

# Texas Wesleyan University - International 2018-2019 Student Health Insurance Plan



## Eligibility

All international students are required to enroll in the plan or provide proof of comparable insurance to Academic HealthPlans.

If you do not waive coverage by the published date, you will be enrolled automatically in the Texas Wesleyan Student Health Insurance Plan and the premium will be charged to your student account. No changes will be made to a student's account after the waiver deadlines, August 24, 2018 for the fall and January 17, 2019 for the Spring.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account.

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
- @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<br>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<br>Non-Network Provider: N/A                                      |
| Family Out-of-Pocket Maximum     | Network Provider: \$ 13,000 for all Insureds in a Family, per Policy Year<br>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<br><i>\$30 Copayment per visit (deductible waived)</i> | 100%  | 60%  |
| Physiotherapy   | 80%   | 60%  |
| Diagnostic X-ray Services & Laboratory Procedures                               | 80%   | 60%  |
| Emergency Services Expense<br><i>\$150 Copayment per visit</i>                  | 80%   | 80%  |
| Prescription Drugs<br><i>Up to 31-day supply per prescription</i>               | <b>At pharmacies contracting with UnitedHealthcare Pharmacy</b><br>100% after a<br>\$10 Copayment per prescription Tier 1<br>\$30 Copayment per prescription Tier 2<br>\$50 Copayment per prescription Tier 3 | 60% after a<br>\$30 Copayment per prescription Generic drug<br>\$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/).

| 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS |                               |                               |                               |
|--|-------------------------------|-------------------------------|-------------------------------|
| Coverage Periods                             | Annual                        | Fall                          | Spring/Summer                 |
|  | 08/01/2018 through 07/31/2019 | 08/01/2018 through 12/31/2018 | 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                                      | \$ 1,507.00                   | \$ 632.00                     | \$ 875.00                     |
| Spouse                                       | \$ 1,507.00                   | \$ 632.00                     | \$ 875.00                     |
| Child <sup>1</sup>                           | \$ 1,507.00                   | \$ 632.00                     | \$ 875.00                     |

<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 [twes.myahpcare.com](http://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.