

# We are pleased to bring you the 2016-2017 University of Houston–Downtown English Language Institute 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?

All Non-Immigrant International students who are enrolled in the UH-Downtown ELI will be automatically enrolled in and billed for the premium under the Plan.

Dependent coverage is available for International students.

## Enrollment is easy!

Dependents may enroll via our website. Go to [uhdeli.myahpcare.com](http://uhdeli.myahpcare.com) then click on the “Enrollment” tab and download the enrollment form. Submit premium and the completed enrollment form directly to Academic HealthPlans.

Please read the plan brochure in full. 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 [uhdeli.myahpcare.com](http://uhdeli.myahpcare.com).

For dates, rates and enrollment information specific to UH-Downtown ELI, please visit our website at [uhdeli.myahpcare.com](http://uhdeli.myahpcare.com) then click on the enrollment tab.

## 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 [uhdeli.myahpcare.com](http://uhdeli.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–Downtown ELI 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

	UHD 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% Only minor surgeries are performed at UHD Health Center	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> – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.	N/A	80% after \$150 copayment (deductible waived)	
<b>Physician Services</b>	N/A	80%	
<b>Urgent Care Services</b>	N/A	100% of allowable amount after \$35 copayment (deductible waived)	60%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	100% X-rays are not available	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>	N/A	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 2016 Sessions 1&2	Fall 2016 Session 1	Fall 2016 Session 2	Spring 2017 Sessions 1&2	Spring 2017 Session 1	Spring 2017 Session 2	Summer 2017 Sessions
<b>Open Enrollment</b> <i>(Apply to dependents only)</i>	08/11/2016 - 09/27/2016	08/11/2016 - 09/27/2016	09/18/2016 - 11/08/2016	12/15/2016 - 02/17/2017	01/05/2017 - 01/27/2017	03/06/2017 - 03/29/2017	05/05/2017 - 07/05/2017
<b>Dates Covered</b>	08/25/2016 - 01/16/2017	08/25/2016 - 11/20/2016	10/18/2016 - 01/16/2017	01/17/2017 - 08/21/2017	01/17/2017 - 03/10/2017	03/13/2017 - 05/11/2017	06/05/2017 - 08/21/2017
<b>Student Rate</b>	\$714	\$434	\$448	\$1,068	\$262	\$297	\$385
<b>Spouse Rate</b>	\$714	\$434	\$448	\$1,068	\$262	\$297	\$385
<b>Each Child Rate</b>	\$714	\$434	\$448	\$1,068	\$262	\$297	\$385

\*\*\*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.