

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 MYAHPCARE 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

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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