

University of Houston - Visiting Scholars/Students 2019-2020 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 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 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 for full details of participation in the plan.

Additional Benefits

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



uhscholars.myahpcare.com



support@ahpcare.com



1-855-824-9683



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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: \$ 7,900 per Insured Person, per Policy Year Non-Network Provider: \$ 15,800 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$ 15,800 For all Insureds in a Family, per Policy Year Non-Network Provider: \$ 31,600 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 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	100%	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	100%	80%	60%
Laboratory Procedures	100%	80%	60%
Emergency Services Expense <i>Copayment waived if admitted (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% Deductible waived	60%

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

2019-2020 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 09/01/2019 through 08/31/2020
Scholar/Student Rate	\$ 204 (monthly rate)
Spouse Rate	\$ 204 (monthly rate)
Each Child Rate	\$ 204 (monthly rate)

To view all enrollment and coverage periods available, please visit uhscholars.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 uhscholars.myahpcare.com.