

University of Arkansas for Medical Sciences 2020-2021 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 MYAHP CARE 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

University of Arkansas for Medical Sciences 2020-2021 Student Health Insurance Plan

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: \$ 8,150 per Insured Person, per Policy Year Non-Network Provider: \$16,300 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$16,300 for all Insureds in a Family, per Policy Year Non-Network Provider: \$32,600 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Preferred Provider	Out-of-Network Provider
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges
Room and Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
Physician Visits \$30 Copayment per visit	100%	75%
Diagnostic X-ray Services & Laboratory Procedures \$50 Copayment per visit	100%	75%
Medical Emergency Expense \$200 Copayment per visit	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 For more information, please visit healthcare.gov/preventive-care-benefits/	100% (deductible waived)	75%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
Nursing, PA, Jr. & Sr. Medical & Sr. Pharmacy Students	Annual 07/01/2020 through 06/30/2021	1st Semi-Annual 07/01/2020 through 12/31/2020	2nd Semi-Annual 01/01/2021 through 06/30/2021
Open Enrollment	06/17/2020 through 07/29/2020	06/17/2020 through 07/29/2020	12/02/2020 through 01/27/2021
Student	\$ 3,241.00	\$ 1,620.50	\$ 1,620.50
Spouse	\$ 3,241.00	\$ 1,620.50	\$ 1,620.50
Child ¹	\$ 3,241.00	\$ 1,620.50	\$ 1,620.50

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS					
All Other UAMS Students	Annual 08/10/2020 through 08/09/2021	Fall 08/10/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 08/09/2021	Spring 01/01/2021 through 05/09/2021	Summer 05/10/2021 through 08/09/2021
Open Enrollment	07/01/2020 through 09/30/2020	07/01/2020 through 09/30/2020	12/02/2020 through 02/10/2021	12/02/2020 through 02/10/2021	04/13/2021 through 06/22/2021
Student	\$ 3,241.00	\$ 1,279.00	\$ 1,962.00	\$ 1,145.00	\$ 817.00
Spouse	\$ 3,241.00	\$ 1,279.00	\$ 1,962.00	\$ 1,145.00	\$ 817.00
Child ¹	\$ 3,241.00	\$ 1,279.00	\$ 1,962.00	\$ 1,145.00	\$ 817.00

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.