

We are pleased to bring you the 2017-2018 University of Houston-Main Campus 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?

Domestic Students: Undergraduate students attending UH-Main Campus who are enrolled in six (6) or more credit hours (three (3) for summer session) are eligible to enroll for coverage within the posted open enrollment time period.

Graduate students attending UH-Main Campus who are enrolled in three (3) or more credit hours are eligible to enroll for coverage within the posted open enrollment time period.

International Students: International students with “F” or “J” visa status are required to be covered under the UH System (UHS) Student Health Insurance Plan or have equivalent health insurance coverage, regardless of the number of credit hours taken. At the time of registration, the student will automatically be enrolled in the mandatory UHS-endorsed Student Health Insurance Plan (SHIP) and will be charged for the coverage period on their student financial account. UH Main International students with “F” or “J” visa status may request a waiver of coverage based on the UH System’s waiver criteria. For more information regarding the waiver, please go to uh.myahpcare.com and click on the “Waiver” tab.

Enrollment is easy!

Domestic students may enroll via our website. Go to uh.myahpcare.com then click on the “Enrollment” tab.

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 uh.myahpcare.com.

For dates and rates specific to UH-Main Campus, please visit our website at uh.myahpcare.com then click on the “Cost” 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 uh.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.

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.

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.

University of Houston- Main Campus 2017–2018 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

<i>Deductible applies unless noted below:</i>	UH Health Center ³ (deductible waived)	Network Provider	Out-of-Network Provider
Hospital Expenses	N/A	80%	60%
Surgical Expenses	100%	80%	60%
Doctor's Visits	100%	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
Emergency Care and Accidental Injury <i>Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply</i>	N/A	80% after \$150 copayment (deductible waived)	
Physician Services	N/A	80%	
Urgent Care Services	N/A	100% after \$35 copayment (deductible waived)	60%
Diagnostic X-Rays & Laboratory Procedures	100% (X-Rays are not available)	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>	100% after: <ul style="list-style-type: none"> \$10 copayment for each generic drug \$25 copayment for each preferred brand-name drug \$70 copayment for each non-preferred brand-name drug 	At pharmacies contracting with Prime Therapeutics ⁴ , 100% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$50 copayment for each brand-name drug** \$70 copayment for 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 brand-name drug** \$70 copayment for non-preferred brand-name drug** <p>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.</p>
Preventative Care Services	100%	100% (deductible waived)	60%
Routine Eye Exam (age 19 and over; one per benefit period)	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***

	Annual (New Domestic Only Students)	Annual (Returning Domestic Only Students)	Fall (New Students)	Fall (Returning Students)	Spring/ Summer (All Students)	Summer (New Students- International) (All Students- Domestic)
Open Enrollment (Domestic Only)	07/14/2017 - 09/14/2017	07/14/2017 - 09/14/2017	07/14/2017 - 09/14/2017	07/14/2017 - 09/14/2017	12/01/2017 - 02/01/2018	05/01/2018 - 06/29/2018
Waiver Deadline (International Only)	N/A	N/A	09/06/17	09/06/17	01/31/18	Summer I 06/07/18 Summer II 07/12/18
Dates Covered	08/01/2017 - 08/31/2018	09/01/17- 08/31/18	08/01/2017 - 12/31/2017	09/01/2017 - 12/31/2017	01/01/2018 - 08/31/2018	06/01/2018 - 08/31/2018
Student Rate	\$2,160	\$2,004	\$837	\$670	\$1,334	\$505

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

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 Participating Provider Option (PPO) 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 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.