

University of Houston Language and Culture Center 2018-2019 Student Health Insurance Plan



Eligibility

International Students: To satisfy the University of Houston System (UHS) policy on maintaining acceptable health insurance coverage, each semester all Language and Culture Center (LCC) students in F and J statuses will be automatically enrolled in and charged for the UHS Student Health Insurance Plan. International students in non-F and non-J statuses will not be enrolled in the Plan.

Domestic Students: Domestic students, including U.S. citizens and Permanent Residents, will not be enrolled in the Plan.

Domestic students as well as international students in non-F and non-J statuses may seek coverage by enrolling in the Plan at lcc.myahpcare.com/enrollment during the open enrollment period and pay the premium directly to Academic HealthPlans.

Dependents: Eligible dependents of LCC students may seek coverage by enrolling in the Plan during the open enrollment period and pay the premium directly to Academic HealthPlans.

Waiver

To decline the Plan, you must meet all conditions below:

- You must have coverage through a government- or U.S. employer-sponsored group health insurance plan. Alternatively, your government sponsor has to provide a letter guaranteeing payment of all health care expenses.
- Your alternate health insurance plan must meet or exceed all requirements at lcc.myahpcare.com/waiver.
- You must request a waiver of enrollment in the Plan and submit proof of acceptable alternate health insurance coverage at lcc.myahpcare.com/waiver by the waiver deadline listed below:
 - Fall 2018: October 5, 2018
 - Spring 2019: February 8, 2019
 - Summer 2019: June 7, 2019
 - Summer II 2019: July 12, 2019

Please view the complete brochure at lcc.myahpcare.com for full details.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- lcc.myahpcare.com
- 1-855-824-9683
- @ahpcare
- Academic HealthPlans
- @ahpcare

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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		
Family Deductible	Network Provider: \$1,050 for all Insureds in a Family, per Policy Year Non-Network Provider: \$2,100 for all Insureds in a Family, 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		
Family Out-of-Pocket Maximum	Network Provider: \$12,700 for all Insureds in a Family, per Policy Year Non-Network Provider: \$25,400 for all Insureds in a Family, per Policy Year		
BENEFIT CATEGORY	UH 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 Usual and Reasonable Charges</i> <i>Deductible applies unless noted below</i>
Hospital Room and Board Expense	N/A	80%	60%
Surgery	100%	80%	60%
In-Office Physician Fees	100%	100% after a \$35 Copayment per visit Deductible waived	60%
Diagnostic X-ray Services	100%	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 per Tier 1 \$25 Copayment per Tier 2 \$70 Copayment per Tier 3	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%	60%
Routine Eye Exam (age 19 and over; one per benefit period)	100% Eye Institute at UH MAIN ONLY	100% after a \$35 Copayment per visit Deductible waived	N/A

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

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods	Fall 09/11/2018 through 01/14/2019	Spring 01/15/2019 through 05/13/2019	Summer 05/14/2019 through 09/10/2019	Summer II 06/20/2019 through 09/10/2019
Open Enrollment	09/04/2018 through 10/05/2018	01/08/2019 through 02/08/2019	05/07/2019 through 06/07/2019	06/13/2019 through 07/12/2019
Student	\$ 788.00	\$ 745.00	\$ 752.00	\$ 520.00
Spouse	\$ 788.00	\$ 745.00	\$ 752.00	\$ 520.00
Each Child	\$ 788.00	\$ 745.00	\$ 752.00	\$ 520.00

To view all enrollment and coverage periods available, please visit lcc.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.