

We are pleased to bring you the 2016-2017 University of Houston-Victoria Student Health Insurance Plan for International Students

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 PPOSM network
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

Who can enroll?

Non-Immigrant International Students: Non-Immigrant International students who are enrolled in any amount of credit hours are required by the UH-Victoria to carry health insurance. At the time of registration, the student will automatically be enrolled in the Plan and will be charged for the semester on their student financial account. A non-immigrant international student may request a waiver of coverage based on UH-Victoria's waiver criteria. For more information regarding the waiver, please go to uhv.edu/international/health-insurance.

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 uhv.myahpcare.com.

For dates and rates specific to UH-Victoria, please visit our website at uhv.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 uhv.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-Victoria 2016-2017 International Plan Highlights^{1, 2}

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible	\$350	\$700
Out-of-Pocket Maximum	\$6,350	\$12,700
Benefit Coverage		
	Network Provider <i>(deductible applies unless noted below)</i>	Out-of-Network Provider <i>(deductible applies unless noted below)</i>
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
Emergency Room Expenses	80% after \$150 copayment (deductible waived)	
Facility Services – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.	80% after \$150 copayment (deductible waived)	
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs <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>	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> • \$20 copayment for each generic drug • \$50 copayment for each preferred brand-name drug** • \$70 copayment for each non-preferred brand-name drug** • \$100 copayment for each specialty drug 	60% after: <ul style="list-style-type: none"> • \$20 copayment for each generic drug • \$50 copayment for each preferred brand-name drug** • \$70 copayment for each non-preferred brand-name drug** 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.
Preventive Care Services	100% (deductible waived)	60%

Deadlines, Coverage Periods and Premium Costs^{***}

	Annual	Fall	Spring / Summer	Summer
Waiver Deadline	08/17/2016	08/17/2016	01/12/2017	06/01/2017
Dates Covered	08/22/2016 - 08/27/2017	08/22/2016 - 01/16/2017	01/17/2017 - 08/27/2017	06/05/2017 - 08/27/2017
Student Rate	\$1,879	\$940	\$940	\$427

***AES, Broker Admin and University Admin fees are included.

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

¹ 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.

² 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.

³ 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.