

UTHSC-H Auxiliary Enterprises  
713/500-8400  
Student Health Insurance Fee

To waive this fee, you are required to show proof of current health insurance coverage through another provider by completing the information on the web address below before the twelfth day of class for the Fall semester of every academic year.

[http://ae.uth.tmc.edu/info/Student\\_InsForm.html](http://ae.uth.tmc.edu/info/Student_InsForm.html)

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United Healthcare

[www.uhcsr.com](http://www.uhcsr.com)

Rates as of 2009-2010 school year

Student - \$1,100 Spouse - \$3,203 Children - \$1,730

PPO plan - \$300 deductible

In Network Doctors and Hospitals 80% 20%

Out of Network Doctors and Hospitals 60% 40%

\$100,000/injury or illness per policy year

Covers 100% after the insurance company has paid out \$10,000 up to maximum benefit

Prescription Plan \$1,000

(Pay for prescriptions, submit receipts, reimbursed the difference of \$15 brand name and \$10 generic.)

Allergy testing and treatment is covered up to \$500 per policy a year with a \$25 co-pay for allergy testing.

**OPTIONAL SERVICES**

Dental and/or Vision 800-860-8773

**STUDENT HEALTH CLINIC**

Deductible waived at the Student Health Clinic (713-500-5171)

Deductible and pre-existing conditions waived at the Student Health Clinic or if referred to other UT clinics such as Dermatology

Major Medical - \$592 coverage of an additional \$400,000 for a total of \$500,000 / injury or illness per policy year

Provider list UnitedHealthcare Options PPO 888-344-6105 [www.uhcsr.com](http://www.uhcsr.com)