University of Arkansas - Fort Smith

Student Coverage With Care 2026-2027

What's Included?

- Academic Student Assistance Program (ASAP)
- Academic Emergency Services (AES)*
- Access to Academic Vision Care (AVC)
- Tuition Reimbursement through Tuition Secure
- UnitedHealthcare Options is the Preferred Provider Network

The insurance carrier for 2026-2027 is Pan-American International Insurance Corporation.

Eligibility

All International students, scholars, visiting faculty or other persons with a valid F, J, or M visa status, temporarily located outside his home country as a non-resident alien and a) is engaged in educational or cultural activities of the Participating Member; and b) has not obtained permanent residency status in the United States; and c) is not a U.S. Citizen. Coverage is also available for eligible dependents.

For more information, visit 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

*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, Inc. (AHP), Part of the Brown & Brown Team. International Student Health Insurance is underwritten by Pan-American International Insurance Corporation.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plan.

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charges
Total Maximum Per Policy Year	$250,000	
Pre-Existing Condition Limitation $2,500 Maximum Benefit During the first 6 Months of Continuous Coverage. After the first 6 Months of Continuous Coverage, Plan Maximum Applies	100%	80%
Deductible Per Individual, per Policy Year	$100	
Out-of-Pocket Maximum Per Individual, per Policy Year	$0	$0
Hospital Room & Board Expense	100% at the semi-private room rate	80% at the semi-private room rate
Inpatient/Outpatient Surgery	100%	80%
Outpatient Physician Office Visits**	100% after a $20 Copay	100% after a $20 Copay
X-Rays & Laboratory	100%	80%
Emergency Room and Emergency Room Treatment Copay waived if admitted	100% after a $100 Copay per visit	80% after a $100 Copay per visit
Walk-in Clinic or Urgent Care Facility	100% after a $35 Copay	80% after a $35 Copay
Prescription Drugs Based on a 30-day supply per prescription	50% of Actual Charges	50% of Actual Charges

**All Physician Visit Copays or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.

Coverage Periods & Rates

	FALL 08/01/2026 - 12/31/2026	SPRING/SUMMER 01/01/2027 - 07/31/2027	SUMMER 06/01/2027 - 07/31/2027
Enrollment Deadline	08/25/2026	01/26/2027	06/08/2027
Student	$512.00	$711.00	$204.25
Spouse/Domestic Partner	$786.50	$1,091.50	$313.75
Each Child	$599.75	$832.25	$239.25

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, and exclusionsl. The benefits described herein may differ from the final policy of insurance, which will be available at **uafs.myahpcare.com** upon approval.

These benefits are not subject to, and do not provide some of the benefits required by, the United States Patient and Affordable Care Act (PPACA). In no event will We provide benefits in excess of those specified in the Policy, and these benefits are not subject to guaranteed issuance or renewal.