## A STUDENT HEALTH PLAN FOR YOU!

### AM I ELIGIBLE?

All degree seeking undergraduate students enrolled in 6 or more credit hours, graduate and law students enrolled in 3 or more graduate or law credit hours (and law students enrolled in a minimum of 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. Credit hour requirement can be met by a combination of online and campus credit hours, not to exceed 50% online.

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

# WE'VE GOT YOU COVERED!



100% Coverage at the Student Health Center



Richer plan than the marketplace or exchange



Academic Emergency Services\*

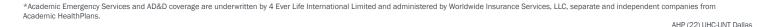


Monthly Online Payment Plan



## **Additional Information**

untdallas.myahpcare.com





## University of North Texas at Dallas 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.

**Network:** Your Plan provides you with a higher level of coverage when you receive covered medical expenses from doctors, hospitals and other medical providers who are part of **UnitedHealthcare Choice Plus PPO Network.** 

**Student Health Center 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, but will incur charges for services and visits rendered.

MAXIMUMS & DEDUCTIBLES	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	
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	

#### **COVERAGE & COST**

Fall	08/01/22 - 12/31/22	
Open Enrollment	07/01/22 - 09/09/22	
Student	\$ 1,292	
Spouse	\$ 1,292	
Each Child <sup>1</sup>	\$ 1,292	
Spring	01/01/23 - 05/14/23	
Open Enrollment	11/18/22 - 01/31/23	
Student	\$ 1,131	
Spouse	\$ 1,131	
Each Child <sup>1</sup>	\$ 1,131	
Summer	05/15/23-07/31/23	
Open Enrollment	04/21/23 - 06/09/23	
Student	\$ 658	
Spouse	\$ 658	
Each Child <sup>1</sup>	\$ 658	

<sup>&</sup>lt;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 untdallas.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 mtay be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at untdallas.myahpcare.com.

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

BENEFITS (deductible applies unless otherwise stated below)				
STUDENT HEALTH CENTER Deductible Waived	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges		
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/				
100%	100%	50%		
Physician's Visits				
100%	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 So	urgery			

# Medical Emergency Expenses, copay waived if admitted

80%

N/A

	80% after a	80% after a
N/A	\$250 Copay	\$250 Copay
IN/ A	per visit	per visit
	(deductible waived)	(deductible waived)

#### Prescription Drugs, up to a 31 day supply per prescription

For all prescriptions filled At pharmacies contracting

at the Student Health and Wellness Center	with UnitedHealthcare Pharmacy	J	
100% after a	100% after a		50%
Generic:	Tier 1:		Please note: You are

\$15 Copay \$15 Copay
Brand-Name: Tier 2:
\$40 Copay \$40 Copay
Tier 3:

80% Coinsurance (deductible waived)

amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.

required to pay the full

50%