

2020-2021

University of Houston Language and Culture Center Student Health Insurance Plan

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

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: To satisfy the University of Houston System (UHS) policy on maintaining acceptable health insurance coverage, each semester all Language and Culture Center (LCC) students with "F" or "J" status will be automatically enrolled in and charged for the UHS Student Health Insurance Plan. International students in non-F and non-J statuses will not be enrolled in the Plan.

Domestic Students:

Domestic students, including U.S. citizens and Permanent Residents, will not be enrolled in the plan.

Domestic students as well as international students in non-F and non-J status may seek coverage by enrolling in the Plan at lcc.myahpcare.com during the open enrollment period and pay the premium directly to Academic HealthPlans (AHP).

Dependents:

Eligible dependents of LCC students may seek coverage by enrolling in the Plan during the open enrollment period and pay the premium directly to AHP.

Waiver

To decline the Plan, you must meet all conditions below:

- You must have coverage through a government or employer-sponsored group health insurance plan. Alternatively, your government sponsor has to provide a letter guaranteeing payment of all health care expenses.
- Your alternate health insurance plan must meet or exceed all requirements at lcc.myahpcare.com/waiver.
- You must request a waiver of enrollment in the Plan and submit proof of acceptable alternate health insurance coverage at lcc.myahpcare.com/waiver by the waiver deadline shown on the next page.

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 lcc.myahpcare.com.

For additional information, go to lcc.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-LCC 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 – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	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: <ul style="list-style-type: none"> \$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: <ul style="list-style-type: none"> \$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: <ul style="list-style-type: none"> \$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***

	Fall	Spring	Summer	Summer II
Open Enrollment (Domestics and all Dependents)	9/1/2020 - 10/2/2020	1/5/2021 - 2/5/2021	5/4/2021 - 6/4/2021	6/10/2021 - 7/9/2021
Waiver Deadline (Internationals)	10/2/2020	2/5/2021	6/4/2021	7/9/2021
Dates Covered	9/8/2020 - 1/11/2021	1/12/2021 - 5/10/2021	5/11/2021 - 9/7/2021	6/17/2021 - 9/7/2021
Student Rate	\$952	\$900	\$907	\$ 628
Spouse Rate	\$952	\$900	\$907	\$ 628
Each Child Rate****	\$952	\$900	\$907	\$ 628

*** A \$42 AES fee is included. **** A 2 child maximum

It is the student's responsibility to notify the University of Houston - LLC 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.