

Eligibility

International Students: 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 (SHIP) and will be charged for the coverage period on their student financial account.

How do I Waive?

UH Victoria International students with "F" or "J" visa status may request a waiver of coverage based on the UH System's waiver criteria. You must go online to <u>uhv.myahpcare.com</u> and complete the online waiver by the deadline dates each semester. The waiver deadline date for Early Fall is August 1, 2018, the Fall deadline is September 14, 2018, the Spring/Summer deadline is January 7, 2019 and the Summer deadline is May 24, 2019.

Please view the complete brochure on-line at <u>uhv.myahpcare.com</u> for full details of participation in the plan.

Additional Benefits

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

Additional Information

- uhv.myahpcare.com
- **L** 1-855-824-9683
- @ahpcare
- Academic HealthPlans





University of Houston - Victoria 2018-2019 International Students

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			

	Network Provider	Non-Network Provider
BENEFIT CATEGORY	Payments are based on the PPO Allowance	Payments are based on Usual and Reasonable Charges
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 Copayment waived if admitted/deductible waived	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	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%	60%

^{*}Please visit <u>www.healthcare.gov/preventive-care-benefits/</u> for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	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		
Student	\$ 807.00	\$ 1,533.00	\$ 565.00		

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.