

Texas Woman's University Student Health Insurance Plan 2024-2025



What's Included?

- Access to Academic Student Assistance Program (ASAP)
- Telehealth solutions through AcademicLiveCare (ALC)
- Coverage when traveling
- Academic Emergency Services*

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.

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.

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
1 (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
1 (713) 500-3267

More Information

For full details of participation in the plan, please view the complete brochure online at: twu.myahpcare.com

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 twu.myahpcare.com/additionalresources

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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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.

The PPO network is UnitedHealthcare Choice Plus.

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.

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)

	PREFERRED PROVIDER Payments are based on Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Individual Deductible Per Insured Person, Per Policy Year	\$1,500	\$3,000
Family Deductible For all Insureds in a Family, Per Policy Year	\$3,000	\$6,000
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$8,500	\$20,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$17,000	N/A
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 Copay will be waived admitted (Deductible waived)	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	50%
Prescription Drugs Up to a 31 day supply per prescription (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$20 Copay Tier 2: \$60 Copay Tier 3: 20%	50% after a Generic: \$20 Copay Brand-Name: \$60 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 & Cost

	Fall 08/17/24 - 12/31/24	Spring/Summer 01/01/25 - 08/16/25	Summer 06/01/25 - 08/16/25
Open Enrollment	07/22/24 - 09/16/24	12/16/24 - 02/03/25	04/14/25 - 06/30/25
Student	\$2,306	\$3,838	\$1,296
Spouse	\$2,306	\$3,838	\$1,296
Child ¹	\$2,306	\$3,838	\$1,296

¹Coverage 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.