

University of Arkansas for Medical Sciences 2017-2018 Student Health Insurance Plan

Eligibility

All students enrolled at UAMS are required to enroll in the UAMS Student Injury and Sickness Insurance Plan or provide proof of medical insurance coverage by completing the online insurance verification at <http://studentlife.uams.edu/> by the waiver deadline date.

Students participating in the UAMS Student Health Injury and Sickness Insurance Plan may enroll their eligible dependents in the plan.

Full-time and Part-time students should enroll online at uams.myahpcare.com.

Students wishing to enroll dependents should visit the MYAHPCARE website to download an enrollment form, complete and return with payment to Academic HealthPlans.

You can enroll in the plan during the Open Enrollment Period for the various coverage periods. Your effective date of coverage begins the date the premium is received by the company or its authorized representative, or the effective date of the coverage period, whichever is later.


Please view the complete brochure on-line at uams.myahpcare.com for full details of participation in the plan.




Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

 uams.myahpcare.com

 1-855-824-9679

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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 Options PPO.

BENEFIT MAXIMUMS & DEDUCTIBLES		
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Deductible	Network Provider: \$ 1,000 per Insured Person, per Policy Year	Non-Network Provider: \$ 2,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 5,000 per Insured Person, per Policy Year	Non-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$10,000 per Insured Person, per Policy Year	
BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
In-Office Physician Fees \$30 Copayment per visit	100%	75%
Diagnostic X-ray Services & Laboratory Procedures \$50 Copayment per visit	100%	75%
Emergency Services Expense \$200 Copayment per visit	70%	70%
Prescription Drugs Up to 31 day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$15 Copayment for Tier 1 \$30 Copayment for Tier 2 \$60 Copayment for Tier 3 (\$100 prescription Deductible Per Policy Year)	50%
*Preventive Care Services	100%	75%

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

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS					
Regular Students	Annual 08/10/2017 thru 08/09/2018	Fall 08/10/2017 thru 12/31/2017	Spring/Summer 01/01/2018 thru 08/09/2018	Spring 01/01/2018 thru 05/09/2018	Summer 05/10/2018 thru 08/09/2018
Open Enrollment	06/30/2017 thru 09/29/2017	06/30/2017 thru 09/29/2017	12/01/2017 thru 02/09/2018	12/01/2017 thru 02/09/2018	04/13/2018 thru 06/22/2018
Student	\$ 1,660	\$ 655	\$ 1,005	\$ 586	\$ 418
Spouse	\$ 1,660	\$ 655	\$ 1,005	\$ 586	\$ 418
Child	\$ 1,660	\$ 655	\$ 1,005	\$ 586	\$ 418

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS			
Nursing, Jr. & Sr. Medical & Sr. Pharmacy Students	Annual 07/01/2017 thru 06/30/2018	1 st Semi-Annual 07/01/2017 thru 12/31/2017	2 nd Semi-Annual 01/01/2018 thru 06/30/2018
Open Enrollment	06/15/2017 thru 07/28/2017	06/15/2017 thru 07/28/2017	12/01/2017 thru 01/26/2018
Student	\$ 1,660	\$ 830	\$ 830
Spouse	\$ 1,660	\$ 830	\$ 830
Child	\$ 1,660	\$ 830	\$ 830