

Texas Wesleyan University - Domestic 2018-2019 Student Health Insurance Plan



Eligibility

All domestic undergraduate students taking at least six (6) or more credit hours (three (3) in the summer), all domestic graduate students taking three (3) or more credit hours, and all domestic Graduate Program of Nurse Anesthesia (GPNA) students taking at least one (1) credit hour are eligible to enroll in the Student Health Insurance Plan.

Please view the complete brochure on-line at txwes.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 txwes.myahpcare.com
- ☎ 1-855-922-7326
- 🐦 @ahpcare
- 🌐 Academic HealthPlans



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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 PPO.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	Network Provider: \$ 300 per Insured Person, per Policy Year Non-Network Provider: \$ 600 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 6,500 per Insured Person, per Policy Year Non-Network Provider: N/A
Family Out-of-Pocket Maximum	Network Provider: \$ 13,000 for all Insureds in a Family, per Policy Year Non-Network Provider: N/A

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Non- Participating Provider Member Responsibility</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees \$30 Copayment per visit (deductible waived)	100%	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment per visit	80%	80%
Prescription Drugs Up to 31-day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per prescription Tier 1 \$30 Copayment per prescription Tier 2 \$50 Copayment per prescription Tier 3	60% after a \$30 Copayment per prescription Generic drug \$50 Copayment per prescription Brand Name drug
*Preventive Care Services	100%	60%

*For more information, please visit www.healthcare.gov/preventive-care-benefits/.

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Annual 08/01/2018 through 07/31/2019	Fall 08/01/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 07/31/2019
Open Enrollment	07/02/2018 through 08/31/2018	07/02/2018 through 08/31/2018	11/20/2018 through 01/24/2019
Student	\$ 3,019.00	\$ 1,265.00	\$ 1,754.00
Spouse	\$ 3,019.00	\$ 1,265.00	\$ 1,754.00
Child ¹	\$ 3,019.00	\$ 1,265.00	\$ 1,754.00

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 twes.myahpcare.com or call Academic HealthPlans at 1-855-922-7326.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.