



# Student Health Insurance Plan

## for University of Houston - Clear Lake Campus

2025 - 2026

# Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

## Enrollment and eligibility information

**Domestic Students:** Undergraduate students attending UH-Clear Lake 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-Clear Lake 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.

Dependents of Eligible INTL Students can enroll in the plan on a voluntary basis, and on or shortly after the International student is enrolled. Dependents of International students must enroll in the same coverage period as the covered International Student. Dependent coverage is only available for hard waiver enrollment. Dependents of voluntary students (domestic) are not eligible for coverage.

UH Clear Lake's 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 [uhcl.myahpcare.com](http://uhcl.myahpcare.com) and click on the "Opt-Out" tab.

Please read the plan policy in full to determine whether this Student Health Insurance Plan is right for you! The plan policy 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 policy is available on-line.



## Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

## Premium Costs and Coverage Periods

	Fall (New Students)	Fall (Returning Students)	Spring/Summer (All Students)	Summer (All Students)
Dates Covered	08/01/2025 - 12/31/2025	08/27/2025 - 12/31/2025	01/01/2026 - 08/26/2026	06/01/2026 - 08/26/2026
Student Rate	\$1,181.78	\$981.01	\$1,837.68	\$671.96

The International rate listed applies per member for the student, spouse, and each child.

A \$23.00 AES fee and \$35 Admin fee is included for Fall New.

A \$15.00 AES fee and \$29.22 Admin fee is included for Fall Returning.

A \$27 AES fee and \$54.78 Admin fee is included for Spring/Summer.

A \$10.00 AES fee and \$20.02 Admin fee is included for Summer.

It is the student's responsibility to notify the University of Houston – Clear Lake Campus Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

To see all enrollment and coverage periods available, please visit [uhcl.myahpcare.com](http://uhcl.myahpcare.com).

## Plan Benefit Highlights

Benefit Maximums and Deductibles	In-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>	\$8,150 / \$15,800	\$15,800 / \$31,600

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80% after a \$100 copayment per Hospital Confinement	60% after a \$100 copayment per Hospital Confinement
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury</b> <b>Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$250 copayment (deductible waived)	80% after \$250 copayment (deductible waived)
<b>Physician Services</b>	80%	80%
<b>Urgent Care Services</b>	100% after \$35 copayment (deductible waived)	60%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Preventive Care Services</b>	100% (deductible waived)	60%
<b>Routine Eye Exam</b> (age 19 and over; one per benefit period)	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Prescriptions Drugs</b>  Per 30-day Retail Supply	At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none"> <li>• \$20 copayment for each generic drug</li> <li>• \$50 copayment for each brand-name drug**</li> <li>• \$70 copayment for each non-preferred brand-name drug**</li> <li>• \$100 copayment for each specialty drug</li> <li>• \$100 Annual Prescription Deductible</li> </ul>	50% after: <ul style="list-style-type: none"> <li>• \$20 copayment for each generic drug</li> <li>• \$50 copayment for each brand-name drug**</li> <li>• \$70 copayment for non-preferred brand-name drug**</li> <li>• \$100 Annual Prescription Deductible</li> </ul> <b>Please note:</b> 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>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</b>		



## Enrollment is easy!

Domestic students may enroll via our website. Go to [uhcl.myahpcare.com](http://uhcl.myahpcare.com) then click on the "Enroll/Cost" tab.

Please read the plan policy in full to determine whether this Student Health Insurance Plan is right for you! The plan policy 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 policy is available on-line.

For dates and rates specific to UH-Clear Lake, please visit our website at [uhcl.myahpcare.com](http://uhcl.myahpcare.com) then click on the "Enroll/Cost" tab.

### Deadlines to Enroll and Waive

#### Open Enrollment Dates (Domestic Only)

Fall (New Students): 07/18/25 - 09/21/25

Fall (New to Plan) Installment: 07/18/25 - 09/21/25

Fall (Returning Students): 07/18/25 - 09/21/25

Fall (Returning Students) Installment: 07/18/25 - 09/21/25

Spring/Summer: 12/12/25 - 02/15/26

Spring/Summer Installment: 12/12/25 - 02/15/26

Summer: 05/08/26 - 06/12/26

#### Open Enrollment & Waiver Deadlines (International Only)

Early Arriving: 08/01/2025 – 09/12/2025

Fall (Returning Students): 08/01/2025 – 09/12/2025

Spring/Summer: 12/12/2025 – 02/06/2026

Summer: 05/15/2026 – 06/19/2026

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

Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

\*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, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

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

University of Houston - Clear Lake Campus 0725  
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### Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

**To receive language or communication assistance free of charge, please call us at 855-710-6984.**

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	.855-710-6984 لتقدي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મદ્દતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinit'sá'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 ji' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم بمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.