

University of Houston - Victoria 2018-2019

Domestic Students

Student Health Insurance Plan

Eligibility

Domestic Students: Undergraduate students attending UH-Victoria who are enrolled in 6 or more credit hours (3 for summer session) are eligible to enroll for coverage within the posted open enrollment time period.

Graduate students attending UH-Victoria who are enrolled in 3 or more credit hours are eligible to enroll for coverage within the posted open enrollment time period.

Please view the complete brochure on-line at uhv.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



uhv.myahpcare.com



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Academic HealthPlans



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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

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on the Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	100% after a \$35 Copayment per visit Deductible waived	60%
Diagnostic X-ray Services	80%	60%
Laboratory Procedures	80%	60%
Emergency Services Expense <i>Copayment waived if admitted Deductible waived</i>	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>	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.	60% after a \$20 Copayment per Generic Drug \$50 Copayment per Brand Name Drug
Preventive Care Services*	100%	60%

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

2018-2019 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/28/2018 through 08/27/2019	Fall 08/28/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 08/27/2019	Summer 06/01/2019 through 08/27/2019
Open Enrollment	07/05/2018 through 09/28/2018	07/05/2018 through 09/28/2018	11/14/2018 through 02/21/2019	05/01/2019 through 07/17/2019
Student	\$ 2,340	\$ 808	\$ 1,532	\$ 566

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