

# Texas Wesleyan University - Domestic 2019-2020 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](http://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](http://txwes.myahpcare.com)
- ☎ 1-855-922-7326
- ✉ [support@ahpcare.com](mailto:support@ahpcare.com)
- 🐦 @ahpcare
- 🌐 Academic HealthPlans



**Academic  
HealthPlans**<sup>SM</sup>

# Texas Wesleyan University - Domestic 2019-2020 Student Health Insurance Plan

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: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 8,000 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 \$50 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 <i>Up to 31-day supply per prescription</i>	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/](http://www.healthcare.gov/preventive-care-benefits/).

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2019 through 07/31/2020	Fall 08/01/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 07/31/2020
Open Enrollment	07/01/2019 through 08/30/2019	07/01/2019 through 08/30/2019	11/18/2019 through 01/24/2020
Student	\$ 3,094.00	\$ 1,293.00	\$ 1,801.00
Spouse	\$ 3,094.00	\$ 1,293.00	\$ 1,801.00
Child <sup>1</sup>	\$ 3,094.00	\$ 1,293.00	\$ 1,801.00

<sup>1</sup>The 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 [txwes.myahpcare.com](http://txwes.myahpcare.com) or call Academic HealthPlans at 1-855-922-7326.

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 [txwes.myahpcare.com](http://txwes.myahpcare.com).