



Student Health Insurance Plan

for University of Houston System – Language and Culture Center

Welcome to AcademicBlue, your Student Health Insurance Plan

Who is automatically enrolled?*

- International students with an “F” or “J” visa status

*Unless proof of comparable coverage is provided at lcc.myahpcare.com/waiver.

Who can voluntarily enroll?

- Students with non-F and non-J status

Special notes on dependent coverage

- 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
- Dependents of eligible international 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.

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.

Deadlines to enroll and waive

Waiver Deadlines apply to International Students (F and J Visas)

- Fall: 08/25/2026 – 09/25/2026
- Fall II: 10/08/2026 – 11/13/2026
- Spring: 12/29/2026 – 01/29/2027
- Spring II: 02/11/2027 – 03/19/2027
- Summer: 04/20/2027 – 05/21/2026
- Summer II: 06/03/2027 – 07/09/2027

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	09/05/2026 – 01/11/2027	10/22/2026 – 01/11/2027	01/12/2027 – 05/03/2027	02/25/2027 – 05/03/2027	05/04/2027 – 09/04/2027	06/17/2027 – 09/04/2027
Student Rate	\$1,073	\$681.53	\$930.60	\$565.31	\$1,030.61	\$665.31
Spouse Rate	\$1,073	\$681.53	\$930.60	\$565.31	\$1,030.61	\$665.31
Each Child Rate	\$1,073	\$681.53	\$930.60	\$565.31	\$1,030.61	\$665.31

*** The International rate listed applies per member for the student, spouse, and each child. A \$15.00 AES fee and \$16.00 Administration fee is included for Fall Students. A \$9.00 AES fee and \$10.00 Administration fee is included for Fall II Students. A \$13.00 AES fee and \$13.00 Administration fee is included for Spring Students. A \$8.00 AES fee and \$8.00 Administration fee is included for Spring II Students. A \$14.00 AES fee and \$15.00 Administration fee is included for Summer Students. A \$9.00 AES fee and \$10.00 Administration fee is included for Summer II Students.**** A 2 child maximum.

University of Houston – Language and Culture Center 2026-2027 Plan Highlights^{1, 2}

The deductible will be waived and benefits will be paid at 100% for covered medical expenses incurred when treatment is rendered at the Student Health Center.

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%
Independent Lab and X-Ray Provider	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%
Prescription 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 ³ , 100% after: • \$20 copayment for each generic drug • \$50 copayment for each brand-name drug** • \$70 copayment for each nonpreferred brand-name drug** • \$100 copayment for each specialty drug • \$100 Annual Prescription Deductible	50% after: • \$20 copayment for each generic drug • \$50 copayment for each brand name drug** • \$70 copayment for nonpreferred 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.

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.

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 school's 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.

Academic HealthPlans, Inc., part of the Brown & Brown team, is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

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

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: 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
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

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

This notice is available on our website at bcbstx.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.



中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિડેલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hólq. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hólq. Kohji' 855-710-6984 (TTY: 711) hodílnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.