



UNIVERSITY OF ARKANSAS

2022 - 2023 | INTERNATIONAL

Administered by **Academic HealthPlans**

ELIGIBILITY

Full time Graduate Assistants and Teaching Assistants are automatically given the opportunity to “ACCEPT” insurance each semester on their student account in Student Center in UA Connect. The University pays for 66.6% of the cost of insurance as a fringe benefit for 12 months.

All other Graduate and Undergraduate International students are charged for health insurance on their student account each semester. You are required to pay the insurance fee unless proof of comparable insurance coverage is furnished and approved. The deadline to submit proof of other health insurance is [September 26, 2022](#). In order to receive a qualifying waiver, you must go to uark.myahpcare.com and click on the waiver tab to complete the on-line waiver. The guidelines to qualify for a waiver are also posted at this website.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

The deadline to add dependents for Fall is [September 26, 2022](#) and for Spring/Summer is [February 27, 2023](#).

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

DENTAL & VISION COVERAGE

As an undergraduate or graduate student at The University of Arkansas, you may choose to enroll in the Voluntary Dental PPO offered through Cigna, an internationally recognized medical, life and dental plan provider. You do not need to be a participant in the Medical Student Health Insurance Plan to participate in this dental plan. Visit uark.myahpcare.com/dentalvisionbenefits to view cost, open enrollment dates and benefits.

ADDITIONAL BENEFITS

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

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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. The PPO network is **UnitedHealthcare Options PPO**.

Pat Walker Health Center: The Deductible will be waived and benefits will be paid at 100% of billed charges when treatment is rendered at the PWHC. Laboratory tests and procedures that are completed and analyzed at the PWHC will be paid at 100%. Any tests sent to a reference laboratory are subject to the Policy Deductible and Coinsurance. Children are not eligible to be seen at the PWHC. There is a \$20 copay for an office visit at the health center.

MAXIMUMS & DEDUCTIBLES

| | |
|---|-----------|
| Benefit Maximum per Member, per Policy Year | Unlimited |
|---|-----------|

| | |
|--|-------|
| Deductible Per Insured Person, per Policy Year | \$300 |
|--|-------|

| | |
|--|---------|
| Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year | \$8,700 |
|--|---------|

| | |
|---|----------|
| Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year | \$17,400 |
|---|----------|

COVERAGE & COSTS

| | |
|-------------|---------------------|
| Fall | 08/01/22 - 12/31/22 |
|-------------|---------------------|

| | |
|------------------------|---------------------|
| Open Enrollment | 06/01/22 - 09/26/22 |
|------------------------|---------------------|

| | |
|---------|-------|
| Student | \$988 |
|---------|-------|

| | |
|--------|-------|
| Spouse | \$988 |
|--------|-------|

| | |
|-------|-------|
| Child | \$988 |
|-------|-------|

| | |
|----------------------|---------|
| Two or More Children | \$1,976 |
|----------------------|---------|

| | |
|---------------|---------------------|
| Spring | 01/01/23 - 05/15/23 |
|---------------|---------------------|

| | |
|------------------------|---------------------|
| Open Enrollment | 12/05/22 - 02/27/23 |
|------------------------|---------------------|

| | |
|---------|-------|
| Student | \$872 |
|---------|-------|

| | |
|--------|-------|
| Spouse | \$872 |
|--------|-------|

| | |
|-------|-------|
| Child | \$872 |
|-------|-------|

| | |
|----------------------|---------|
| Two or More Children | \$1,744 |
|----------------------|---------|

| | |
|----------------------|---------------------|
| Spring/Summer | 01/01/23 - 07/31/23 |
|----------------------|---------------------|

| | |
|------------------------|---------------------|
| Open Enrollment | 12/05/22 - 02/27/23 |
|------------------------|---------------------|

| | |
|---------|---------|
| Student | \$1,370 |
|---------|---------|

| | |
|--------|---------|
| Spouse | \$1,370 |
|--------|---------|

| | |
|-------|---------|
| Child | \$1,370 |
|-------|---------|

| | |
|----------------------|---------|
| Two or More Children | \$2,740 |
|----------------------|---------|

| | |
|---------------|---------------------|
| Summer | 05/16/23 - 07/31/23 |
|---------------|---------------------|

| | |
|------------------------|---------------------|
| Open Enrollment | 04/03/23 - 06/12/23 |
|------------------------|---------------------|

| | |
|---------|-------|
| Student | \$498 |
|---------|-------|

| | |
|--------|-------|
| Spouse | \$498 |
|--------|-------|

| | |
|-------|-------|
| Child | \$498 |
|-------|-------|

| | |
|----------------------|-------|
| Two or More Children | \$996 |
|----------------------|-------|

BENEFITS (Deductible applies unless otherwise stated below)

| PREFERRED PROVIDER | OUT-OF-NETWORK PROVIDER |
|--------------------|-------------------------|
|--------------------|-------------------------|

Room and Board Expense

| | |
|-----|-----|
| 80% | 60% |
|-----|-----|

Inpatient/Outpatient Surgery

| | |
|-----|-----|
| 80% | 60% |
|-----|-----|

Physician's Visits

| | |
|-------------------------|-----|
| 100% after a \$45 Copay | 60% |
|-------------------------|-----|

Diagnostic X-Ray Services

| | |
|-----|-----|
| 80% | 60% |
|-----|-----|

Laboratory Procedures

| | |
|------------------------|-----|
| 80% after a \$30 Copay | 60% |
|------------------------|-----|

Medical Emergency Expenses (Copay waived if admitted)

| | |
|-------------------------|-------------------------|
| 80% after a \$250 Copay | 80% after a \$250 Copay |
|-------------------------|-------------------------|

Preventive Care Services

| | |
|-----------------------------|-----|
| 100% (deductible waived) | 75% |
|-----------------------------|-----|

Prescription Drugs, Deductible Waived

Up to a 31-Day Supply per Prescription

At pharmacies contracting
with UnitedHealthcare or
Collier Pharmacy

100% after:
Tier 1: \$15 Copay
Tier 2: \$30 Copay
Tier 3: \$45 Copay

No Benefits

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 uark.myahpcare.com.