



# A STUDENT HEALTH PLAN FOR YOU!

## AM I ELIGIBLE?

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.

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](https://twu.myahpcare.com).

## COVERAGE PERIOD & COST

Fall	08/17/22 - 12/31/22	Spring/Summer	01/01/23 - 08/16/23	Summer	06/01/23 - 08/16/23
Open Enrollment	07/21/22 - 09/14/22	Open Enrollment	12/15/22 - 02/01/23	Open Enrollment	04/13/23 - 06/29/23
Student	\$ 2,246	Student	\$ 3,738	Student	\$ 1,262
Spouse	\$ 2,246	Spouse	\$ 3,738	Spouse	\$ 1,262
Child <sup>1</sup>	\$ 2,246	Child <sup>1</sup>	\$ 3,738	Child <sup>1</sup>	\$ 1,262

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).  
To view all enrollment and coverage periods available, please visit [twu.myahpcare.com](https://twu.myahpcare.com).

## ADDITIONAL BENEFITS

- Access to a 24/7 Student Assistance Program
- Telehealth for physical and mental health
- Coverage when traveling
- Academic Emergency Services\*

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

## TEXAS WOMAN'S 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.**

### BENEFIT MAXIMUMS & DEDUCTIBLES

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year		Unlimited
<b>Individual Deductible</b> per Insured Person, per Policy Year	\$ 1,500	\$ 3,000
<b>Family Deductible</b> for all Insureds in a Family, per Policy Year	\$3,000	\$6,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 8,500	\$ 20,000
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, per Policy Year	\$ 17,000	N/A

### 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

### HOUSTON LOCATION

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

### BENEFITS Deductible waived unless otherwise stated below

PREFERRED PROVIDER <small>Payments are based on the PPO Allowance</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Usual &amp; Customary Charges</small>
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#### Room and Board Expense

80% 50%

#### Inpatient/Outpatient Surgery

80% 50%

#### Physician's Visits

80% 50%

#### Physiotherapy

80% 50%

#### Diagnostic X-ray Services & Laboratory Procedures

80% 50%

#### Medical Emergency Expenses

\$250 Copay per visit / deductible waived  
(The Copay will be waived if admitted to the Hospital)

80%

#### Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits/](https://healthcare.gov/preventive-care-benefits/)

100% deductible waived 50%

**Prescription Drugs**, deductible waived  
Up to 31-day supply per prescription

At pharmacies contracting with UnitedHealthcare Pharmacy

100% after a:

Tier 1: \$ 20 Copayment

Tier 2: \$ 60 Copayment

Tier 3: \$ 80%

100% after a:

Generic: \$20 Copayment

Brand Name: \$60 Copayment

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.