

# Trinity University 2019-2020 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 2019**.

Please view the complete brochure on-line at [trinity.myahpcare.com](http://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](http://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 2020**.

### Additional Benefits

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



[support@ahpcare.com](mailto:support@ahpcare.com)



1-855-825-3988



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



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# Trinity University 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.

**\*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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>*Deductible</b>	Network Provider: \$ 100 per Insured Person, per Policy Year Non-Network Provider: \$ 300 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 5,950 per Insured Person, per Policy Year Non-Network Provider: \$11,900 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	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
	Payments are based on the PPO Allowance	Payments are based on the Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense	80%	80%
<b>Prescription Drugs</b> <i>Up to 31-day supply per prescription</i>	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 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
<sup>1</sup> Preventive Care Services	100%	No Benefits

<sup>1</sup>Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2019 through 07/31/2020	Spring 01/01/2020 through 05/31/2020	Spring/Summer 01/01/2020 through 07/31/2020
Open Enrollment	07/05/2019 through 08/29/2019	12/02/2019 through 01/23/2020	12/02/2019 through 01/23/2020
Student	\$ 1,878	\$ 780	\$ 1,093
Spouse	\$ 1,878	\$ 780	\$ 1,093
Child**	\$ 1,878	\$ 780	\$ 1,093

\*\*Coverage for 2 or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit [trinity.myahpcare.com](http://trinity.myahpcare.com) or call Academic HealthPlans at 1-855-825-3988.

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