

# University of Houston - Clear Lake 2018-2019 Student Health Insurance Plan

## Eligibility

**Domestic Students:** Undergraduate students attending UH-Clear Lake who are enrolled in six (6) or more credit hours (three (3) for summer session) are eligible to enroll for coverage within the posted open enrollment time period.

Graduate students attending UH-Clear Lake who are enrolled in three (3) or more credit hours are eligible to enroll for coverage within the posted open enrollment time period.

**International Students:** International students with "F" or "J" visa status are required to be covered under the UH System (UHS) Student Health Insurance Plan or have equivalent health insurance coverage, regardless of the number of credit hours taken. At the time of registration, the student will automatically be enrolled in the mandatory UHS-endorsed Student Health Insurance Plan (SHIP) and will be charged for the coverage period on their student financial account.

## How do I Waive?

UH Clear Lake's International students with "F" or "J" visa status may request a waiver of coverage based on the UH System's waiver criteria. You must go online to [uhcl.myahpcare.com](http://uhcl.myahpcare.com) and complete the online waiver by the deadline dates each semester. **The waiver deadline date for Fall is September 12, 2018, the Spring deadline is February 6, 2019 and the Summer deadline is June 17, 2019.**

Please view the complete brochure on-line at [uhcl.myahpcare.com](http://uhcl.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



1-855-824-9683



[uhcl.myahpcare.com](http://uhcl.myahpcare.com)



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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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

**Student Health Center Benefits:** The deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

## BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$ 350 per Insured Person, per Policy Year Non-Network Provider: \$ 700 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 6,350 per Insured Person, per Policy Year Non-Network Provider: \$ 12,700 per Insured Person, per Policy Year

BENEFIT CATEGORY	UHCL Health Center	Network Provider	Non-Network Provider
	<i>Deductible waived</i>	<i>Payments are based on the PPO Allowance</i> <i>Deductible applies unless noted below</i>	<i>Payments are based on the Usual and Customary Changes</i> <i>Deductible applies unless noted below</i>
<b>Hospital Room and Board Expense</b>	N/A	80%	60%
<b>Surgery</b>	100%	80%	60%
<b>In-Office Physician Fees</b>	100%	100% after a \$35 Copayment per visit Deductible waived	60%
<b>Diagnostic X-ray Services</b>	100%	80%	60%
<b>Laboratory Procedures</b>	100%	80%	60%
<b>Emergency Services Expense</b> <i>Copayment waived if admitted</i> <i>Deductible waived</i>	N/A	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
<b>Prescription Drugs</b> <i>(Deductible waived)</i>  <i>Up to a 31 day supply per prescription</i>	100% after a \$10 Copayment for Generic Drug \$25 Copayment for Brand-Name Drug \$70 Copayment for Non-Preferred Brand Name Drug	<b>At pharmacies contracting with UnitedHealthcare Pharmacy:</b> 100% after a \$20 Copayment per Tier 1 \$50 Copayment per Tier 2 \$70 Copayment per Tier 3 When Specialty Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail Copay.	60% after a \$20 Copayment per Generic Drug \$50 Copayment per Brand-Name Drug
<b>Preventive Care Services*</b>	100%	100%	60%

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

## 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual Domestic Only 08/27/2018 through 08/26/2019	Fall 08/27/2018 through 12/31/2018	Fall New International Students Only 08/01/2018 through 12/31/2018	Spring/Summer Domestic Only 01/01/2019 through 08/26/2019	Spring/Summer International Students Only 01/01/2019 through 08/26/2019	Summer Domestic Only 06/01/2019 through 08/26/2019	Summer New International Students Only 06/01/2019 through 08/26/2019
<b>Open Enrollment</b>	07/18/2018 through 09/21/2018	07/18/2018 through 09/21/2018	N/A	12/14/2018 through 02/15/2019	N/A	05/07/2019 through 07/05/2019	N/A
<b>Student</b>	\$ 2,340	\$ 814	\$ 981	\$ 1,526	\$ 1,526	\$ 558	\$ 558

To view all enrollment and coverage periods available, please visit [uhcl.myahpcare.com](http://uhcl.myahpcare.com) or call Academic HealthPlans at 1-855-824-9683.

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