

University of North Texas at Dallas Main Campus

Student Health Insurance Plan 2024-2025



Eligibility

All degree seeking undergraduate students enrolled in six (6) or more credit hours, graduate and law students enrolled in three (3) or more graduate or law credit hours (and law students enrolled in a minimum of one (1) credit hour in their final semester) at the University of North Texas Dallas Campus (or College of Law), are eligible to enroll in this insurance plan on a voluntary basis provided that no more than 50% of the total credit hours taken are delivered in an internet/online instruction format.

Eligible Dependents of SHIP plan participants may be enrolled on a voluntary basis.

What's Included?

- 100% Coverage at the Student Health Clinic
- Richer plan than the marketplace or exchange
- Academic Emergency Services*
- Monthly Online Payment Plan



More Information

For full details of participation in the plan, please view the complete brochure online at: untdallas.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please [click here](#).

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus PPO**.

*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, Inc. (AHP), a Risk Strategies Company. Academic HealthPlans.

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 untdallas.myahpcare.com.

UNT Dallas Main Campus 2024-2025

Student Health Clinic Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the [UNT Dallas Student Health Clinic](#). Students paying the medical service fee only and not enrolled in the health plan are allowed access to providers for medical treatment and in-house services, but will incur charges for send out labs, imaging services, and prescriptions.

		PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
BENEFITS (Deductible applies unless otherwise stated below)			
Benefit Maximum Per Insured Person, per Policy Year		Unlimited	
Deductible Per Insured Person, per Policy Year		\$500	\$1,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year		\$7,350	N/A
Family Out-of-Pocket Maximum For All Insureds in a Family, per Policy Year		\$14,700	N/A
	STUDENT HEALTH CENTER	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	100%	50%
Physician's Visits	100% (Deductible waived)	100% after a \$50 Copay (Deductible waived)	50%
Diagnostic X-Ray Services & Laboratory Procedures	N/A	80%	50%
Room and Board Expense	N/A	80%	50%
Inpatient/Outpatient Surgery	N/A	80%	50%
Medical Emergency Expenses, Copay waived if admitted	N/A	80% after a \$250 Copay per visit (Deductible waived)	80% after a \$250 Copay per visit (Deductible waived)
Prescription Drugs Up to a 31 day supply per prescription	For all prescriptions filled at the Student Health and Wellness Center 100% after a Generic: \$15 Copay Brand-Name: \$40 Copay (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: 20% (Deductible waived)	50% 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.

RATES	FALL 08/13/24 - 12/31/24	SPRING/SUMMER 01/01/25 - 08/12/25	SUMMER 05/13/25 - 08/12/25
Open Enrollment	06/30/24 - 09/13/24	11/17/24 - 01/31/25	04/22/25 - 06/10/25
Student	\$1,104	\$1,764	\$721
Spouse	\$1,104	\$1,764	\$721
Each Child ¹	\$1,104	\$1,764	\$721

¹Coverage 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 untdallas.myahpcare.com