

University of Arkansas 2020-2021

# 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 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 25, 2020](#). In order to receive a qualifying waiver, you must go to [uark.myahpcare.com](http://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.

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, 2020 and for Spring/Summer is February 15, 2021.**

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

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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	
Benefit Maximum	Unlimited, per Member, per Policy Year
Deductible	\$300 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$7,900 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$15,800 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY <i>deductible applies unless otherwise stated below</i>	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Hospital Room and Board Expense	80%	70%
Inpatient/Outpatient Surgery	80%	70%
In-Office Physician Fees	100% after a \$45 Copay per visit (Subject to deductible)	70%
Diagnostic X-ray Services	80%	70%
Laboratory Procedures \$30 Copay per visit	80%	70%
Emergency Services Expense (Copay will be waived if admitted to the Hospital)	80% after a \$150 Copayment per visit (Copay is in addition to the Policy Deductible)	
Prescription Drugs <i>Up to a 31 day supply per prescription</i> (Deductible waived)	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 100% after a \$15 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$45 Copay per prescription for Tier 3	No Benefits
Preventive Care Services <a href="#">For more information, please visit <i>healthcare.gov/preventive-care-benefits/</i></a>	100% (Deductible waived)	75%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Annual 08/01/2020 through 07/31/2021	Fall 08/01/2020 through 12/31/2020	Spring 01/01/2021 through 05/15/2021	Spring/Summer 01/01/2021 through 07/31/2021	Summer 05/16/2021 through 07/31/2021
<b>Open Enrollment</b>	06/15/2020 through 09/14/2021	06/15/2020 through 09/14/2021	12/03/20 through 05/15/2021	12/03/2020 through 02/15/2021	04/02/2021 through 06/14/2021
Student	\$ 2,235	\$ 936	\$ 827	\$ 1,299	\$ 471
Spouse	\$ 2,235	\$ 936	\$ 827	\$ 1,299	\$ 471
Child	\$ 2,235	\$ 936	\$ 827	\$ 1,299	\$ 471
Two or More Children	\$ 4,470	\$ 1,872	\$ 1,654	\$ 2,598	\$ 942

To view all enrollment and coverage periods available, please visit [uark.myahpcare.com](http://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](http://uark.myahpcare.com).