

Sam Houston State University 2017-2018 Student Health Insurance Plan

Eligibility

All registered **Domestic students** taking six (6) or more credit hours (three (3) or more during summer sessions) are eligible to participate in the plan. **Distance Learning students** taking six (6) or more credit hours with at least three (3) or more credit hours on-campus credit courses and paying the Student Health Center fee are eligible to enroll in the plan.

Visit the website shsu.myahpcare.com to enroll or renew your coverage online or to print and mail an enrollment form. For additional information, contact Student Health Services at (936) 294-1805.

You can go to your school's website, and

- Purchase the school policy

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to shsu.myahpcare.com.


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



Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

 shsu.myahpcare.com

 1-855-370-7211

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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 Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Policy Year
Individual Deductible	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$ 1,500 for all insureds in a family, per Policy Year Non-Network Provider: \$ 3,000 for all insureds in a family, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$12,700 for all insureds in a family, per Policy Year Non-Network Provider: \$25,400 for all insureds in a family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgical Expense	80%	60%
In-Office Physician Fees	100% after \$30 Copayment per visit	60%
Diagnostic X-ray Services & Outpatient Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment-per visit	80%	80%
Prescription Drugs 31 day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copayment for Tier 1 \$40 Copayment for Tier 2 \$60 Copayment for Tier 3	60%
*Preventive Care Services	100%	60%

*For more information please visit healthcare.gov/preventive-care-benefits/

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2017 through 08/14/2018	Fall 08/15/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/14/2018	Summer 05/30/2018 through 08/14/2018
Open Enrollment	08/01/2017 through 09/15/2017	08/01/2017 through 09/15/2017	12/29/2017 through 01/30/2018	05/18/2018 through 06/12/2018
Student	\$2,424	\$ 925	\$1,499	\$ 513
Spouse	\$2,424	\$ 925	\$1,499	\$ 513
Child	\$2,424	\$ 925	\$ 1,499	\$ 513

To view all enrollment and coverage periods available, please visit shsu.myahpcare.com or call Academic HealthPlans at 1-855-370-7211.