



Eligibility

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.

What's Included?

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services through AcademicLiveCare
- 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, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

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 uafs.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete description of coverage online at: uafs.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit uafs.myahpcare.com/additionalresources

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 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**.

University of Arkansas - Fort Smith 2023-2024

Benefits (Deductible applies unless otherwise stated below. Copayments do not apply to the Deductible or the Out-of-Pocket Maximum)

	IN-NETWORK PROVIDER <small>Payments are based on the Allowable Charges</small>
Benefit Maximum	\$250,000
Annual Deductible	\$100 per Insured Person
Coinsurance (Plan Pays):	100% of U&C*
Physician Visit or Consultation by Specialist <small>(Copayment waived at the Student Health Center)</small>	100% after \$20 Copayment (Deductible Waived)
Urgent Care Center	100% after \$35 Copayment
Emergency Room and Medical Services <small>(Copayment waived if admitted)</small>	100% after \$100 Copayment
Hospitalization (Room & Board)	100% after \$50 Copayment
Inpatient/Outpatient Surgery	100%
Diagnostic Testing X-ray and Laboratory	100%
Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy	100% Up to 20 visits per coverage year
Mental Health Office Visit	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 \$2,500 Maximum per injury	100%
Prescription Drugs Up to a 31-day supply per prescription	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)

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

*Usual and Customary Charges

Coverage Period & Cost

	Annual 08/01/23 - 07/31/24	Fall 08/01/23 - 12/31/24	Spring/Summer 01/01/24 - 07/31/24
Student	\$ 1,428.00	\$ 595.00	\$ 833.00
Spouse	\$ 2,420.00	\$ 1,008.35	\$ 1,411.65
Each Child	\$ 1,978.00	\$ 824.15	\$ 1,153.85

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