

# We are pleased to bring you the 2017-2018 University of Houston Language and Culture Center Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

This plan meets or exceeds a Gold metal level of coverage.

- 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 a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

### International Students:

At the University of Houston, all International students holding an "F" or a "J" visa are required to carry the UH System (UHS) Student Health Insurance Plan or have equivalent health insurance coverage. At the time of registration, students will be automatically enrolled in the mandatory UHS Student Health Insurance Plan, and will be charged for the coverage period in their student financial accounts. Language and Culture Center (LCC) students holding an "F" or a "J" visa may request a waiver of coverage based on the UH System's waiver criteria. For more information, please go to [lcc.myahpcare.com](http://lcc.myahpcare.com) and click on the "Waiver" tab.

### 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).

For additional information, go to [lcc.myahpcare.com](http://lcc.myahpcare.com)  
or call 855-824-9683.

## Enrollment is easy!

Each term, all LCC students holding an "F" or a "J" visa 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 "Enrollment" tab to enroll online.

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 LCC students, 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

\* 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.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

# UH-LCC 2017–2018 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			
<i>Deductible applies unless noted below:</i>	UH Health Center <sup>3</sup> (deductible waived)	Network Provider	Out-of-Network Provider
<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 Care and Accidental Injury</b>		80% after \$150 copayment (deductible waived)	
<b>Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply</b>	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>\$10 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 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 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>Preventative Care Services</b>	100%	100% (deductible waived)	60%
<b>Routine Eye Exam (age 19 and over; one per benefit period)</b>	100% Eye Institute at UH MAIN ONLY	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	NA

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Fall	Spring	Summer	Summer II
<b>Open Enrollment (Domestics and all Dependents)</b>	09/05/2017 - 10/06/2017	01/09/2018 - 02/09/2018	05/08/2018 - 06/08/2018	06/14/2018 - 07/06/2018
<b>Waiver Deadline (Internationals)</b>	10/06/2017	02/09/2018	06/08/2018	07/06/2018
<b>Dates Covered</b>	09/12/2017 - 01/15/2018	01/16/2018 - 05/14/2018	05/15/2018 - 09/11/2018	06/21/2018 - 09/11/2018
<b>Student Rate</b>	\$672	\$635	\$641	\$ 443
<b>Spouse Rate</b>	\$672	\$635	\$641	\$ 443
<b>Each Child Rate</b>	\$672	\$635	\$641	\$ 443

\*\*\* AES, Broker Admin, and a University Admin fee is included in the rate but vary by session. For specific amounts, please visit your school website and click the "Cost Link".

<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 Participating Provider Option (PPO) 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 LLC is a separate company that 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.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.