



## **UH ENDORSED STUDENT HEALTH INSURANCE PLAN**

The **STUDENT HEALTH INSURANCE PLAN** is endorsed by and designed especially for the University of Houston and meets the current requirements of the Patient Protection and Affordable Care Act.

**Fall 2014 coverage period: August 25, 2014 – January 19 2015**

**Spring/Summer 2015 coverage period: January 20, 2015 – August 24, 2015.**

Health insurance plans that go into effect after January 1, 2014 are in compliance with the Affordable Care Act if you are insured for at least 9 months out of the year (<https://www.healthcare.gov/exemptions/>).

Domestic students, who are enrolled in at least six (6) credit hours during the Fall and Spring semesters (three (3) credit hours for Summer), are eligible to purchase the University endorsed policy. Domestic students may enroll in the UH endorsed Student Health Insurance Plan now through September 24, 2014 for the Fall 2014 coverage period.

International Students, who are carrying credit hours will be automatically enrolled and charged for health insurance each semester to satisfy the University policy regarding maintaining acceptable health insurance coverage.

**[www.uh.edu/healthcenter](http://www.uh.edu/healthcenter)**



**University of Houston (Main Campus)**  
**2014-2015 Student Health Insurance Plan Overview**  
**Administrator Policy Number: CHH9073445 Underwriter Reference Number: CAS9497195**

**Who Is Eligible for coverage under the University of Houston Student Health Insurance Plan ("the Plan")?**

**Domestic students** attending UH – Main Campus who are enrolled for 6 or more credit hours (3 for summer session) are eligible to enroll for coverage under the Plan and may enroll online at [www.studentinsurance.com/Schools/TX/UH](http://www.studentinsurance.com/Schools/TX/UH) prior to the enrollment deadlines posted online at [www.studentinsurance.com/Schools/TX/UH](http://www.studentinsurance.com/Schools/TX/UH).

**Non-Immigrant International Students** who are enrolled in any amount of credit hours will be automatically enrolled in and billed each semester for coverage under the Plan unless a request for a waiver of coverage has been submitted and approved by the waiver deadline. Waiver procedures and deadline information are available at: [www.uh.edu/healthcenter](http://www.uh.edu/healthcenter) and [www.studentinsurance.com/Schools/TX/UH/](http://www.studentinsurance.com/Schools/TX/UH/).

\*Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company").

**Important Provisions**

**1. Special Health Center Benefits:**

In order to receive the highest level of benefits under this Plan, students should use the resources of the UH Health Center. In the event of a covered Accident or Sickness, the Plan will pay 100% of the Eligible Expenses incurred (subject to any applicable copay amount). Services include: (1) Labs and X-ray examinations; (2) Prescription drugs (routinely stocked by UH Health Center). Each prescription or refill (limited to a 30-day supply) is subject to: \$25 copayment for brand name drug, \$15 copayment for generic drug (or the usual price, whichever is lower); (3) Supplies; (4) Doctor's fees; and (5) Preventive Services mandated by The Patient Protection and Affordable Care Act.

**2. Preferred Provider Network:**

**Private Healthcare Systems ("PHCS"):** In order to maximize the benefits offered under this Plan, the Covered Person should seek treatment from the PHCS Preferred Provider Network. PHCS consists of hospitals, doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. A listing of participants is available by calling (888) 560-7427 or through the University of Houston's personalized webpage at [www.studentinsurance.com/Schools/TX/UH](http://www.studentinsurance.com/Schools/TX/UH).

**OPTIONAL DENTAL TREATMENT EXPENSE** – available to students at initial enrollment in the Student Health Insurance Plan (additional premium required). You may view a detailed description of the Optional Dental Treatment Expense benefits, exclusions and limitations in the Student Health Insurance Plan brochure available at [www.studentinsurance.com/Schools/TX/UH](http://www.studentinsurance.com/Schools/TX/UH).

**Brief Overview of Health Insurance Benefits Basic Plan**

Aggregate Maximum Benefit per Policy Year: Unlimited

<b>DEDUCTIBLE AMOUNT:</b> (Deductibles do not apply to eligible expenses incurred at the UH Health Center)	<b>Outpatient per policy year:</b> <b>In Network:</b> \$250 <b>Out of Network:</b> \$250 <b>Inpatient per confinement:</b> <b>In Network:</b> \$150 <b>Out of Network:</b> \$250
<b>OUT OF POCKET LIMITATION PER COVERED PERSON</b>	<b>In Network:</b> \$6,350/ <b>Out of Network:</b> \$6,350 The Out-of-Pocket Limit is reached when the amount of eligible expenses incurred by the covered person during the policy Year for which no benefits are payable due to Covered Percentages less than 100%. The Out-of-Pocket Limit does not include charges in excess of Reasonable and Customary; expenses incurred for prescription drugs; charges in excess of any specified maximum or charges incurred for any services not covered under this Policy.
<b>COVERED PERCENTAGE (UNLESS OTHERWISE STATED)</b> (When services are rendered at UH Health Center, eligible expenses will be payable at 100%)	<b>Inpatient:</b> <b>In Network:</b> 80% of Allowable Charges (AC) <b>Out of Network:</b> 60% of Reasonable and Customary Charges (R&C) <b>Outpatient:</b> <b>In Network:</b> 80% of Allowable Charges (AC) <b>Out of Network:</b> 80% of Reasonable and Customary Charges (R&C)
<b>PRESCRIPTION DRUGS</b> (Copays are per prescription – limited to a 30 day supply)	<b>UH Health Center - Copay:</b> Generic: \$15/Brand Name: \$25 <b>Outside UH Health Center - Copay:</b> Generic: \$20/Brand Name: \$50 or 50% covered percentage, whichever is higher
<b>HOSPITAL EMERGENCY ROOM, SUBJECT TO A \$100 COPAY PER VISIT</b>	<b>In Network:</b> 80% of AC <b>Out of Network:</b> 80% of R&C
<b>SURGICAL EXPENSE (Inpatient or Outpatient)</b>	<b>In Network:</b> 80% of AC <b>Out of Network:</b> 80% of R&C
<b>PREVENTIVE SERVICES MANDATED BY PATIENT PROTECTION AND AFFORDABLE CARE ACT</b>	100% of Eligible Expenses, not subject to deductibles, copays or coinsurance when services are rendered at UH Health Center or In Network. No benefits will be payable for services rendered Out of Network.
<b>You may view a detailed description of insurance benefits, exclusions and limitations in the Student Health Insurance Plan brochure available at <a href="http://www.studentinsurance.com/Schools/TX/UH">www.studentinsurance.com/Schools/TX/UH</a>.</b>	

## Cost by Coverage Period

TYPE OF COVERAGE	ANNUAL *8/25/14-8/24/15	FALL *8/25/14-1/19/15	SPRING/SUMMER 1/20/15 -8/24/15	Summer Only (new students only) 6/1/15 – 8/24/15
Basic Plan	\$1481	\$740	\$741	\$370
Medical Evacuation/ Repatriation	\$10	\$5	\$5	\$2
Optional Dental Treatment Expense (additional premium required) Premium per Policy Year or any part thereof, no pro-ration	\$391			

*\*8/13/14 for newly eligible International students and 8/26/14 for students maintaining continuous coverage.  
Rates include an administrative fee for Fall and Spring/Summer semesters to be retained by the University.*

## EXCLUSIONS, REDUCTIONS & LIMITATIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, except as provided elsewhere in the Policy.
2. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such except as specifically provided; radial keratotomy or laser surgery; or hearing aids; except as required for repair caused by a covered Injury.
3. as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
4. for injury or sickness resulting from war or act of war, declared or undeclared.
5. as a result of an injury or sickness for which the covered person is entitled to benefits under any Workers' Compensation or Occupational Disease Law.
6. as a result of injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
7. for treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. for cosmetic surgery. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
9. for preventive treatment, testing, immunizations, injections, medicines, serums, vaccines, vitamins or anti-toxins except as specifically provided in the Policy. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
10. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.
11. for elective treatment or elective surgery or complications arising therefrom.
12. after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision in the Policy.
13. for any services rendered by a covered person's immediate family member,

14. except this exclusion will not apply to the covered person's choice of a licensed dentist.
15. for any treatment, service or supply which is not medically necessary.
16. as a result of suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury. This exclusion does not apply to repatriation of remains coverage or medical evacuation coverage.
17. for injury caused by, contributed to or resulting from the covered person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage of or for the purpose as prescribed by the covered person's doctor.
18. for surgery and/or treatment of acupuncture; biofeedback-type services; breast reduction unless Medically Necessary following a mastectomy; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or unless due to Injury occurring while coverage is in force; family planning except as specifically provided; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; impotence, organic or otherwise; learning disabilities; premarital examinations; vasectomy; hyperhidrosis; and weight reduction. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
19. for routine medical care, physical examinations, health examinations or preschool physical examinations. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
20. for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
21. for injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles).
22. for voluntary or elective abortions.
23. for injury resulting from: the practicing for, participating in interscholastic, professional and semi-professional sports.
24. for injury resulting from fighting, except in self-defense.
25. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complication resulting from weight loss treatments or procedures.
26. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a medically necessary mastectomy.
27. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
28. for botox injections.
29. for electro-medicine, including nerve stimulation.
30. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

## LIMITATIONS AND REDUCTIONS

1. **Coordination of Benefits**—The Policy will coordinate benefits with any valid collectible insurance or plan as outlined in the Master Policy, which is available at the UH Health Center.
2. **Right of Subrogation**—If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy.

This is only a brief description of the coverages available under policy series S30749NUFIC-PPO-TX. The Policy contains definitions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy on file with the University. If there is any conflict between this document and the Policy, the Policy shall govern. Insurance Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY.