

University of Arkansas - Voluntary Students Student Health Insurance Plan



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 14, 2021 and for Spring/Summer is February 15, 2022.

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

Dental and 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.

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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.

BENEFIT MAXIMUMS & DEDUCTIBLES	PREFERRED PROVIDER
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	\$ 7,900
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year	\$ 15,800

BENEFIT CATEGORY <i>deductible applies unless otherwise stated below</i>	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Room and Board Expense	80%	70%
Inpatient/Outpatient Surgery	80%	70%
Physician's Visits	100% after a \$45 Copay	70%
Diagnostic X-ray Services	80%	70%
Laboratory Procedures	80% after a \$30 Copay	70%
Medical Emergency Expenses (Copay will be waived if admitted to the Hospital)	80% after a \$150 Copay	80% after a \$150 Copay
Prescription Drugs <i>Up to a 31 day supply per prescription (Deductible waived)</i>	At pharmacies contracting with UnitedHealthcare or Collier Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$30 Copay Tier 3: \$45 Copay	No Benefits
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% (Deductible waived)	75%

VOLUNTARY PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods	Fall 08/01/2021 through 12/31/2021	Spring 01/01/2022 through 05/15/2022	Spring/Summer 01/01/2022 through 07/31/2022	Summer 05/16/2022 through 07/31/2022
Open Enrollment	06/01/2021 through 09/14/2021	12/03/2021 through 02/15/2022	12/03/2021 through 02/15/2022	04/01/2022 through 06/14/2022
Student	\$ 1,148	\$ 1,013	\$ 1,591	\$ 578
Spouse	\$ 1,148	\$ 1,013	\$ 1,591	\$ 578
Child	\$ 1,148	\$ 1,013	\$ 1,591	\$ 578
Two or More Children	\$ 2,296	\$ 2,026	\$ 3,182	\$ 1,156

To view all enrollment and coverage periods available, please visit uark.myahpcare.com.

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.