

University of Dallas - International

All F1/J1 international student visa holders taking one or more credit hours will be automatically enrolled in the University of Dallas Student Health Insurance Plan unless proof of comparable coverage is furnished. All undergraduate students taking less than 12 credit hours, online students, students attending University of Dallas at Distance Learning Centers, or taking home study or correspondence courses are NOT eligible to enroll in this Plan.

An eligible student must attend classes at the Policyholder's school for at least the first 31 days of the period for which he or she is enrolled and/or pursuant to his or her visa requirements for the period for which coverage is elected.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

Dependent eligibility expires concurrently with that of the Insured student.

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



Administered by Academic HealthPlans

Access to Telehealth

CleverRX Prescription Discount Plan

Coverage when traveling

Academic Emergency Services*

*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.

University of Dallas - International 2022-2023

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 Preferred Provider Network is the Cigna Network.

MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year		
<i>(When Treatment is rendered at the Student Health Center, the Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred and applicable to Preventive Care Services)</i>		
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 6,850	\$ 12,700
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$ 13,700	\$ 25,400

COVERAGE & COST

Fall	08/15/22 - 12/31/22
Student	\$ 726
Spouse	\$ 726
Each Child ¹	\$ 726
Spring	01/01/23 - 04/30/23
Student	\$ 627
Spouse	\$ 627
Each Child ¹	\$ 627
Summer	05/01/23 - 08/14/23
Student	\$ 552
Spouse	\$ 552
Each Child ¹	\$ 552

¹Coverage for two or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit udallas.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 udallas.myahpcare.com.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

BENEFITS *(deductible applies unless otherwise stated below)*

IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Uses Cigna Network Payments are based on the Negotiated Charge for Covered Medical Expenses	Payments are based on the Usual & Customary Charge for Covered Medical Expenses
Hospital Care , includes hospital room and board expense Pre-Authorization Required	
80%	60%
Inpatient/Outpatient Surgery Pre-Authorization Required	
80%	60%
Physician Office Visits , including Specialists and Consultants	
100% after a \$30 Copayment per visit (deductible waived)	100% after a \$30 Copayment per visit
Diagnostic Imaging Services Pre-Authorization Required	
80%	60%
Laboratory Procedures	
80% after a \$40 Copayment per visit	60%
Emergency Care Services	
80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	
100% (deductible waived)	70%
Prescription Drugs	
At pharmacies contracting with Wellfleet Rx/ESI	
100% after:	60% after:
Tier 1: \$15 Copayment	Tier 1: \$15 Copayment
Tier 2: \$30 Copayment	Tier 2: \$30 Copayment
Tier 3: \$45 Copayment	Tier 3: \$45 Copayment
Specialty Drugs: \$45 Copayment (deductible waived)	Specialty Drugs: \$45 Copayment