

# University of Houston - Visiting Scholars/Students 2018-2019 Student Health Insurance Plan

## Eligibility

**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 and will be charged for the coverage period on their student financial account.

**Visiting Scholars** students with "F" or "J" visa status may request a waiver of coverage based on the UHS waiver criteria. For more information regarding the waiver, please go to [uhscholars.myahpcare.com](http://uhscholars.myahpcare.com) and click on the "Waiver" tab.

## How do I Enroll?

Scholar students and their dependents may enroll via our website. Go to [uhscholars.myahpcare.com](http://uhscholars.myahpcare.com) then click on the enrollment tab and download the enrollment form, then send directly to Academic HealthPlans.

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



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



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Academic HealthPlans



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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<br>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<br>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<br>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<br>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><br><i>Deductible applies unless noted below</i>  | <i>Payments are based on the Usual and Customary Changes</i><br><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<br>Deductible waived  | 60%  |
| <b>Diagnostic X-ray Services</b>   | 100%  | 80%   | 60%  |
| <b>Laboratory Procedures</b>   | 100%  | 80%   | 60%  |
| <b>Emergency Services Expense</b><br><i>Copayment waived if admitted (Deductible waived)</i>                 | N/A   | 80% after a \$150 Copayment per visit   | 80% after a \$150 Copayment per visit  |
| <b>Prescription Drugs</b><br><i>(Deductible waived)</i><br><br><i>Up to a 31 day supply per prescription</i> | 100% after a<br>\$10 Copayment for Generic Drug<br>\$25 Copayment for Brand-Name Drug<br>\$70 Copayment for Non-Preferred Brand Name Drug | <b>At pharmacies contracting with UnitedHealthcare Pharmacy:</b><br>100% after a<br>\$20 Copayment per Tier 1<br>\$50 Copayment per Tier 2<br>\$70 Copayment per Tier 3<br>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<br>\$20 Copayment per Generic Drug<br>\$50 Copayment per Brand Name Drug                        |
| <b>Preventive Care Services*</b>   | 100%  | 100%<br>Deductible waived   | 60%  |

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

## 2018-2019 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

| Coverage Periods            | Annual<br>09/01/2018 through 08/31/2019 |
|-----------------------------|---|
| <b>Scholar/Student Rate</b> | \$ 183 (monthly rate)                   |
| <b>Spouse Rate</b>          | \$ 183 (monthly rate)                   |
| <b>Each Child Rate</b>      | \$ 183 (monthly rate)                   |

To view all enrollment and coverage periods available, please visit [uhscholars.myahpcare.com](http://uhscholars.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.