# Texas State University 2019-2020 - Domestic Student Health Insurance Plan







# Eligibility

Domestic Undergraduate students must be registered in <u>9 or more hours</u><sup>1</sup> and Graduate students must be registered in <u>6</u> <u>or more hours</u><sup>1</sup> to be eligible to purchase the Student Health Insurance Plan during the open enrollment period.

Eligible dependents of those enrolled in the plan may participate in the plan on a Voluntary basis.

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

- PPO Plan with large network
- Covers Essential Health Benefits, including preventive services

Please note: Non F1/J1 students are no longer eligible to participate in the Student Health Insurance Plan. Please contact Academic HealthPlans at support@ahpcare.com for other enrollment options.

<sup>1</sup>Plan change for the 2019-2020 policy year

## Free for All Insured Students

### **BetterHelp**

Students will have access to psychologists, marriage and family therapists, clinical social workers and licensed professional counselors. These professional licensed counselors will be available via ongoing text communications, live chat, phone, video or groupinars.

#### HealthiestYou

HealthiestYou offers 24/7/365 access to board-certified physicians via phone and/or video chat.

## **Additional Information**

- txstate.myahpcare.com
- **1-855-850-4298**
- support@ahpcare.com
- @ahpcare
- in Academic HealthPlans







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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

#### STUDENT HEALTH CENTER:

The deductible will be waived and covered expenses paid at 100% based upon UnitedHealthcare allowables. A \$30 copayment applies to doctor's visits. Student prescription drug benefits at the Student Health Center provide coverage for medication prescribed for the treatment of acne, allergies and Mental Illness/Chemical Dependency if the medication is available on the Student Health formulary.

| BENEFIT MAXIMUMS & DEDUCTIBLES   |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| Benefit Maximum                  | Unlimited, per Member, per Policy Year           |  |  |  |  |  |  |  |  |
| Individual Deductible            | In-Network Provider:<br>Out-of-Network Provider: | \$500 per Insured Person, per Policy Year<br>\$1,000 per Insured Person, per Policy Year                         |  |  |  |  |  |  |  |
| Family Deductible                | In-Network Provider:<br>Out-of-Network Provider: | \$1,500 for all Insureds in a Family, per Policy Year<br>\$3,000 for all Insureds in a Family, per Policy Year   |  |  |  |  |  |  |  |
| Individual Out-of-Pocket Maximum | In-Network Provider:<br>Out-of-Network Provider: | \$6,350 per Insured Person, per Policy Year<br>\$12,700 per Insured Person, per Policy Year                      |  |  |  |  |  |  |  |
| Family Out-of-Pocket Maximum     | In-Network Provider:<br>Out-of-Network Provider: | \$12,700 for all Insureds in a Family, per Policy Year<br>\$25,400 for all Insureds in a Family, per Policy Year |  |  |  |  |  |  |  |
| DENIET CATEGORY                  | Network Provider                                 | Non-Network Provider   |  |  |  |  |  |  |  |

|   | Network Provider   | Non-Network Provider                                 |  |
|---|--|--|--|
| BENEFIT CATEGORY  | Payments are based on the<br>PPO Allowance   | Payments are based on<br>Usual and Customary Charges |  |
| Hospital Room and Board Expense   | 80%  | 60%  |  |
| Inpatient/Outpatient Surgery  | 80%  | 60%  |  |
| In-Office Physician Fees  | 100% after a \$30 Copay per visit  | 60%  |  |
| Diagnostic X-ray Services &<br>Laboratory Procedures  | 80%  | 60%  |  |
| Emergency Services Expense<br>Copay waived if admitted  | 80% after a \$150 Copay per visit  | 80% after a \$150 Copay per visit                    |  |
| <b>Prescription Drugs</b><br>31-day supply  | At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$20 Copayment per Tier 1 \$40 Copayment per Tier 2 \$60 Copayment per Tier 3 (Deductible waived) | 60%<br>(after \$1,000 individual plan deductible)    |  |
| Prescription Drugs at Texas State University<br>Health Center (SHC)<br>Up to a 90 day supply (copay per 30 day supply)<br>(Deductible waived) | At Texas State University SHC:<br>100% after a<br>\$10 Copayment per Generic drug<br>\$25 Copayment per Brand drug   | N/A  |  |
| *Preventive Care Services   | 100% 60%   |  |  |

<sup>\*</sup>Please visit <u>www.healthcare.gov/coverage/preventive-care-benefits/</u> for more information.

## \*\*\* Monthly Installments Option \*\*\*

Academic HealthPlans is pleased to offer students the option of paying for their Student Health Insurance premium through monthly installments for the Annual and Spring/Summer coverage periods. Please visit <a href="txstate.myahpcare.com/cost">txstate.myahpcare.com/cost</a> for more information.

| 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS FOR DOMESTIC STUDENTS AND THEIR DEPENDENTS |  |  |   |   |  |   |  |  |
|---|--|--|---|---|--|---|--|--|
| Coverage<br>Periods   | <b>Annual</b><br>08/23/2019<br>through<br>08/22/2020 | <b>Fall</b><br>08/23/2019<br>through<br>01/12/2020 | <b>Spring</b> 01/13/2020 through 05/24/2020 | <b>Spring/Summer</b><br>01/13/2020<br>through<br>08/22/2020 | <b>Summer</b><br>05/25/2020<br>through<br>08/22/2020 | Summer 2<br>07/06/2020<br>through<br>08/22/2020 |  |  |
| Open Enrollment   | 05/22/2019 through 09/27/2019                        | 05/22/2019 through 09/27/2019                      | 10/21/2019 through 02/28/2020               | 10/21/2019 through 02/28/2020                               | 03/25/2020 through 06/15/2020                        | 06/18/2020 through 07/13/2020                   |  |  |
| Student   | \$4,276  | \$1,671  | \$1,553                                     | \$2,605   | \$1,052  | \$563   |  |  |
| Spouse  | \$4,276  | \$1,671  | \$1,553                                     | \$2,605   | \$1,052  | \$563   |  |  |
| <sup>1</sup> Child  | \$4,276  | \$1,671  | \$1,553                                     | \$2,605   | \$1,052  | \$563   |  |  |

<sup>&</sup>lt;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 txstate.myahpcare.com or call Academic HealthPlans at 1-855-850-4298.