

Trinity University 2018-2019 Student Health Insurance Plan

Eligibility

All registered students, taking (9) nine or more credit hours and graduate students enrolled in full-time graduate studies are automatically enrolled in this insurance Plan unless proof of comparable coverage is furnished.

To comply with the mandatory health insurance requirement all students will be billed for annual coverage of the Student Health Plan in **July 2018**.

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

How do I Waive?

If you have other personal health insurance and don't want the student health plan you must submit an online insurance waiver annually.

The waiver is available beginning in July through the end of add/drop, approximately 1 week after classes begin. A completed waiver allows you to decline coverage and have the charge removed. Instructions will accompany your university bill. During the waiver period the waiver will be available online at trinity.myahpcare.com.

Students entering or returning from leave in January will be billed for spring and summer coverage. Waivers may be submitted online before the end of Add/Drop in **January 2019**.

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services



1-855-825-3988



trinity.myahpcare.com



@ahpcare



Academic HealthPlans



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Trinity University 2018-2019 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.

***Student Health Center Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred based on an approved fee schedule when treatment is rendered at the Student Health Center.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
*Deductible	Network Provider: \$ 100 per Insured Person, per Policy Year Non-Network Provider: \$ 300 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 5,950 per Insured Person, per Policy Year Non-Network Provider: \$11,900 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$11,900 for all Insureds in a Family, per Policy Year Non-Network Provider: \$23,800 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on the Usual and Customary Charges</i>
Hospital Room and Board Expense	90%	60%
Inpatient/Outpatient Surgery	90%	60%
In-Office Physician Fees	90%	60%
Physiotherapy	90%	60%
Diagnostic X-ray Services & Laboratory Procedures	90%	60%
Emergency Services Expense	90%	90%
Prescription Drugs <i>Up to 31-day supply per prescription</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$15 Copayment per prescription - Tier 1 \$30 Copayment per prescription - Tier 2 \$45 Copayment per prescription - Tier 3	100% after a \$15 Copayment per prescription for generic drugs \$30 Copayment per prescription for brand name
¹ Preventive Care Services	100%	No Benefits

¹Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2018 through 07/31/2019	Spring 01/01/2019 through 05/31/2019	Spring/Summer 01/01/2019 through 07/31/2019
Open Enrollment	07/05/2018 through 08/29/2018	12/03/2018 through 01/24/2019	12/03/2019 through 01/24/2019
Student	\$ 1,460	\$ 604	\$ 848
Spouse	\$ 1,460	\$ 604	\$ 848
Child	\$ 1,460	\$ 604	\$ 848

To view all enrollment and coverage periods available, please visit trinity.myaahpcare.com or call Academic HealthPlans at 1-855-825-3988.
DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.