

# University of Arkansas for Medical Sciences

## Student Health Insurance Plan 2024-2025



### What's Included?

- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services\*
- Optional Dental Coverage
- Vision Coverage through Academic Vision Care (AVC)
- Access to Academic Student Assistance Program

### More Information

For full details of participation in the plan, please view the complete brochure online at: [uams.myahpcare.com](http://uams.myahpcare.com)

### Questions

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

### Insurance ID Card

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

### 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 [studentlife.uams.edu](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 and students wishing to enroll dependents should enroll online at [uams.myahpcare.com](http://uams.myahpcare.com).

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.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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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**. \*The Deductible will be waived for Covered Medical Expenses incurred when referred by the UAMS Student Health Clinic.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [uams.myahpcare.com](http://uams.myahpcare.com).

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

## Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER <small>Payments are based on the Allowed Amount</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Allowed Amount</small>
Benefit Maximum Per Insured Person, per Policy Year		Unlimited
Deductible Per Insured Person, per Policy Year	\$1,000	\$2,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$8,150	\$16,300
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$16,300	\$32,600
Room and Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
Physician's Visits (Deductible waived)	100% after a \$30 Copay	75% after a \$30 Copay
Diagnostic X-ray Services & Laboratory Procedures*	100% after a \$50 Copay	75% after a \$50 Copay
Medical Emergency Expenses Copay waived if admitted	70% after a \$200 Copay	70% after a \$200 Copay
Prescription Drugs Up to a 31-day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$30 Copay Tier 3: \$60 Copay (\$100 prescription Deductible per Policy Year. The prescription Deductible does not apply to the Policy Deductible.)	50%  Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventive Care Services For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	\$100 (Deductible waived)	75%

## Premium Costs and Coverage Periods

Early Nursing, Jr. & Sr. Medical & Sr. Pharmacy	First Semi-Annual 07/01/24 - 12/31/24	Second Semi-Annual 01/01/25 - 06/30/25	Fall 1 (Summer) (PA Students Only) 05/10/25 - 08/09/25
Open Enrollment	06/19/24 - 07/31/24	12/04/24 - 01/29/25	04/15/25 - 06/25/25
Student	\$1,806	\$1,806	\$911
Spouse	\$1,806	\$1,806	\$911
Each Child <sup>1</sup>	\$1,806	\$1,806	\$911

## Premium Costs and Coverage Periods

All Other UAMS Students	Fall 08/10/24 - 12/31/24	Spring 01/01/25 - 05/09/25	Spring/Summer 01/01/25 - 08/09/25	Summer 05/10/25 - 08/09/25
Open Enrollment	07/08/24 - 09/11/24	12/04/24 - 02/12/25	12/04/24 - 02/12/25	04/15/25 - 06/25/25
Student	\$1,425	\$1,276	\$2,187	\$911
Spouse	\$1,425	\$1,276	\$2,187	\$911
Each Child <sup>1</sup>	\$1,425	\$1,276	\$2,187	\$911

<sup>1</sup>The child rate is up to two (2) children. The cost for two (2) or more children will be two (2) times the child rate. To view all enrollment and coverage periods available, please visit [uams.myahpcare.com](http://uams.myahpcare.com).