



Student Health Insurance Plan for University of Houston System - Language and Culture Center

2025 - 2026

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

Enrollment and eligibility information

Domestic Students: Domestic students, including U.S. citizens and Permanent Residents, will not be enrolled in the plan. Students with non-F and non-J status may seek coverage by enrolling in the Plan at lcc.myahpcare.com during the open enrollment period and pay the premium directly to Academic HealthPlans (AHP).

Domestic students may enroll via our website. Go to lcc.myahpcare.com then click on the "Enroll/Cost" tab.

Dependents: Eligible dependents of LCC students may seek coverage by enrolling in the Plan during the open enrollment period and pay the premium directly to AHP.

International Students: To satisfy the University of Houston System (UHS) policy on maintaining acceptable health insurance coverage, each semester all Language and Culture Center (LCC) students with "F" or "J" status will be automatically enrolled in and charged for the UHS Student Health Insurance Plan. International students in non-F and non-J statuses will not be enrolled in the Plan.

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.

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 online at lcc.myahpcare.com.



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	Fall II	Spring	Spring II	Summer	Summer II
Dates Covered	09/05/2025 - 01/06/2026	10/24/2025 - 01/06/2026	01/07/2026 - 05/05/2026	02/27/2026 - 05/05/2026	05/06/2026 - 09/04/2026	06/20/2026 - 09/04/2026
Student Rate	\$938.71	\$568.35	\$900.82	\$514.65	\$922.90	\$583.16
Spouse Rate	\$938.71	\$568.35	\$900.82	\$514.65	\$922.90	\$583.16
Each Child Rate	\$938.71	\$568.35	\$900.82	\$514.65	\$922.90	\$583.16

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

A \$14.00 AES fee and \$10.00 Administration fee is included for Fall Students. A \$9.00 AES fee and \$6.00 Administration fee is included for Fall II Students. A \$14.00 AES fee and \$9.00 Administration fee is included for Spring Students. A \$8.00 AES fee and \$5.00 Administration fee is included for Spring II Students. A \$14.00 AES fee and \$9.00 Administration fee is included for Summer Students. A \$9.00 AES fee and \$6.00 Administration fee is included for Summer II Students.**** A 2 child maximum.

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

Student Health Center

At the UH Health Center, the deductible will be waived and benefits will be paid at 100% of covered expenses.

Prescription Drugs at the UH Health Center only, 100% after: \$10 copayment per each generic drug; \$25 copayment per each preferred brand-name drug; \$70 copayment per each non-preferred brand-name drug.

Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$350 / \$1,050	\$700 / \$2,100
Out-of-Pocket Maximum (Individual/Family)	\$8,150 / \$15,800	\$15,800 / \$31,600

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
Hospital Expenses	80% after a \$100 copayment per Hospital Confinement	60% after a \$100 copayment per Hospital Confinement
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 Care and Accidental Injury Facility Services – 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)
Physician Services	80%	80%
Urgent Care Services	100% after \$35 copayment (deductible waived)	60%
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Preventive Care Services	100% (deductible waived)	60%
Routine Eye Exam (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%
Prescriptions Drugs Per 30-day Retail Supply **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none"> • \$20 copayment for each generic drug • \$50 copayment for each brand-name drug** • \$70 copayment for each non-preferred brand-name drug** • \$100 copayment for each specialty drug • \$100 Annual Prescription Deductible 	50% 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 Annual Prescription Deductible 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.



Enrollment and Waiver Information

To decline the Plan, you must meet all conditions below:

- You must have coverage through a government or employer-sponsored group health insurance plan. Alternatively, your government sponsor has to provide a letter guaranteeing payment of all health care expenses.
- Your alternate health insurance plan must meet or exceed all requirements.
- You must request a waiver of enrollment in the Plan and submit proof of acceptable alternate health insurance coverage at lcc.myahpcare.com/waiver by the waiver deadline shown below.

Deadlines to Waive and Enroll

Open Enrollment Dates & Waiver Deadlines

Fall: 09/03/2025 – 09/26/2025

Fall II: 10/17/2025 – 11/07/2025

Spring: 12/30/2025 – 01/30/2026

Spring II: 02/20/2026 – 03/13/2026

Summer: 04/29/2026 – 05/22/2025

Summer II: 06/13/2026 – 07/03/2025

For more information regarding the waiver, please visit our website at lcc.myahpcare.com/waiver and click on the "Opt - Out" tab.

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).



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 لتقديم المساعدة اللغوية أو التواصل مجانًا، 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.