

# University of Arkansas Voluntary Student Health Insurance Plan 2023-2024



## What's Included?

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

## More Information

For full details of participation in the plan, please view the complete brochure online at: [uark.myahpcare.com](http://uark.myahpcare.com)

## Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

## Insurance ID Card

To access your ID card, please visit [uark.myahpcare.com/additionalresources](http://uark.myahpcare.com/additionalresources)

\*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, Inc. (AHP).

## 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 registered Undergraduates enrolled in at least six (6) credit hours, Graduate students enrolled in at least one (1) credit hour and visiting scholars and OPT (Optional Practical Training) are eligible to enroll in this insurance plan.

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, 2023 and for Spring/Summer is February 27, 2024.

## 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](http://uark.myahpcare.com/dentalvisionbenefits) to view cost, open enrollment dates and benefits.

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 \$35 copay for an office visit at the health center.

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](http://uark.myahpcare.com).

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

## Benefits

*(Deductible applies unless otherwise stated below)*

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Member, per Policy Year		Unlimited
Deductible Per Insured Person, per Policy Year	\$500	\$1,000
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
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

## Coverage & Cost

	Fall 08/01/23 - 12/31/23	Spring 01/01/24 - 05/15/24	Spring/Summer 01/01/24 - 07/31/24	Summer 05/16/24 - 07/31/24
Open Enrollment	06/01/23 - 09/26/23	12/05/23 - 02/27/24	12/05/23 - 02/27/24	04/03/24 - 06/12/24
Student	\$1,607	\$1,429	\$2,239	\$810
Spouse	\$1,607	\$1,429	\$2,239	\$810
Child	\$1,607	\$1,429	\$2,239	\$810
Two or More Children	\$3,214	\$2,858	\$4,478	\$1,620