

A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

Eligible Persons

All International students, scholars, visiting faculty or other persons with a current passport or non-immigrant visa, temporarily located outside his or her home country as a non-resident alien and; a) is engaged in educational activities; b) has not obtained permanent residency status in the United States; and c) is not a U.S. Citizen. Coverage under this program is mandatory unless the Eligible Person waives coverage. Proof of comparable coverage may be required.

Eligible Dependents

Eligible persons include legal spouse or civil union partner or Qualified Domestic Partner and dependent children who are under age 26 of Eligible Persons for whom application is made. This includes the dependent children of a civil union partner or Qualified Domestic Partner.

COVERAGE PERIOD & COST

Fall	08/01/22 - 12/31/22	Spring/Summer	01/01/22 - 07/31/23	Summer	06/01/23 - 07/31/23
Student	\$ 595.00	Student	\$ 833.00	Student	\$ 238.00
Spouse	\$ 1,008.35	Spouse	\$ 1,411.65	Spouse	\$ 201.67
Each Child	\$ 824.15	Each Child	\$ 1,153.85	Each Child	\$ 164.83

ADDITIONAL BENEFITS

- Access to ASAP Academic Student Assistance Program
- Access to Telehealth Services
- · Urgent Care Benefits
- Academic Emergency Services*



^{*}Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans.

UNIVERSITY OF ARKANSAS - FORT SMITH 2022-2023

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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the PHCS network.

BENEFIT MAXIMUMS & DEDUCTIBLES

IN-NETWORK PROVIDER

Benefit Maximum \$250,000

Annual Deductible \$ 100 per Insured Person

Coinsurance (Plan Pays): 100% of U&C

NOTE: Pre-Existing Condition Limitation (6 month Lookback Period) Student: Pre-Existing Conditions are covered without a Waiting Period.

NOTE: Pre-Existing Condition are covered up to a benefit maximum of \$2,500 per policy year

BENEFIT CATEGORY

Deductible applies unless otherwise stated below

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum

Physician Visit or Consultation by Specialist

(Copayment waived at the Student Health Center)

Urgent Care Center

Emergency Room and Medical Services

(Copayment waived if admitted)

Hospitalization (Room & Board)

Inpatient/Outpatient Surgery

Diagnostic Testing

X-ray and Laboratory

Therapeutic Services

Physical, Chiropractic, Occupational, Vocational and Speech Therapy

100% after \$100 Copayment

100% after \$35 Copayment

IN-NETWORK PROVIDER

Payments are based on the

Allowable Charges

100% after \$20 Copayment Deductible waived

100% after \$50 Copayment

100%

100%

100%

Up to 20 visits per coverage year

75% after \$20 Copayment of covered expenses for the first 40 visits per year, and 60% for any outpatient visits thereafter for that year

Sports and Other Activities

Mental Health Office Visit

\$2,500 Maximum per injury

Prescription Drugs

Up to a 31-day supply per prescription

100%

Pays 50% of covered outpatient prescription drug expenses

Preventive Care and Annual Exams

Student Health Center payable at UCR

For more information please visit healthcare.gov/preventive-care-benefits

100% (Deductible Waived)

For more information, please visit: uafs.myahpcare.com