

University of Arkansas for Medical Sciences 2016-2017 Student Health Insurance Plan

Eligibility

All students enrolled at UAMS are required to enroll in the UAMS Student Injury and Sickness Insurance Plan or provide proof of medical insurance coverage by completing the online insurance verification at <http://studentlife.uams.edu/> by the waiver deadline date.

Students participating in the UAMS Student Health Injury and Sickness Insurance Plan may enroll their eligible dependents in the plan.

Full-time and Part-time students should enroll online at uams.myahpcare.com.

Students wishing to enroll dependents should visit the MYAHP CARE website to download an enrollment form, complete and return with payment to Academic HealthPlans.

You can enroll in the plan during the Open Enrollment Period for the various coverage periods. Your effective date of coverage begins the date the premium is received by the company or its authorized representative, or the effective date of the coverage period, whichever is later.


Please view the complete brochure on-line at uams.myahpcare.com for full details of participation in the plan.




Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

 uams.myahpcare.com

 (855) 824-9679

University of Arkansas for Medical Sciences 2016-2017

Student Health Insurance Plan

SILVER PLAN

This 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Options PPO.

| BENEFIT MAXIMUMS & DEDUCTIBLES | |
|---|--|
| Benefit Maximum | Unlimited, per Insured Person, per Policy Year |
| Deductible | \$ 1,000 per Insured Person, per Policy Year |
| Individual Out-of-Pocket Maximum | Network Provider: \$ 6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year |
| Family Out-of-Pocket Maximum | Network Provider: \$12,700 per Insured Person, per Policy Year |

| BENEFIT CATEGORY | Network Provider | Non-Network Provider |
|--|--|--|
| | <i>Payments are based on the PPO Allowance</i> | <i>Payments are based on Usual and Customary Charges</i> |
| Hospital Room and Board Expense | 70% | 50% |
| Inpatient/Outpatient Surgery | 70% | 50% |
| In-Office Physician Fees | 100% after a \$30 Copayment per visit | 75% |
| Diagnostic X-ray Services & Laboratory Procedures | 100% after a \$50 Copayment per visit | 75% |
| Emergency Services Expense \$150 Copayment/Deductible per visit | 70% | 70% |
| Prescription Drugs (\$100 prescription Deductible Per Policy Year) Up to 31 day supply per prescription | At pharmacies contracting with Optum RX® 100% after a \$15 Copayment for Tier 1 \$25 Copayment for Tier 2 \$40 Copayment for Tier 3 | 50% |
| Preventive Care Services | 100% | 75% |

| 2016–2017 PREMIUM COSTS AND COVERAGE PERIODS | | | | | | |
|--|---------|---|---------------------------------------|--|---|---|
| Regular Students | | Annual 08/10/2016 thru 08/09/2017 | Fall 08/10/2016 thru 12/31/2016 | Spring/Summer 01/01/2017 thru 08/09/2017 | Spring 01/01/2017 thru 05/09/2017 | Summer 05/10/2017 thru 08/09/2017 |
| Open Enrollment | | 07/01/2016 thru 09/30/2016 | 07/01/2016 thru 09/30/2016 | 12/01/2016 thru 02/09/2017 | 12/01/2016 thru 02/09/2017 | 04/14/2017 thru 06/23/2017 |
| SILVER \$1,000 Deductible | Student | \$ 1,428 | \$ 564 | \$ 864 | \$ 504 | \$ 360 |
| | Spouse | \$ 1,428 | \$ 564 | \$ 864 | \$ 504 | \$ 360 |
| | Child | \$ 1,428 | \$ 564 | \$ 864 | \$ 504 | \$ 360 |

| 2016–2017 PREMIUM COSTS AND COVERAGE PERIODS | | | | |
|--|---------|---|--|--|
| Jr. & Sr. Medical & Sr. Pharmacy Students | | Annual 07/01/2016 thru 06/30/2017 | 1 st Semi-Annual 07/01/2016 thru 12/31/2016 | 2 nd Semi-Annual 01/01/2017 thru 06/30/2017 |
| Open Enrollment | | 06/15/2016 thru 07/28/2016 | 06/15/2016 thru 07/28/2016 | 12/01/2016 thru 01/26/2017 |
| SILVER \$1,000 Deductible | Student | \$ 1,428 | \$ 714 | \$ 714 |
| | Spouse | \$ 1,428 | \$ 714 | \$ 714 |
| | Child | \$ 1,428 | \$ 714 | \$ 714 |