

# University of Dallas 2017-2018 Student Health Insurance Plan

## Eligibility

All degree-seeking undergraduate taking 12 or more credit hours will be automatically enrolled in the University of Dallas Student Health Insurance Plan unless proof of comparable coverage is furnished. Domestic seminary students, domestic Braniff graduate students, undergraduate students taking less than 12 credit hours, online students, students attending University of Dallas at Distance Learning Centers, or taking home study or correspondence courses are NOT eligible to enroll in this Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

Dependent Eligibility expires concurrently with that of the Insured student.

Please view the complete brochure on-line at [udallas.myahpcare.com](http://udallas.myahpcare.com) for full details of participation in the plan.



## Additional Benefits

- Access to Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

## Additional Information

- [udallas.myahpcare.com](http://udallas.myahpcare.com)
- 1-855-824-9682



# University of Dallas 2017-2018 Student Health Insurance Plan

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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b> ( <i>deductible is waived for services at the Student Health Center and applicable Preventive Care Services</i> )	Network Provider: \$ 300 per Insured Person, per Policy Year Non-Network Provider: \$ 600 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 6,850 per Insured Person, per Policy Year Non-Network Provider: \$ 12,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$ 13,700 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>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>In-Office Physician Fees</b> \$30 Copayment per visit Policy Deductible waived	100%	100%
<b>Diagnostic X-ray Services</b>	80%	60%
<b>Laboratory Procedures</b>	80% after a \$40 Copayment	60%
<b>Emergency Services Expense</b> \$150 Copayment per visit	80%	80%
<b>Prescription Drugs</b> 31 day supply per prescription	<b>At pharmacies contracting with Optum RX®</b> 100% after a \$15 Copayment per Tier 1 \$30 Copayment per Tier 2 \$45 Copayment per Tier 3	60% after a \$15 Copayment per Generic Drug \$30 Copayment per Brand Name Drug
<b>Preventive Care Services</b>	100%	70%

## 2017-2018 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual	Spring/Summer
	08/15/2017 through 08/14/2018	01/01/2018 through 08/14/2018
<b>Student</b>	\$ 1,696	\$ 1,049
<b>Spouse</b>	\$ 1,696	\$ 1,049
<b>Child</b>	\$ 1,696	\$ 1,049

To view all enrollment and coverage periods available, please visit [udallas.myahpcare.com](http://udallas.myahpcare.com) or call Academic HealthPlans at 1-855-824-9682.