



The University of Alabama in Huntsville

Pending Carrier Approval

# Student Coverage With Care 2026-2027



## What's Included?



Academic  
Student  
Assistance  
Program (ASAP)



Access to  
Dental and  
Vision  
Options



Academic  
Emergency  
Services (AES)\*



Telehealth  
solutions through  
AcademicLiveCare  
(ALC)



Coverage  
when  
traveling



Network is  
BlueCard  
PPO



BlueCross BlueShield  
of Alabama

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

## Questions



To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

## Insurance ID Card



To access your ID card, please visit [uah.myahpcare.com/additionalresources](https://uah.myahpcare.com/additionalresources)

## Eligibility

Domestic Undergraduate Students enrolled in six or more semester hours and Domestic Graduate Students not on assistantship enrolled in three or more semester hours are eligible to enroll in this insurance plan on a voluntary basis.

Exceptions may be given for students in a registered experiential learning opportunity. All students eligible to enroll should live locally and not be in a fully online program. All International Students are automatically enrolled in this insurance plan at registration. J1 Exchange Visitors are required to provide proof of comparable insurance or purchase this insurance plan. Visiting Scholars are eligible to enroll in this insurance plan starting the first day of the month of their program. Graduate Students on Assistantship may choose to opt-in to this plan and will subsequently be enrolled by their departments.

Eligible students who do enroll, may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

For more information, visit [uah.myahpcare.com](https://uah.myahpcare.com).



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 plans of Blue Cross and Blue Shield of Alabama.

## Benefits

(Deductible applies unless otherwise stated below)

|                                                                                                                                                             | IN-NETWORK PROVIDER<br>Payments are based on the Allowed Amount                                                                                                                                    | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Allowed Amount                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Benefit Maximum<br>Per Insured Person,<br>per Plan Coverage Period                                                                                          |                                                                                                                                                                                                    | Unlimited                                                                                  |
| Deductible<br>Per Insured Person,<br>per Plan Coverage Period                                                                                               | \$200                                                                                                                                                                                              | \$300                                                                                      |
| Individual Out-of-Pocket<br>Maximum<br>Per Insured Person, per Plan<br>Coverage Period                                                                      | \$6,350                                                                                                                                                                                            | N/A                                                                                        |
| Family Out-of-Pocket<br>Maximum<br>For all Insured in a Family,<br>per Plan Coverage Period                                                                 | \$12,700                                                                                                                                                                                           | N/A                                                                                        |
| Inpatient Hospital<br>Precertification Required                                                                                                             | 90%                                                                                                                                                                                                | 70%<br>In Alabama: Covered only for medical<br>emergency services and accidental<br>injury |
| Student Health Center<br>(SHC) Services<br>(including in-house labs and<br>diagnostics)                                                                     | 100%, after \$20 office visit<br>Copay,<br>No Deductible                                                                                                                                           | N/A                                                                                        |
| Outpatient Surgery<br>(Including Ambulatory<br>Surgical Centers)                                                                                            | 90%                                                                                                                                                                                                | 50%<br>In Alabama: Not Covered                                                             |
| Inpatient Physician Visits<br>& Consultations                                                                                                               | 90%                                                                                                                                                                                                | 50%                                                                                        |
| Chemotherapy,<br>Diagnostic Lab, Dialysis,<br>IV Therapy, Pathology,<br>Radiation Therapy & X-ray<br>(Services provided under<br>physician benefits)        | 90%                                                                                                                                                                                                | 50%                                                                                        |
| Rehabilitative and<br>Habilitative Occupational,<br>Physical and Speech<br>Therapy                                                                          | 90%                                                                                                                                                                                                | 50%                                                                                        |
| Emergency Room<br>(Medical Emergency)                                                                                                                       | 90%                                                                                                                                                                                                | 90%                                                                                        |
| Prescription Drugs<br>Maintenance drugs - up<br>to 90-day supply may be<br>purchased, but Copayment<br>applies for each 30-day<br>supply.                   | Prime Participating<br>Retail Network<br>No Deductible<br>100% after Copayment<br>Tier 1 & 2: \$10 Copay<br>Tier 3: \$40 Copay<br>Tier 4: \$50 Copay<br>Tier 5: \$200 Copay<br>Tier 6: \$250 Copay | Not Covered                                                                                |
| Prescription drugs<br>(other than maintenance<br>drugs)<br>- up to a 30-day supply.                                                                         |                                                                                                                                                                                                    |                                                                                            |
| Preventive Care<br>For more information,<br>please visit<br><a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/<br/>PreventiveServices</a> | 100%<br>No Deductible                                                                                                                                                                              | Not Covered                                                                                |

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, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [uah.myahpcare.com](http://uah.myahpcare.com) upon approval by federal and state authorities.



## Coverage Periods & Rates - International Students and Graduate Students on Assistantship

|                      | FALL<br>08/12/2026 -<br>12/31/2026 | SPRING/SUMMER<br>01/01/2027 -<br>08/12/2027 | SUMMER<br>05/11/2027 -<br>08/12/2027 |
|----------------------|------------------------------------|---------------------------------------------|--------------------------------------|
| Enrollment Periods   | 07/30/2026 -<br>09/24/2026         | 12/15/2026 -<br>02/09/2027                  | 04/20/2027 -<br>06/15/2027           |
| Student              | \$596.40                           | \$940.80                                    | \$394.80                             |
| Spouse               | \$596.40                           | \$940.80                                    | \$394.80                             |
| One Child            | \$596.40                           | \$940.80                                    | \$394.80                             |
| Two or More Children | \$1,192.80                         | \$1,881.60                                  | \$789.60                             |

## Coverage Periods & Rates - Domestic Undergraduates and Domestic Graduate Students Not on Assistantship

|                      | FALL<br>08/12/2026 -<br>12/31/2026 | SPRING/SUMMER<br>01/01/2027 -<br>08/12/2027 | SUMMER<br>05/11/2027 -<br>08/12/2027 |
|----------------------|------------------------------------|---------------------------------------------|--------------------------------------|
| Enrollment Periods   | 07/30/2026 -<br>09/24/2026         | 12/15/2026 -<br>02/09/2027                  | 04/20/2027 -<br>06/15/2027           |
| Student              | \$651.40                           | \$1,027.80                                  | \$429.80                             |
| Spouse               | \$651.40                           | \$1,027.80                                  | \$429.80                             |
| One Child            | \$651.40                           | \$1,027.80                                  | \$429.80                             |
| Two or More Children | \$1,302.80                         | \$2,055.60                                  | \$859.60                             |

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

Blue Cross and Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association: made available in cooperation with Blue Cross and Blue Shield of Alabama. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 54.1201.