

2020-2021

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

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

*Meets the J Visa requirements of the U.S. Department of State.

This plan meets or exceeds a Gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

Who can enroll?

International students with a “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 charged for the mandatory UHS-endorsed Student Health Insurance Plan (SHIP) coverage period on their student financial account. Students enrolled in credit hours are not eligible to enroll in the Visiting Scholar Health Insurance Plan.

Visiting Scholars/Students with a “J” visa program participants and their dependents are required to be enrolled in the University of Houston Visiting Scholars/ Students Health Insurance Plan or to have acceptable alternative medical insurance coverage. Please go to uhscholars.myahpcare.com and click on the “Waiver” tab to submit your alternative insurance policy.

Visiting Scholars/Students and their dependents who are enrolled for classes are not eligible to purchase this plan.

Please read the plan brochure in full to determine whether this Student Health Insurance Plan is right for you. The plan brochure 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 brochure is available online at uhscholars.myahpcare.com.

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to uhscholars.myahpcare.com.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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.

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).

For the full list of languages, see your specific school brochure.

UH – Visiting Scholars/Students 2020-2021 Plan Highlights^{1,2}

| Benefit Maximum & Deductibles | | | |
|--|---|--|---|
| | | Network Provider | Out-of-Network Provider |
| Benefit Maximum | | Unlimited | Unlimited |
| Deductible | | \$350 | \$700 |
| Out-of-Pocket Maximum | | \$8,150 | \$15,800 |
| Benefit Coverage | | | |
| <i>Deductible applies unless noted below:</i> | UH Health Center ³ (deductible waived) | Network Provider | Out-of-Network Provider |
| Hospital Expenses | N/A | 80% after a \$100 copayment per Hospital Confinement | 60% after a \$100 copayment per Hospital Confinement |
| Surgical Expenses | 100% | 80% | 60% |
| Doctor's Visits | 100% | 100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived) | 60% |
| Emergency Care and Accidental Injury Facility Services – <i>Copayment is waived if the insured is admitted, inpatient hospital expenses will apply</i> | N/A | 80% after \$250 copayment (deductible waived) | |
| Physician Services | N/A | 80% | |
| Urgent Care Services | N/A | 100% after \$35 copayment (deductible waived) | 60% |
| Diagnostic X-Rays & Laboratory Procedures | 100% (X-Rays are not available) | 80% | 60% |
| Prescription Drugs <i>Per 30-day Retail Supply</i> <i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i> | 100% after: • \$10 copayment for each generic drug • \$25 copayment for each preferred brand-name drug • \$70 copayment for each non-preferred brand-name drug | At pharmacies contracting with Prime Therapeutics ⁴ , 100% after: • \$20 copayment for each generic drug • \$50 copayment for each preferred brand-name drug** • \$70 copayment for non-preferred brand-name drug** • \$100 copayment for each specialty drug \$100 Annual Prescription Deductible | 50% after: • \$20 copayment for each generic drug • \$50 copayment for each preferred brand-name drug** • \$70 copayment for non-preferred brand-name drug** \$100 Annual Prescription Deductible Please note: 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. |
| Preventative Care Services | 100% | 100% (deductible waived) | 60% |
| Routine Eye Exam <i>(age 19 and over; one per benefit period)</i> | 100% Eye Institute at UH MAIN ONLY | 100% after copayment \$35 primary care copayment per visit; \$35 specialist copayment per visit (deductible waived) | 60% |

Deadlines, Coverage Periods and Premium Costs^{***}

| | Monthly |
|--------------------------------|----------------------|
| Dates Covered | 9/1/2020 - 8/31/2021 |
| Scholar/Student/Dependent Rate | \$220 (monthly rate) |

***A \$42 AES fee is included.

It is the student's responsibility to notify the University of Houston – Visiting Scholar Campus Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

¹ 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.

² Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

³ Non-student dependents are not eligible for services provided at the Student Health Center.

⁴ 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.