

# University of North Texas HSC

## Pharmacy and PA Students

### Student Health Insurance Plan 2024-2025



### Eligibility

All **degree seeking domestic students** enrolled in credit hours at the University of North Texas Health Science Center at Fort Worth are required to participate in the university-sponsored student health insurance plan. Participation is based on a hard waiver policy, which means students are automatically enrolled in the insurance plan unless they provide proof of comparable coverage. Students enrolled exclusively in online courses, except those enrolled in the College of Biomedical and Translational Sciences - MS Medical Science online courses, are not eligible and will not be enrolled.

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 (OPT) or Academic Training (AT) are eligible to enroll on a voluntary basis for up to a year (unless approved for a 2-year extension) as long as they were enrolled in SHIP as a student. If OPT/TA students have a gap in SHIP coverage while in the OPT/TA program, they must provide proof of their loss of coverage to re-enroll in SHIP. Eligible Dependents of SHIP plan participants may be enrolled on a voluntary basis.

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### 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](https://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.

### What's Included?

- 100% Coverage at the Student Health Center for Preventive Care Services
- Richer plan than the marketplace or exchange
- Student-friendly website and enrollment
- Academic Emergency Services\*

### More Information

For full details of participation in the plan, please view the complete brochure online at: [unthsc.myahpcare.com](https://unthsc.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

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

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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.

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](https://unthsc.myahpcare.com).

# UNT HSC - Pharmacy and PA Students 2024-2025

**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 \$15 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.

Benefits (Deductible applies unless otherwise stated below)	PREFERRED PROVIDER Payments are based on the Allowed Amount		OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
	Unlimited		
Benefit Maximum Per Insured Person, per Policy Year			
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 <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible waived)	100% (Deductible waived)	50%
Physician's Visits	100% after a \$15 Copay (Deductible waived)	100% after a \$50 Copay (Deductible waived)	50%
Diagnostic X-Ray Services & Laboratory Procedures	100% (Deductible waived)	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	N/A	At pharmacies contracting with UnitedHealthcare Pharmacy 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.

Rates & Coverage Periods	FALL (New Students) 08/05/2024 - 12/31/2024	FALL (Returning Students) 08/07/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 08/06/2025
Open Enrollment	07/05/2024 - 09/07/2024	07/05/2024 - 09/07/2024	11/29/2024 - 01/29/2025
Student	\$1,170	\$1,152	\$1,716
Spouse	\$1,170	\$1,152	\$1,716
Each Child <sup>1</sup>	\$1,170	\$1,152	\$1,716

<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 and your optional dental and vision coverage, please visit [unthsc.myahpcare.com](https://unthsc.myahpcare.com)