

# 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](http://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](http://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.

## 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

<b>Benefit Maximum</b>	Unlimited, per Member, per Policy Year
<b>Individual Deductible</b>	In-Network Provider: \$500 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
<b>Family Deductible</b>	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
<b>Individual Out-of-Pocket Maximum</b>	In-Network Provider: \$7,150 per Insured Person, per Policy Year Out-of-Network Provider: \$12,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	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
	<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>	80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> \$150 Copay per visit (The Copay will be waived if admitted to the Hospital)	80%	80%
<b>Prescription Drugs</b> up to a 31 day supply	<b>At pharmacies contracting with UnitedHealthcare Pharmacy:</b> 100% after a \$20 Copayment per prescription Tier 1 \$40 Copayment per prescription Tier 2 \$60 Copayment per prescription Tier 3	60% after a \$20 Copayment per generic drug \$40 Copayment per brand name drug
<b>Preventive Care Services</b> For more information please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	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
<b>Open Enrollment</b>	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
<b>Student</b>	\$3,826	\$1,437	\$2,389	\$808
<b>Spouse</b>	\$3,826	\$1,437	\$2,389	\$808
<b>Child</b>	\$3,826	\$1,437	\$2,389	\$808

To view all enrollment and coverage periods available, please visit [twu.myahpcare.com](http://twu.myahpcare.com) or call Academic HealthPlans at 1-855-357-0245.