

# Sam Houston State University 2018-2019 Student Health Insurance Plan

## Eligibility

All registered **Domestic students** taking six (6) or more credit hours (three (3) or more during summer sessions) are eligible to participate in the plan. **Distance Learning students** taking nine (9) or more credit hours and paying the Student Health Services fee are eligible to enroll in the plan.

Visit the website [shsu.myahpcare.com](http://shsu.myahpcare.com) to enroll or renew your coverage online or to print and mail an enrollment form. For additional information, contact Student Health Services at (936) 294-1805.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to [shsu.myahpcare.com](http://shsu.myahpcare.com).

Please view the complete brochure on-line at [shsu.myahpcare.com](http://shsu.myahpcare.com) for full details of participation in the plan.

### Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



1-855-370-7211



[shsu.myahpcare.com](http://shsu.myahpcare.com)



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Academic HealthPlans



Academic  
HealthPlans™

# Sam Houston State University 2018-2019

## Student Health Insurance Plan

This 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Choice Plus.

### BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
<b>Family Deductible</b>	Network Provider: \$ 1,500 for all insureds in a family, per Policy Year Non-Network Provider: \$ 3,000 for all insureds in a family, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$12,700 for all insureds in a family, per Policy Year Non-Network Provider: \$25,400 for all insureds in a family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	Payments are based on the PPO Allowance	Payments are based on the Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgical Expense	80%	60%
In-Office Physician Fees	100% after \$30 Copayment per visit	60%
Diagnostic X-ray Services & Outpatient Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment per visit	80%	80%
Prescription Drugs 31 day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copayment for Tier 1 \$40 Copayment for Tier 2 \$60 Copayment for Tier 3	60%
*Preventive Care Services	100%	60%

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

### 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2018 through 08/14/2019	Fall 08/15/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 08/14/2019	Summer 05/30/2019 through 08/14/2019
<b>Open Enrollment</b>	08/01/2018 through 09/17/2018	08/01/2018 through 09/17/2018	12/31/2018 through 01/30/2019	05/20/2019 through 06/12/2019
Student	\$ 2,883	\$ 1,098	\$ 1,785	\$ 609
Spouse	\$ 2,883	\$ 1,098	\$ 1,785	\$ 609
Child <sup>1</sup>	\$ 2,883	\$ 1,098	\$ 1,785	\$ 609

<sup>1</sup>The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit [shsu.myahpcare.com](http://shsu.myahpcare.com) or call Academic HealthPlans at 1-855-370-7211.  
DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.