

University of Houston-Main 2018-2019 Student Health Insurance Plan

Eligibility

Domestic Students: Undergraduate students attending UH-Main who are enrolled in six (6) or more credit hours (three (3) for summer session) are eligible to enroll on a voluntary basis within the posted enrollment open enrollment time period.

Graduate students attending UH-Main who are enrolled in three (3) or more credit hours are eligible to enroll on a voluntary basis within the posted enrollment open enrollment time period.

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 and will be charged for the coverage period on their student financial account. You must go online to uh.myahpcare.com and complete the online enrollment activation or waiver submission each coverage period.

How do I Waive?

UH-Main International students with "F" or "J" visa status may request a waiver of coverage based on the UHS waiver criteria. You must go online to uh.myahpcare.com and complete the online waiver by the deadline dates each semester. **The waiver deadline date for Fall is September 5, 2018, the Spring deadline is January 30, 2019, the Summer 1 deadline is June, 6 2019 and the Summer 2 deadline is July 11, 2019.**

Please view the complete brochure on-line at uh.myahpcare.com for full details of participation in the plan.

Additional Benefits

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



1-855-824-9683



uh.myahpcare.com



@ahpcare



Academic HealthPlans



@ahpcare



University of Houston-Main 2018-2019 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	UH Health Center	Network Provider	Non-Network Provider
	<i>Deductible waived</i>	<i>Payments are based on the PPO Allowance Deductible applies unless noted below</i>	<i>Payments are based on the Usual and Customary Charges Deductible applies unless noted below</i>
Hospital Room and Board Expense	N/A	80%	60%
Surgery	100%	80%	60%
In-Office Physician Fees	100%	100% after a \$35 Copayment per visit Deductible waived	60%
Diagnostic X-ray Services	N/A	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%
Routine Eye Exam (age 19 and over; one per benefit period)	100% Eye Institute at UH-MAIN ONLY	100% after a \$35 Copayment per visit Deductible waived	60%

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

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual Domestic Students Only 09/01/2018 through 08/31/2019	Fall New Students 08/01/2018 through 12/31/2018	Fall Returning Students 09/01/2018 through 12/31/2018	Spring/Summer All Students 01/01/2019 through 08/31/2019	Summer New International Students and All Domestic Students 06/01/2019 through 08/31/2019
Open Enrollment	07/13/2018 through 09/14/2018	07/13/2018 through 09/14/2018	07/13/2018 through 09/14/2018	11/30/2018 through 02/01/2019	05/01/2019 through 06/28/2019
Student	\$ 2,340	\$ 981	\$ 783	\$ 1,557	\$ 590

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