

# Texas Woman's University

## Student Health Insurance Plan

2025-2026



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

### Denton & Dallas Student Health Services

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

Office Visits: \$8 Copay

Laboratory Services and Procedures: \$10 Copay

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

For more information, visit [twu.myahpcare.com](https://twu.myahpcare.com).

### What's Included?

- Access to Academic Student Assistance Program (ASAP)
- Access to AcademicLiveCare (ALC)
- Access to Academic Emergency Services (AES)\*
- Coverage when traveling
- PPO is UnitedHealthcare Choice Plus

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [twu.myahpcare.com/additionalresources](https://twu.myahpcare.com/additionalresources)

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [twu.myahpcare.com](https://twu.myahpcare.com) upon approval by federal and state authorities.

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
<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
<b>Room and Board Expense</b>	80%	50%
<b>Inpatient/Outpatient Surgery</b>	80%	50%
<b>Physician's Visits</b>	80%	50%
<b>Physiotherapy</b>	80%	50%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	50%
<b>Medical Emergency Expenses</b> Copay will be waived if admitted (Deductible waived)	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
<b>Preventive Care Services</b> For more information, please visit: <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	100% (Deductible waived)	50%
<b>Prescription Drugs</b> 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% Coinsurance	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 & Rates

	FALL 08/17/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 08/16/2026	SUMMER 06/01/2026 - 08/16/2026
Open Enrollment	07/21/2025 - 09/09/2025	12/11/2025 - 01/27/2026	05/05/2026 - 06/30/2026
Student	\$2,356	\$3,920	\$1,324
Spouse	\$2,356	\$3,920	\$1,324
Child <sup>1</sup>	\$2,356	\$3,920	\$1,324

<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).