

# Sam Houston State University 2020-2021 - Domestic Student Health Insurance Plan

## Eligibility

All registered **Domestic Undergraduate Students** taking nine (9) or more credit hours (six (6) or more credit hours during summer sessions) are eligible to participate in the plan on a voluntary basis.

All registered **Domestic Graduate Students** taking six (6) or more credit hours (three (3) or more credit hours during summer sessions) are eligible to participate in the plan on a voluntary basis.

**Distance Learning Students** taking nine (9) or more credit hours and paying the SHSU Medical Services Fee are eligible to participate in the plan on a voluntary basis.

Voluntary coverage will only be sold by fall, spring/summer and summer semester, and student must meet eligibility requirements each semester. Dependent coverage is not offered for **Domestic** or **Distance Learning Students**.

Visit the website [shsu.myahpcare.com](https://shsu.myahpcare.com) to enroll / renew your coverage online. For additional information, contact Student Health Services at (936) 294-1805.

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

## Additional Benefits

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Coverage When Traveling
- Academic Emergency Services



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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.**

## Student Health Center Benefits (Students Only):

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 for the following services:

- Prescription Drugs after a \$10 Copay per prescription for pharmacy charges greater than \$20; up to a 31-day supply per prescription.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for all other services listed in the Schedule of Benefits.

## BENEFIT MAXIMUMS & DEDUCTIBLES

|                                  |   |
|----------------------------------|---|
| Benefit Maximum                  | Unlimited, per Insured Person, per Policy Year  |
| Individual Deductible            | Preferred Provider: \$500 per insured, per Policy Year<br>Out-of-Network Provider: \$1,000 per insured, per Policy Year                                       |
| Family Deductible                | Preferred Provider: \$1,500 for all insureds in a family, per Policy Year<br>Out-of-Network Provider: \$3,000 for all insureds in a family, per Policy Year   |
| Individual Out-of-Pocket Maximum | Preferred Provider: \$7,350 per insured, per Policy Year<br>Out-of-Network Provider: \$15,000 per insured, per Policy Year                                    |
| Family Out-of-Pocket Maximum     | Preferred Provider: \$14,700 for all insureds in a family, per Policy Year<br>Out-of-Network Provider: \$30,000 for all insureds in a family, per Policy Year |

| BENEFIT CATEGORY  | Preferred Provider  | Out-of-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%   |
| Physician's Visits  | 100% after \$30 Copayment per visit   | 60%   |
| Diagnostic X-ray Services & Outpatient Laboratory Procedures  | 80%   | 60%   |
| Emergency Services Expense<br>\$150 Copayment per visit   | 80%   | 80%   |
| Prescription Drugs<br>31-day supply per prescription  | At pharmacies contracting with UnitedHealthcare Pharmacy<br>100% after a<br>\$20 Copayment for Tier 1<br>\$40 Copayment for Tier 2<br>\$60 Copayment for Tier 3 | 60%   |
| Preventive Care Services<br>For more information please visit <a href="https://www.healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a> | 100%<br>(Deductible Waived)   | 60%   |

## 2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

| Coverage Periods       | Fall<br>08/15/2020 through 12/31/2020 | Spring/Summer<br>01/01/2021 through 08/14/2021 | Summer<br>(Exceptions Only)<br>05/08/2021 through 08/14/2021 |
|------------------------|---------------------------------------|--|--|
| <b>Open Enrollment</b> | 07/31/2020 through 09/14/2020         | 12/31/2020 through 01/29/2021                  | 04/30/2021 through 06/11/2021                                |
| Undergraduate Student  | \$1,336.00                            | \$2,170.00                                     | \$981.00   |
| Graduate Student       | \$1,862.00                            | \$3,026.00                                     | \$1,325.00   |

To view all enrollment and coverage periods available, please visit [shsu.myahpcare.com](https://shsu.myahpcare.com).