\*</sup>

	Fall	Spring	Summer	Summer II
<b>Open Enrollment</b> <i>(Apply to Domestic and all Dependents)</i>	09/06/2016 - 10/07/2016	01/10/2017 - 02/10/2017	05/09/2017 - 06/09/2017	06/15/2017 - 07/07/2017
<b>Waiver Deadline</b> <i>(Apply to Internationals)</i>	10/07/2016	02/10/2017	06/09/2017	07/07/2017
<b>Dates Covered</b>	09/08/2016 - 01/16/2017	01/17/2017 - 05/15/2017	05/16/2017 - 09/11/2017	06/22/2017 - 09/11/2017
<b>Student Rate</b>	\$645	\$586	\$586	\$405
<b>Spouse Rate</b>	\$645	\$586	\$586	\$405
<b>Each Child Rate</b>	\$645	\$586	\$586	\$405

\*\*\*AES and Broker Admin fees are included.

The actuarial value of this plan is 80%, which would meet or exceed a gold metal level of coverage.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Non-student dependents are not eligible for services provided at the Student Health Center.

<sup>4</sup> 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.