

A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

All **degree seeking domestic students** enrolled in the Texas College of Osteopathic Medicine, School of Health Professions (excluding MS Lifestyle Health Sciences), and Doctor of Pharmacy program and School of Biomedical Sciences - MS Medical Science (online only) who are taking credit hours at the University of North Texas Health Science Center at Fort Worth are eligible and required to purchase this plan on a hard waiver basis. All degree seeking domestic graduate students enrolled in 3 or more credit hours in the School of Biomedical Sciences and the School of Public Health, who are not part of a program that mandates coverage, are eligible to enroll in this insurance plan on a voluntary basis. Credit hour requirement can be met by a combination of online and on-campus credit hours, not to exceed 50% online.

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.





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*

University of North Texas HSC - Medical and Domestic DPT 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	BENEFITS deductible	e applies unless otherwise state	d below
Benefit Maximum per Insured Person, per Policy Year	Ur	limited	STUDENT HEALTH CENTER Deductible Waived	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PRO- VIDER Payments are based on Usual & Customary
Deductible per Insured Person, per Policy Year	\$ 500	\$ 1,000	Preventive Care Servic	200	Charges
Individual Out-of-Pocket Maximu per Insured Person, per Policy Year	m \$ 7,350	N/A	For more information, please visit healthcare.gov/coverage/preventive-care-benefits/		
Family Out-of-Pocket Maximum for all Insureds in a Family, Per Policy Y	_{/ear} \$ 14,700	N/A	100%	100% (deductible waived)	50%
			Physician's Visits		
COVERAGE & COST			100% after a \$20 Copay (deductible waived)	100% after a \$50 Copay (deductible waived)	50%
Fall 07/12/22 - 12/31/22			Diagnostic X-Ray Services & Laboratory Procedures		
Student	\$ 1,461		100%	80%	50%
Spouse	\$ 1,461		Room and Board Expense		
Each Child ¹	\$ 1,461		N/A	80%	50%
Spring/Summer Student	01/01/23-07/11/23 \$ 1,620		Inpatient/Outpatient Surgery		
Spouse	\$ 1,620		N/A	80%	50%
Each Child ¹	\$ 1,620		N/ A	80 %	50%
¹ Coverage for two (2) or more children is calculated at the child rate times two (2).			Medical Emergency Expenses, Copay waived if admitted		
To view all enrollment and coverage periods and your optional dental and vision coverage, please visit unthsc.myahpcare.com.		id vision coverage,	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 pres	scription
			For all prescriptions filled at the Student Health and Wellness Center	At pharmacies contracting with UnitedHealthcare Pharmacy	
			100% after a Generic: \$15 Copay	100% after a Tier 1: \$15 Copay	50% Please note: You are
			Brand-Name:	Tier 2: \$40 Copay Tier 3: 80%	required to pay the full amount charged
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.			\$40 Copay Preferred Brand-Name: \$60 Copay (deductible waived)	Coinsurance (deductible waived)	at the time of service for all prescriptions dispensed at an out-of-network provider and must

(deductible waived)

file a claim for

reimbursement.

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