

# Eligibility

**Domestic Students:** Undergraduate students attending UH-Downtown (UHD) who are enrolled in 6 or more credit hours (3 for summer session) are eligible to enroll on a voluntary basis within the posted enrollment time period.

Graduate students attending UH-Downtown (UHD) who are enrolled in 3 or more credit hours are eligible to enroll on a voluntary basis within the posted 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 Downtown 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 <a href="https://www.uhd.myahpcare.com">uhd.myahpcare.com</a> and complete the online waiver by the deadline dates each semester. The waiver deadline date for Fall is September 7, 2018 and the Spring deadline is February 1, 2019.

Please view the complete brochure on-line at uhd.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

### Additional Information

- uhd.myahpcare.com
- **L** 1-855-824-9683
- @ahpcare
- Academic HealthPlans
- @ahpcare





# University of Houston - Downtown 2018-2019 Student Health Insurance Plan

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				

	UHD Health Center	Network Provider	Non-Network Provider	
BENEFIT CATEGORY	Deductible Waived	Payments are based on the PPO Allowance	Payments are based on Usual and Reasonable Charges	
		Deductible applies unless noted below	Deductible applies unless noted below	
Hospital Room and Board Expense	N/A	80%	60%	
Surgery	N/A	80%	60%	
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 Copayment waived if admitted/deductible waived	N/A	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit	
Prescription Drugs (Deductible waived) Up to a 31 day supply per prescription	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 Drug	
Preventive Care Services*	100%	100% Deductible waived	60%	

\*Please visit <u>www.healthcare.gov/preventive-care-benefits/</u> for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS						
Coverage Periods	Annual 08/22/2018 through 08/21/2019	Fall 08/22/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 08/21/2019	Summer 06/05/2019 through 08/21/2019		
Open Enrollment	07/18/2018 through 09/25/2018	07/18/2018 through 09/25/2018	12/14/2018 through 02/19/2019	05/03/2019 through 07/05/2019		
Student	\$ 2,340.00	\$ 846.00	\$ 1,494.00	\$ 501.00		

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