

University of Arkansas for Medical Sciences 2018-2019 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 MYAHCARE 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-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

 uams.myahpcare.com

 1-855-824-9679

 @ahpcare

 Academic HealthPlans

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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 Non-Network Provider: N/A

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	70%	70%
Prescription Drugs Up to a 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%

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS					
Regular Students	Annual 08/10/2018 through 08/09/2019	Fall 08/10/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 08/09/2019	Spring 01/01/2019 through 05/09/2019	Summer 05/10/2019 through 08/09/2019
Open Enrollment	06/29/2018 through 09/28/2018	06/29/2018 through 09/28/2018	11/30/2018 through 02/08/2019	11/30/2018 through 02/08/2019	04/12/2019 through 06/21/2019
Student	\$ 2,140	\$ 844	\$ 1,296	\$ 757	\$ 539
Spouse	\$ 2,140	\$ 844	\$ 1,296	\$ 757	\$ 539
Child ¹	\$ 2,140	\$ 844	\$ 1,296	\$ 757	\$ 539

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS			
Nursing, Jr. & Sr. Medical & Sr. Pharmacy Students	Annual 07/01/2018 through 06/30/2019	1 st Semi-Annual 07/01/2018 through 12/31/2018	2 nd Semi-Annual 01/01/2019 through 06/30/2019
Open Enrollment	06/15/2018 through 07/27/2018	06/15/2018 through 07/27/2018	11/30/2018 through 01/25/2019
Student	\$ 2,140	\$ 1,070	\$ 1,070
Spouse	\$ 2,140	\$ 1,070	\$ 1,070
Child ¹	\$ 2,140	\$ 1,070	\$ 1,070

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit uams.myahpcare.com or call Academic HealthPlans at 1-855-824-9679.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.