

Texas Woman's University 2020-2021 Student Health Insurance Plan



Eligibility

Undergraduate students taking nine (9) 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.

2020-2021 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/17/2020 - 12/31/2021	Spring/Summer 01/01/2021 - 08/16/2021	Summer 06/01/2021 - 08/16/2021
Open Enrollment	06/29/2020 - 09/14/2020	11/16/2020 - 02/01/2021	04/13/2021 - 06/29/2021
Student	\$1,840.00	\$3,060.00	\$1,034.00
Spouse	\$1,840.00	\$3,060.00	\$1,034.00
Child ¹	\$1,840.00	\$3,060.00	\$1,034.00

¹The 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.



**Academic
HealthPlans™**

AHP-OF(20) UHC-TWU

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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 & DALLAS STUDENT HEALTH SERVICES

The Policy Deductible will be waived and the following Copayments will apply for Covered Medical Expenses incurred at the Denton & Dallas Student Health Services:

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

Concentra Medical Clinic
2920 N. Stemmons Fwy.
Dallas, TX 75247
214-630-2331

HOUSTON LOCATIONS:

The Policy Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred at the Houston locations.

University of Texas Health Services
7000 Fannin St., #1620 (UTHS)
Houston, TX 77030
713-500-3267

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Member, per Policy Year	
Individual Deductible	Preferred Provider:	\$ 1,500 Per Insured Person, Per Policy Year
	Out-of-Network Provider:	\$ 3,000 Per Insured Person, Per Policy Year
Family Deductible	Preferred Provider:	\$ 3,000 for all Insured in a Family, Per Policy Year
	Out-of-Network Provider:	\$ 6,000 for all Insured in a Family, Per Policy Year
Individual Out-of-Pocket Maximum	Preferred Provider:	\$ 7,150 per Insured Person, per Policy Year
	Out-of-Network Provider:	\$ 12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Preferred 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 <i>deductible applies unless otherwise stated below</i>	Preferred Provider	Out-of-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%
Physician's Visits	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expense \$250 Copay per visit (The Copay will be waived if admitted to the Hospital)	80%	80%
Urgent Care Center	80%	60%
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 <i>Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at and out-of-network provider and must file a claim for reimbursement.</i>
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	60%

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 approved policy of insurance is accessible upon approval at twu.myahpcare.com.