

University of Houston - Clear Lake 2019-2020 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 and complete the online waiver by the deadline dates each semester. **The waiver deadline date for Fall is September 12, 2019, the Spring deadline is February 6, 2020 and the Summer deadline is June 17, 2020.**

Please view the complete brochure on-line at 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



uhcl.myahpcare.com



support@ahpcare.com



1-855-824-9683



@ahpcare



Academic HealthPlans



University
of Houston
Clear Lake



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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: \$ 7,900 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 Charges</i> <i>Deductible applies unless noted below</i>
Hospital Room and Board Expense	N/A	80% after a \$100 copayment	60% after a \$100 copayment
Surgery - Inpatient	N/A	80% after a \$100 copayment	60% after a \$100 copayment
In-Office Physician Fees	100%	100% after a \$35 Copayment per visit Deductible waived	60%
Diagnostic X-ray Services	N/A	80%	60%
Laboratory Procedures	100%	80%	60%
Emergency Services Expense <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
Prescription Drugs <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	At pharmacies contracting with UnitedHealthcare Pharmacy: 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.	100% after a \$20 Copayment per Generic Drug \$50 Copayment per Brand-Name Drug
Preventive Care Services*	100%	100%	60%

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information.

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual Domestic Only 08/27/2019 through 08/26/2020	Fall 08/27/2019 through 12/31/2019	Fall New International Students Only 08/01/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 08/26/2020	Summer Domestic Only 06/01/2020 through 08/26/2020	Summer New International Students Only 06/01/2020 through 08/26/2020
Open Enrollment (Domestic Students only)	07/18/2019 through 09/21/2019	07/18/2019 through 09/21/2019	N/A	12/14/2019 through 02/15/2020	05/07/2020 through 07/05/2020	N/A
Student	\$ 2,590	\$ 898	\$ 1,083	\$ 1,692	\$ 617	\$ 617

To view all enrollment and coverage periods available, please visit uhcl.myahpcare.com or call Academic HealthPlans at 1-855-824-9683.

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 uhcl.myahpcare.com.