

**University of Arkansas for Medical Sciences** 

# **Student Coverage With Care** 2025-2026

What's Included?



Student **Assistance** Program (ASAP)



Access to **Academic Vision** Care (AVC)





Academic **Emergency** Services (AES)\*



Telehealth solutions through **AcademicLiveCare** (ALC)



Coverage when traveling



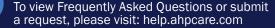
UnitedHealthcare **Options PPO** Network



Optional **Dental** Coverage



#### Questions





### **Insurance ID Card**

To access your ID card, please visit 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 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.

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.

For more information, visit 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. \*The Deductible will be waived for Covered Medical Expenses incurred when referred by the UAMS Student Health Clinic.)

Expenses incurred when referred by the UAMS Student Health Clinic.)							
	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount					
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 & Board Expense	70%	50%					
Inpatient/Outpatient Surgery	70%	50%					
Outpatient Physician's Visits (Deductible waived)	100% after a \$30 Copay	75% after a \$30 Copay					
Dianostic 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 healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	75%					

# Premium Costs & Coverage Periods

EARLY NURSING, JR. & SR. MEDICAL & SR. PHARMACY	FIRST SEMI-ANNUAL 07/01/2025 - 12/31/2025	SECOND SEMI-ANNUAL 01/01/2026 - 06/30/2026	FALL 1 (SUMMER) (PA STUDENTS ONLY) 05/10/2026 - 08/09/2026
Open Enrollment	06/19/2025 - 07/31/2025	12/04/2025 - 01/29/2026	04/15/2026 - 06/25/2026
Student	\$1,806	\$1,806	\$909
Spouse	\$1,806	\$1,806	\$909
Each Child1	\$1,806	\$1,806	\$909

## Premium Costs & Coverage Periods

ALL OTHER UAMS STUDENTS	FALL 08/10/2025 - 12/31/2025	SPRING 01/01/2026 - 05/09/2026	SPRING/SUMMER 01/01/2026 - 08/09/2026	SUMMER 05/10/2026 - 08/09/2026
Open Enrollment	07/08/2025 - 10/02/2025	12/04/2025 - 02/12/2026	12/04/2025 - 02/12/2026	04/15/2026 - 06/25/2026
Student	\$1,429	\$1,274	\$2,183	\$909
Spouse	\$1,429	\$1,274	\$2,183	\$909
Each Child <sup>1</sup>	\$1,429	\$1,274	\$2,183	\$909

 $^{1}$ Coverage for two (2) or more children is calculated at the child rate times two (2).

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 uams.myahpcare.com upon approval by federal and state authorities.