

Dallas Baptist University

# Student Coverage With Care 2025-2026

What's Included?



Access to
Optional Dental
Coverage



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)\*



Access to AcademicLiveCare (ALC)



Coverage when traveling



PPO is UnitedHealthcare Choice Plus



## Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com



### **Insurance ID Card**

To access your ID card, please visit dbu.myahpcare.com/additionalresources



## **Eligibility**

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.

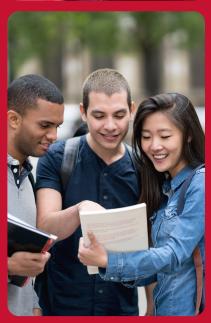
All other registered students taking six (6) or more credit hours are eligible to enroll in this insurance plan.

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.

For more information, visit dbu.myahpcare.com.







Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

### **Benefits**

(Deductible applies unless otherwise stated below)

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

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount		
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		
Room and Board Expense	80%	60%		
Inpatient/Outpatient Surgery	80%	60%		
Outpatient Physician's Visits	100% after a \$25 Copay per visit (Deductible waived)	60%		
Diagnostic X-Ray Services & Laboratory Procedures	80%	60%		
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	80% after a \$100 Copay per visit	80% after a \$100 Copay per visit		
Preventive Care Services For more information, please visit healthcare.gov/ preventive-care-benefits/	100% (Deductible waived)	60%		
Prescription Drugs,	At all and a second as			

At pharmacies contracting 31-day supply per prescription 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 Periods & Rates**

(Deductible waived)

	EARLY ARRIVAL FALL 07/15/2025 - 12/31/2025	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026	SUMMER (New Students) 05/16/2026 - 07/31/2026
Enrollment Periods	06/01/2025 - 06/30/2025	06/01/2025 - 09/12/2025	10/30/2025 - 01/31/2026	N/A
Student	\$962.00	\$1,032.50	\$1,032.50	\$436.00

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

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at dbu.myahpcare.com upon approval by federal and state authorities.