

# Texas State University 2020-2021 - Domestic Graduates Student Health Insurance Plan



## Eligibility

Domestic Graduate students must be registered in **6 or more hours** (3 hours in the summer) to be eligible to purchase the Student Health Insurance Plan during the open enrollment period.

Please view the complete brochure on-line at [txstategrad.myahpcare.com](http://txstategrad.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 [click here](#) to contact Academic HealthPlans for other enrollment options.

## Free for All Insured Students

### HealthiestYou

HealthiestYou offers 24/7/365 access to board-certified physicians via phone and/or video chat. HealthiestYou also offers notifications via smart phone app - students may receive a notification when they arrive at an Emergency Room or Urgent Care Center.

### \*\*\*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 Fall and Spring/Summer coverage periods. Please visit [txstategrad.myahpcare.com/cost](http://txstategrad.myahpcare.com/cost) for more information.

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS FOR DOMESTIC GRADUATE STUDENTS					
Coverage Periods	Fall	Spring	Spring/Summer	Summer	Summer 2
	08/23/2020 through 01/10/2021	01/11/2021 through 05/23/2021	01/11/2021 through 08/22/2021	05/24/2021 through 08/22/2021	07/05/2021 through 08/22/2021
Open Enrollment	05/22/2020 through 09/28/2020	10/21/2020 through 02/26/2021	10/21/2020 through 02/26/2021	03/25/2021 through 06/15/2021	06/18/2021 through 07/13/2021
Student	\$ 1,767	\$ 1,666	\$ 2,805	\$ 1,139	\$ 602

To view all enrollment and coverage periods available, please visit [txstategrad.myahpcare.com](http://txstategrad.myahpcare.com).

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**

<b>Benefit Maximum</b>	Unlimited, per Member, per Policy Year
<b>Individual Deductible</b>	Preferred Network Provider: \$500 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Preferred Network Provider: \$6,350 per Insured Person, per Policy Year Out-of-Network Provider: \$12,700 per Insured Person, per Policy Year

<b>BENEFIT CATEGORY</b> <i>deductible applies unless otherwise stated below</i>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>Physician Visits</b>	100% after a \$30 Copay per visit <i>(deductible waived)</i>	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> <i>Copay waived if admitted (deductible waived)</i>	80% after a \$150 Copay per visit	80% after a \$150 Copay per visit
<b>Prescription Drugs</b> <i>31-day supply</i>	<b>At pharmacies contracting with UnitedHealthcare Pharmacy:</b> 100% after a \$20 Copay per Tier 1 \$40 Copay per Tier 2 \$60 Copay per Tier 3 <i>(deductible waived)</i>	60% <i>(after \$1,000 individual plan deductible)</i>  <i>Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.</i>
<b>Prescription Drugs at Texas State University Health Center (SHC)</b> <i>Up to a 90 day supply (copay per 30 day supply) (deductible waived)</i>	<b>At Texas State University SHC:</b> 100% after a \$10 Copay per Generic drug \$25 Copay per Brand drug	N/A
<b>Preventive Care Services</b> <i>For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a></i>	100% <i>(deductible waived)</i>	60%

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