

# University of Houston-Main 2019-2020 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](http://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](http://uh.myahpcare.com) and complete the online waiver by the deadline dates each semester. **The waiver deadline date for Fall is September 4, 2019, the Spring deadline is January 29, 2020, the Summer Terms 1, 2 and 3 deadline is June 4, 2020 and the Summer Term 4 deadline is July 9, 2020.**

Please view the complete brochure on-line at [uh.myahpcare.com](http://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



[uh.myahpcare.com](http://uh.myahpcare.com)



[support@ahpcare.com](mailto:support@ahpcare.com)



1-855-824-9683

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

### DOMESTIC/VOLUNTARY ENROLLMENT

| Coverage Periods | Annual<br>09/01/2019 through<br>08/31/2020 | Fall<br>09/01/2019 through<br>12/31/2019 | Spring/Summer<br>01/01/2020 through<br>08/31/2020 | Summer Only<br>06/01/2020 through<br>08/31/2020 |
|------------------|--|--|---|---|
| Open Enrollment  | 07/22/2019 through<br>09/20/2019           | 07/22/2019 through<br>09/20/2019         | 12/16/2019 through<br>02/14/2020                  | 05/01/2020 through<br>06/26/2020                |
| Student          | \$ 2,590                                   | \$ 864                                   | \$ 1,726  | \$ 651  |

### INTERNATIONAL MANDATORY ENROLLMENT ACTIVATION AND WAIVER

| Coverage Periods  | New Fall<br>08/01/2019 through<br>12/31/2019 | Renewing Fall<br>09/01/2019 through<br>12/31/2019 | Spring/Summer<br>01/01/2020 through<br>08/31/2020 | Summer Only<br>06/01/2020 through 08/31/2020   |
|-------------------|--|---|---|--|
| Activation/Waiver | 07/22/2019 through<br>09/04/2019             | 07/22/2019 through<br>09/04/2019                  | 12/16/2019 through<br>01/29/2020                  | Summer Terms 1, 2 & 3<br>05/18/2020 through<br>06/04/2020<br>Summer Term 4<br>06/22/2020 through<br>07/09/2020 |
| Student           | \$ 1,085                                     | \$ 864  | \$ 1,726  | \$ 651   |

To view all enrollment and coverage periods available, please visit [uh.myahpcare.com](http://uh.myahpcare.com) or call Academic HealthPlans at 1-855-824-9683.

# University of Houston-Main 2019-2020 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<br>Non-Network Provider: \$ 700 per Insured Person, per Policy Year      |
| Individual Out-of-Pocket Maximum | Network Provider: \$ 7,900 per Insured Person, per Policy Year<br>Non-Network Provider: \$ 15,800 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<br/>Deductible applies unless noted below</i>  | <i>Payments are based on the Usual and Customary Changes<br/>Deductible applies unless noted below</i> |
| <b>Hospital Room and Board Expense</b>   | N/A   | 80% after a \$100 copayment   | 60% after a \$100 copayment  |
| <b>Surgery</b>   | 100%  | 80% after a \$100 copayment   | 60% after a \$100 copayment  |
| <b>In-Office Physician Fees</b>  | 100%  | 100% after a \$35 Copayment per visit<br>Deductible waived  | 60%  |
| <b>Diagnostic X-ray Services</b>   | N/A   | 80%   | 60%  |
| <b>Laboratory Procedures</b>   | 100%  | 80%   | 60%  |
| <b>Emergency Services Expense</b><br><i>Copayment waived if admitted<br/>(Deductible waived)</i>             | N/A   | 80% after a \$150 Copayment per visit   | 80% after a \$150 Copayment per visit  |
| <b>Prescription Drugs</b><br><i>(Deductible waived)</i><br><br><i>Up to a 31 day supply per prescription</i> | 100% after a<br>\$10 Copayment for Generic Drug<br>\$25 Copayment for Brand-Name Drug<br>\$70 Copayment for Non-Preferred Brand Name Drug | <b>At pharmacies contracting with UnitedHealthcare Pharmacy:</b><br>100% after a<br>\$20 Copayment per Tier 1<br>\$50 Copayment per Tier 2<br>\$70 Copayment per Tier 3<br>When Specialty Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail Copayment (up to 50% of the prescription drug charge). | 100% after a<br>\$20 Copayment per Generic Drug<br>\$50 Copayment per Brand Name Drug                  |
| <b>Preventive Care Services*</b>   | 100%  | 100%<br>Deductible waived   | 60%  |
| <b>Routine Eye Exam</b> (age 19 and over; one per benefit period)  | 100%<br>Eye Institute at UH-MAIN ONLY   | 100% after a \$35 Copayment per visit<br>Deductible waived  | 60%  |

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [uh.myahpcare.com](http://uh.myahpcare.com).