

A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

All registered International students with a current passport and student visa engaged in educational activities at the University of North Texas Health Science Center at Fort Worth (UNT HSC) are eligible and must be enrolled in the insurance plan on a hard waiver basis. This includes International students engaged in Curricular Practical Training, Internship, Practicum, or other credit or non-credit activity as a bona fide UNT HSC student. International students participating in Optional Practical Training or Academic Training are eligible to enroll on a voluntary basis. Eligible Dependents of SHIP plan participants may be enrolled on a voluntary basis.

CAN I WAIVE?

If you have other adequate health insurance and would like to waive out of the Student Health Insurance Plan, you must go online to unthsc.myahpcare.com and complete the online waiver by the deadline dates each semester. The waiver deadline is based on your Academic Calendar and is your Census Date.

WE'VE GOT YOU COVERED!



100% Coverage at the Student Health Center for Preventive Care Services



Richer plan than the marketplace or exchange



Student friendly website & enrollment



Academic Emergency Services*



Additional Information

unthsc.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-UNTHSC



University of North Texas HSC - International Graduate Students 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 Student Health Clinic. There will be a \$25 Copay when students are referred to a SHC specialist. 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 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	08/10/22 - 12/31/22
Open Enrollment	07/06/22 - 09/07/22
Student	\$ 1,216
Spouse	\$ 1,216
Each Child ¹	\$ 1,216
Spring/Summer	01/01/23 - 08/09/23
Open Enrollment	11/30/22 - 01/28/23
Student	\$ 1,865
Spouse	\$ 1,865
Each Child ¹	\$ 1,865

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

To view all enrollment and coverage periods and your optional dental and vision coverage, please visit unthsc.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 unthsc.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	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
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/coverage/preventive-care-benefits/

100%	100% (deductible waived)	50%
------	--------------------------	-----

Physician's Visits

100%	100% after a \$50 Copay (deductible waived)	50%
------	---	-----

Diagnostic X-Ray Services & Laboratory Procedures

100%	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 (deductible waived)	80% after a \$250 Copay (deductible waived)
-----	---	---

Prescription Drugs, Up to a 31 day supply per prescription

	At pharmacies contracting with UnitedHealthcare Pharmacy	
N/A	100% after a 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.