

# Texas Woman's University 2019-2020 Student Health Insurance Plan



**Please note: There are changes to the credit hours required to enroll in the Plan.**






## Eligibility

Undergraduate students taking **nine (9) or more** credit hours (three (3) hours in the summer) and graduate students taking **six (6) 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.

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).

## Additional Information

-  [twu.myahpcare.com](http://twu.myahpcare.com)
-  1-855-357-0245
-  [support@ahpcare.com](mailto:support@ahpcare.com)
-  @ahpcare
-  Academic HealthPlans



# Texas Woman's University 2019-2020 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. 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

TWU Student Health Services  
604 Administration Drive, Ste. 120  
Denton, TX 76204  
940-898-3826

**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.

Concentra Medical Clinic 2920 N. Stemmons Fwy. Dallas, TX 75247 214-630-2331	University of Texas Health Services 7000 Fannin St., #1620 (UTHS) Houston, TX 77030 713-500-3267
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## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Member, per Policy Year
<b>Individual Deductible</b>	In-Network Provider: \$ 1,500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 3,000 per Insured Person, per Policy Year
<b>Family Deductible</b>	In-Network Provider: \$ 4,500 for all Insureds in a family, per Policy Year Out-of-Network Provider: \$ 9,000 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
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$250 Copay per visit (The Copay will be waived if admitted to the Hospital)	80%	80%
Prescription Drugs Up to a 31 day supply	At pharmacies contracting with UnitedHealthcare Pharmacy: 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
*Preventive Care Services	100% (Deductible waived)	60%

\*For more information, please visit [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits).

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/17/2019 through 08/16/2020	Fall 08/17/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 08/16/2020	Summer 06/01/2020 through 08/16/2020
<b>Open Enrollment</b>	06/28/2019 through 09/13/2019	06/28/2019 through 09/13/2019	11/15/2019 through 01/31/2020	04/13/2020 through 06/29/2020
<b>Student</b>	\$4,376	\$1,638	\$2,738	\$924
<b>Spouse</b>	\$4,376	\$1,638	\$2,738	\$924
<b>Child<sup>1</sup></b>	\$4,376	\$1,638	\$2,738	\$924

<sup>1</sup>The child rate is up to two children. The cost for two or more children will be two times the child rate.

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.