



## A STUDENT HEALTH PLAN **FOR YOU!**

### AM I ELIGIBLE?

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 2021.

Please view the complete brochure on-line at [trinity.myahpcare.com](http://trinity.myahpcare.com) for full details of participation in the plan.

### CAN 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 2022.

### ADDITIONAL BENEFITS

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



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).

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

## TRINITY UNIVERSITY 2021-2022

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

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>**Deductible</b> per Insured Person, per Policy Year	\$ 350	\$ 700
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 8,000	\$ 15,000
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, Per Policy Year	\$ 16,000	\$ 30,000

### COVERAGE PERIOD & COST

<b>Annual</b>	<b>08/01/21 - 07/31/22</b>
Enrollment Deadline	07/06/21 - 09/01/21
Student	\$ 2,216
Spouse	\$ 2,216
Child <sup>1</sup>	\$ 2,216
<b>Fall (December 2021 Graduate Only)</b>	<b>08/01/21 - 12/31/21</b>
Enrollment Deadline	07/06/21 - 09/01/21
Student	\$ 929
Spouse	\$ 929
Child <sup>1</sup>	\$ 929
<b>Spring (May 2022 Graduates Only)</b>	<b>01/01/22 - 05/31/22</b>
Enrollment Deadline	12/06/21 - 01/20/22
Student	\$ 916
Spouse	\$ 916
Child <sup>1</sup>	\$ 916
<b>Spring/Summer</b>	<b>01/01/22 - 07/31/22</b>
Enrollment Deadline	12/06/21 - 01/20/22
Student	\$ 1,287
Spouse	\$ 1,287
Child <sup>1</sup>	\$ 1,287

### BENEFITS Deductible waived unless otherwise stated below

PREFERRED PROVIDER <small>Payments are based on the PPO Allowance</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Usual &amp; Customary Charges</small>
<b>Room and Board Expense</b>	
80%	60%
<b>Inpatient/Outpatient Surgery</b>	
80%	60%
<b>Physician's Visits</b>	
100% after \$50 Copayment deductible waived	60%
<b>Physiotherapy</b>	
80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	
80%	60%
<b>Medical Emergency Expenses</b>	
80%	80%
<b>Preventive Care Services</b> For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	
100% deductible waived	No Benefits
<b>Prescription Drugs</b> , deductible waived Up to 31-day supply per prescription	
At pharmacies contracting with UnitedHealthcare Pharmacy	100% after a:
100% after a:	\$ 15 Copayment for generic drugs
Tier 1: \$ 15 Copayment	\$ 45 Copayment for brand name
Tier 2: \$ 45 Copayment	
Tier 3: \$ 80 Copayment	

<sup>1</sup>Coverage for two (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](https://trinity.myahpcare.com).

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.