

Texas Wesleyan 2017-2018 Student Health Insurance Plan - International



Eligibility

All international students are required to enroll in the plan or provide proof of comparable insurance to Academic HealthPlans.

If you do not waive coverage by the published date, you will be enrolled automatically in the Texas Wesleyan Student Health Insurance Plan and the premium will be charged to your student account. No changes will be made to a student's account after the waiver deadlines, **September 8, 2017** for the fall and **February 2, 2018** for the Spring.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account.

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

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 txwes.myahpcare.com
- ☎ 1-855-922-7326

Texas Wesleyan University 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 PPO.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	Network Provider: \$ 125 per Insured Person, per Policy Year Non-Network Provider: \$ 250 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 5,500 per Insured Person, per Policy Year Non-Network Provider: Unlimited, per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$ 11,000 for all Insureds in a Family, per Policy Year Non-Network Provider: Unlimited, 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 the Usual and Customary Changes</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees \$30 Copayment per visit (deductible waived)	100%	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment per visit	80%	80%
Prescription Drugs Up to 31-day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	\$30 Copayment per prescription generic drug \$50 Copayment per prescription brand-name drug
*Preventive Care Services	100%	60%

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

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

International Coverage Periods	Annual	Spring/Summer
	08/01/2017 through 07/31/2018	01/01/2018 through 07/31/2018
Open Enrollment	07/17/2017 through 09/08/2017	12/11/2017 through 02/02/2018
Student	\$ 1,396	\$ 810
Spouse	\$ 1,396	\$ 810
Child	\$ 1,396	\$ 810

To view all enrollment and coverage periods available, please visit txwes.myahpcare.com or call Academic HealthPlans at 1-855-922-7326.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.