



Eligibility

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) 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 three (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 provided no more than 50% of the total credit hours taken are delivered in an internet/online instruction format.

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

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*

*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).

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.

More Information

For full details of participation in the plan, please view the complete brochure online at: unthsc.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

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

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**.

UNT HSC - SBS/SPH Students 2023-2024

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.

		PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges
Benefits (Deductible applies unless otherwise stated below)			
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
	STUDENT HEALTH CENTER Deductible Waived	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100%	100% (Deductible waived)	50%
Physician's Visits	100% after a \$20 Copay (Deductible waived)	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	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 08/10/23 - 12/31/23	SPRING/SUMMER 01/01/24 - 08/09/24	SUMMER 06/01/24 - 08/09/24
Online Enrollment	07/06/23 - 09/07/23	11/30/23 - 01/29/24	N/A
Student	\$ 1,129	\$ 1,739	\$ 549
Spouse	\$ 1,129	\$ 1,739	\$ 549
Each Child ¹	\$ 1,129	\$ 1,739	\$ 549

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