



# Student Health Insurance Plan

for University of Houston - Tilman J. Fertitta Family College of Medicine

2023 - 2024

# Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

## Enrollment and eligibility information

All University of Houston Tilman J. Fertitta Family College of Medicine students are required to have the Student Health Insurance Plan (SHIP) unless comparable coverage is provided.

Eligible dependents of University of Houston Tilman J. Fertitta Family College of Medicine students may obtain coverage by enrolling in the Plan during the open enrollment period and pay the premium directly to AHP. To view rates and enrollment information, please visit the website at [uhcom.myahpcare.com](https://uhcom.myahpcare.com).

Tilman J. Fertitta Family College of Medicine students may request a waiver of coverage based on the UH System's waiver criteria. For more information regarding the waiver, please go to [uhcom.myahpcare.com](https://uhcom.myahpcare.com) and click on the "Opt-Out" tab.



## Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

## Premium Costs and Coverage Periods

	Fall	Spring/Summer
Dates Covered	7/01/2023 - 1/31/2024	2/01/2024 - 6/30/2024
Student Rate	\$1,658.50	\$1,658.50
Spouse Rate	\$1,658.50	\$1,658.50
Child Rate	\$1,658.50	\$1,658.50

A \$21.00 AES/ASAP/ALC fee and \$42.00 Administration fee is included for Fall and Spring/Summer students.

It is the student's responsibility to notify the University of Houston - Tilman J. Fertitta Family College of Medicine Campus Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

To see all enrollment and coverage periods available, please visit [uhcom.myahpcare.com](https://uhcom.myahpcare.com).

## Student Health Center

At the UH Health Center, the deductible will be waived and benefits will be paid at 100% of covered expenses.

Prescription Drugs at the UH Health Center only, 100% after: \$10 copayment per each generic drug; \$25 copayment per each preferred brand-name drug; \$70 copayment per each non-preferred brand-name drug.

Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible</b>	\$350	\$700
<b>Out-of-Pocket Maximum</b>	\$8,150	\$15,800

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80% after a \$100 copayment per Hospital Confinement	60% after a \$100 copayment per Hospital Confinement
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$250 copayment (deductible waived)	80% after \$250 copayment (deductible waived)
<b>Physician Services</b>	80%	80%
<b>Urgent Care Services</b>	100% after \$35 copayment (deductible waived)	60%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Preventive Care Services</b>	100% (deductible waived)	60%
<b>Routine Eye Exam</b> (age 19 and over; one per benefit period)	100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Prescriptions Drugs</b>  Per 30-day Retail Supply  *Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	At pharmacies contracting with Prime Therapeutics**, 100% after: <ul style="list-style-type: none"> <li>\$20 copayment for each generic drug</li> <li>\$50 copayment for each brand-name drug*</li> <li>\$70 copayment for each non-preferred brand-name drug*</li> <li>\$100 copayment for each specialty drug</li> <li>\$100 Annual Prescription Deductible</li> </ul>	50% after: <ul style="list-style-type: none"> <li>\$20 copayment for each generic drug</li> <li>\$50 copayment for each brand name drug*</li> <li>\$70 copayment for non-preferred brand-name drug*</li> <li>\$100 Annual Prescription Deductible</li> </ul> <b>Please note:</b> 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.





## Enrollment is easy!

Please read the plan policy in full to determine whether this Student Health Insurance Plan is right for you! The plan policy provides details of the coverage including benefits, exclusions and any reductions or limitations and the terms under which the policy may be continued in force. The plan policy is available online.

For dates and rates specific to Tilman J. Fertitta Family College of Medicine, please visit our website at [uhcom.myahpcare.com](http://uhcom.myahpcare.com) then click on the "Enroll/Cost" tab.

### Deadlines to Waive/Enroll

#### Open Enrollment

Fall: 6/8/2023 - 8/8/2023

Spring/Summer: 12/7/2023 - 2/20/2024

#### Waiver Deadline

Fall: 6/8/2023 - 8/11/2023

Spring/Summer: 12/7/2023 - 2/5/2024

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas. This document 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 expenses are subject to plan maximums, limitations and exclusions as described in the policy. The PPO network is BCBSTX Participating Provider Option (PPO) Network. Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

\*\*The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).



**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anáníwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'k'e níká a'doolwoł dóo bina'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.