

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

UNT | DALLAS
COLLEGE of LAW

Additional Information

untdallas.myahpcare.com

*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.

AHP (22) UHC-UNT Dallas



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 ¹	\$ 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 ¹	\$ 1,131
Summer	05/15/23 - 07/31/23
Open Enrollment	04/21/23 - 06/09/23
Student	\$ 658
Spouse	\$ 658
Each Child ¹	\$ 658

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.

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.

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)

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
STUDENT HEALTH CENTER Deductible Waived	PAYMENTS ARE BASED ON THE PPO ALLOWANCE	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 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	At pharmacies contracting with UnitedHealthcare Pharmacy	
100% after a Generic: \$15 Copay Brand-Name: \$40 Copay	Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: 80% Coinsurance (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.