

Trinity University 2020-2021 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 2020**.

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 2021**.

Additional Benefits

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



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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.

***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	Preferred Provider: \$ 350 per Insured Person, per Policy Year Out-of-Network Provider: \$ 700 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Preferred Provider: \$ 8,000 per Insured Person, per Policy Year Out-of-Network Provider: \$ 16,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Preferred Provider: \$16,000 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$32,000 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY <i>deductible waived unless otherwise stated below</i>	Preferred Provider	Out-of-Network Provider
	Payments are based on the PPO Allowance	Payments are based on the Usual and Customary Changes
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician's Visits	100% after \$50 Copayment <i>(deductible waived)</i>	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expenses	80%	80%

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 \$45 Copayment per prescription - Tier 2 \$80 Copayment per prescription - Tier 3	100% after a \$15 Copayment per prescription for generic drugs \$45 Copayment per prescription for brand name

Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at and out-of-network provider and must file a claim for reimbursement.

Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% <i>(Deductible Waived)</i>	No Benefits
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2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2020 through 07/31/2021	Spring (May 2021 Graduates Only) 01/01/2021 through 05/31/2021	Spring/Summer 01/01/2021 through 07/31/2021
Open Enrollment	07/06/2020 through 09/02/2020	12/02/2020 through 01/21/2021	12/02/2020 through 01/21/2021
Student	\$ 2,056	\$ 851	\$ 1,194
Spouse	\$ 2,056	\$ 851	\$ 1,194
Child, 2x Max**	\$ 2,056	\$ 851	\$ 1,194

**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.

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.