

Texas Woman's University 2017-2018 Student Health Insurance Plan

Eligibility

Undergraduate students taking six (6) or more credit hours (three (3) hours in the summer) and graduate students taking three (3) or more credit hours are eligible to enroll in the Student Health Insurance Plan.

All J-1 and F-1 Visa students are automatically enrolled in the benefits of this insurance plan at registration and the premium for coverage is added to their tuition fees.

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

twu.myahpcare.com.

Denton, Dallas & Houston Campus Health Partners

Deductible is waived; covered Sickness/Injury paid at 80%; preventative at 100%

TWU Student Health Services

303 Administration Dr.
Denton, TX 76204
940-898-3826

Medical Clinic of North Texas

7515 Greenville Ave., #600
Dallas, TX 75231
214-361-5432

Concentra Medical Clinic

2920 N. Stemmons Fwy.
Dallas, TX 75247
214-630-2331

University of Texas Health Services (UTHS)



7000 Fannin St., #1620
Houston, TX 77030
713-500-3267



Additional Benefits

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

Additional Information

 twu.myahpcare.com
 1-855-357-0245

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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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

STUDENT HEALTH CENTER:

The deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

DENTON STUDENT HEALTH SERVICES:

The Policy Deductible will be waived and the following Copayments will apply for Covered Medical Expenses incurred at the Denton SHS: Office Visits - \$8 Copayment, Laboratory Services and Procedures - \$10 Copayment.

DALLAS AND HOUSTON LOCATIONS:

The Policy Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred at the Dallas and Houston locations.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Member, per Policy Year
Individual Deductible	In-Network Provider: \$500 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
Family Deductible	In-Network Provider: \$1,500 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$3,000 for all Insureds in a Family, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$7,150 per Insured Person, per Policy Year Out-of-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$14,300 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$25,400 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copay per visit (The Copay will be waived if admitted to the Hospital)	80%	80%
Prescription Drugs up to a 31 day supply	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$20 Copayment per prescription Tier 1 \$40 Copayment per prescription Tier 2 \$60 Copayment per prescription Tier 3	600% after a \$20 Copayment per generic drug \$40 Copayment per brand name drug
Preventive Care Services For more information please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60%

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual (Domestic Only) 08/17/2017 through 08/16/2018	Fall 08/17/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/16/2018	Summer 06/01/2018 through 08/16/2018
Open Enrollment	06/30/2017 through 09/15/2017	06/30/2017 through 09/15/2017	11/15/2017 through 01/31/2018	04/13/2018 through 06/29/2018
Student	\$3,826	\$1,437	\$2,389	\$808
Spouse	\$3,826	\$1,437	\$2,389	\$808
Child	\$3,826	\$1,437	\$2,389	\$808

To view all enrollment and coverage periods available, please visit twu.myahpcare.com or call Academic HealthPlans at 1-855-850-4298.