University of Arkansas - Voluntary

Student Coverage With Care 2026-2027

What's Included?

- Academic Student Assistance Program (ASAP)
- Access to Dental & Vision Options
- Academic Emergency Services (AES)*
- UnitedHealthcare Choice Plus PPO Network
- Coverage when traveling
- Access to Telemedicine through AcademicLiveCare (ALC)

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit uark.myahpcare.com/additionalresources

Eligibility

Full time Graduate Assistants and Teaching Assistants are automatically given the opportunity to "ACCEPT" insurance each semester. The University pays for 66.6% of the cost of insurance as a fringe benefit for 12 months.

All other registered Undergraduates enrolled in at least six (6) credit hours, Graduate students enrolled in at least one (1) credit hour and visiting scholars and OPT (Optional Practical Training) are eligible to enroll in this insurance plan.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

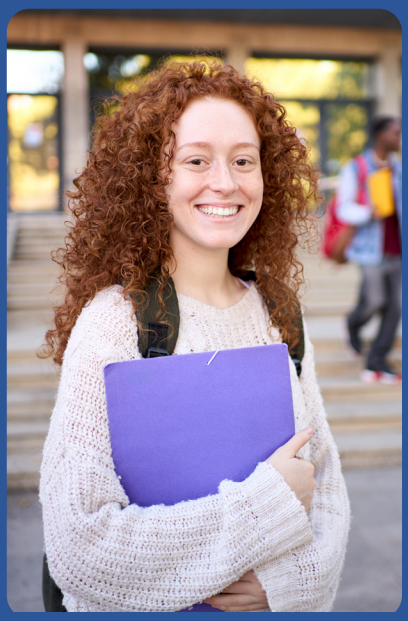
The deadline to add dependents for Fall is 09/27/2026 and for Spring/Summer is 02/27/2027.

For more information, visit **uark.myahpcare.com**.

Dental & Vision Coverage

As an Undergraduate or Graduate student at The University of Arkansas, you may choose to enroll in the Voluntary Dental PPO or the Voluntary Vision PPO offered through Cigna. You do not need to be a participant in the Medical Student Health Insurance Plan to participate in the dental or vision plan. Visit **uark.myahpcare.com/dentalvisionbenefits** to view cost, open enrollment dates and benefits.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company.

Benefits

(Deductible applies unless otherwise stated below)

Pat Walker Health Center: *The Deductible will be waived and benefits will be paid at 100% of billed charges when treatment is rendered at the PWHC. Laboratory test and procedures that are completed and analyzed at the PWHC will be paid at 100%. Any tests sent to a reference laboratory are subject to the Policy Deductible and Coinsurance. Children are not eligible to be seen at the PWHC. There is a $35 Copay for an office visit at the health center.*

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	$500	$1,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	$8,700	
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	$17,400	
Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Outpatient Physician's Visits	100% after a $45 Copay per visit (Deductible applies)	60%
Diagnostic X-Ray Services	80%	60%
Laboratory Procedures	80% after a $30 Copay per visit (Deductible applies)	60%
Medical Emergency Expenses (Copay waived if admitted)	80% after a $250 Copay per visit (Deductible applies)	80% after a $250 Copay per visit (Deductible applies)
Preventive Care Services For more information, please visit: healthcare.gov/coverage/preventive-care-benefits	100% (Deductible waived)	75%
Prescription Drugs, (Deductible waived) Up to a 31-day supply per prescription	At pharmacies contracting with UnitedHealthcare or Collier Pharmacy 100% after: Tier 1: $18 Copay Tier 2: $62 Copay Tier 3: $97 Copay	No Benefits

Coverage Periods & Rates

	FALL 08/01/2026 - 12/31/2026	SPRING 01/01/2027 - 05/15/2027	SPRING/SUMMER 01/01/2027 - 07/31/2027	SUMMER 05/16/2027 - 07/31/2027
Open Enrollment	06/12/2026 - 09/27/2026	12/04/2026 - 02/27/2027	12/04/2026 - 02/27/2027	04/02/2027 - 06/12/2027
Student	$2,028	$1,789	$2,810	$1,021
Spouse	$2,028	$1,789	$2,810	$1,021
Child	$2,028	$1,789	$2,810	$1,021
Two or More Children	$4,056	$3,578	$5,620	$2,042

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 **uark.myahpcare.com** upon approval by federal and state authorities.