



## 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), 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.

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

### WE'VE GOT YOU COVERED!



**Additional Information**

 [unthsc.myahpcare.com](http://unthsc.myahpcare.com)



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 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 and visits rendered.

## MAXIMUMS & DEDUCTIBLES

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 7,350	N/A
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, per Policy Year	\$ 14,700	N/A

## COVERAGE & COST

<b>Fall</b>	<b>08/10/22 - 12/31/22</b>
Student	\$ 1,216
Spouse	\$ 1,216
Each Child <sup>1</sup>	\$ 1,216
<b>Spring/Summer</b>	<b>01/01/23 - 08/09/23</b>
Student	\$ 1,865
Spouse	\$ 1,865
Each Child <sup>1</sup>	\$ 1,865

<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](http://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](http://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

	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges
<b>STUDENT HEALTH CENTER</b> Deductible Waived		
<b>Preventive Care Services</b> For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>		
100%	100% (deductible waived)	50%
<b>Physician's Visits</b>		
100%	100% after a \$50 Copay (deductible waived)	50%
<b>Diagnostic X-Ray Services &amp; Laboratory Procedures</b>		
100%	80%	50%
<b>Room and Board Expense</b>		
N/A	80%	50%
<b>Inpatient/Outpatient Surgery</b>		
N/A	80%	50%
<b>Medical Emergency Expenses</b> , Copay waived if admitted		
N/A	80% after a \$250 Copay (deductible waived)	80% after a \$250 Copay (deductible waived)
<b>Prescription Drugs</b> , 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.