

Sam Houston State University 2020-2021 - International Student Health Insurance Plan

Eligibility

All registered **International Students** taking one (1) or more credit hours are required to participate in this plan. International students are automatically enrolled, and the premium will be added to their tuition bill. All International Students with U.S. based employer and embassy plans are eligible to waive the plan as determined by the SHSU Student Health Services.

Eligible dependents of International Students may participate in the plan on a voluntary basis. 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.

Visit the website 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 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



Sam Houston State University 2020-2021 - International

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.**

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 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 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 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 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 Changes
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 \$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 For more information please visit healthcare.gov/preventive-care-benefits/	100% (Deductible Waived)	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/15/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 08/14/2021	Summer (Exceptions Only) 05/08/2021 through 08/14/2021
	Open Enrollment	07/31/2020 through 09/14/2020	12/31/2020 through 01/29/2021
Student	\$689.00	\$1,119.00	\$490.00
Spouse	\$689.00	\$1,119.00	\$490.00
Child	\$689.00	\$1,119.00	\$490.00
Children	\$1,378.00	\$2,238.00	\$980.00

To view all enrollment and coverage periods available, please visit shsu.myahpcare.com.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at shsu.myahpcare.com.