

All registered domestic students residing in DBU housing, and all registered students who participate in intercollegiate sports (including student managers) are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

All distance learning students taking internet classes registered for six (6) or more credit hours are eligible to enroll in this insurance plan.

All other registered students taking six (6) or more credit hours are eligible to enroll in this insurance plan.

The online requirement is waived for the eligible distance learning students. All registered international (non-immigrant) students are automatically enrolled in Student Health insurance plan, unless covered by a government sponsored plan.

Please view the complete brochure online at dbu.myahpcare.com for full details of participation in the plan.

### WHAT'S INCLUDED

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Access to Optional Dental and Vision Discounts
- · Coverage when traveling
- Academic Emergency Services\*

# Dallas Baptist University 2022-2023

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.** 

**Student Health Center Benefits:** The deductible will be waived when treatment is rendered at Methodist Family Health Center - South Grand Prairie.

### **BENEFIT MAXIMUMS & DEDUCTIBLES**

PREFERRED PROVIDER
Payments are based on the

OUT-OF-NETWORK PROVIDER

Payments are based on the Usual & Customary Charges

	PPO Allowance	Usuai & Customary Charges
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year (deductible must be met in order for provider coverage to initiate)	\$ 500	\$ 1,000
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 8,500	\$ 22,000

## BENEFITS (deductible applies unless otherwise stated below)

PREFERRED PROVIDER

OUT-OF-NETWORK PROVIDER

Payments are based on the PPO Allowance

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### Hospital Room and Board Expense

80% 60%

Inpatient/Outpatient Surgery

80% 60%

Physician's Visits

100% after a 60%

\$25 Copay per visit

Diagnostic X-Ray Services & Laboratory Procedures

80% 60%

**Medical Emergency Expenses** 

80% after a \$100 80% after a \$100 Copay per visit Copay per visit

**Preventive Care Services** 

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

100% (deductible waived) 60%

PREFERRED PROVIDER
Payments are based on the

PPO Allowance

Prescription Drugs, Deductible Waived

31 day supply per prescription

At pharmacies contracting with UnitedHealthcare Pharmacy

100% after a

Tier 1: \$25 Copay

Tier 2: \$50 Copay

Tier 3: \$75 Copay

60% after a

Generic: \$25 Copay

Brand-Name: \$50 Copay

Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for

reimbursement.

#### COVERAGE PERIOD & COST

Fall 08/01/22 - 12/31/22 Spring/Summer 01/01/23 - 07/31/23 Summer (New Students) 05/16/23 - 07/31/23

Enrollment Deadline 06/01/22 - 07/01/22 10/28/22 - 01/30/23 04/03/23 - 05/01/23

Student \$ 845.00 \$ 845.00 \$ 356.00

To view all enrollment and coverage periods available, please visit dbu.myahpcare.com.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approvedpolicy of insurance is accessible upon approval at dbu.myahpcare.com.