

A Student Health Plan FOR YOU

We've

100% Coverage at the Student Health Center after a \$20 copay



Got

Richer plan than the marketplace/exchange



You

Student friendly website and enrollment



Covered

Monthly Online Payment Plan




Am I Eligible?

All degree seeking domestic undergraduate students enrolled in six (6) or more credit hours and graduate students enrolled in three (3) or more credit hours at the University of North Texas (Denton) are eligible to enroll in this insurance plan on a voluntary basis. Credit hour requirements can be met by a combination of online and on-campus credit hours, not to exceed 50% online.

Eligible dependents of enrolled students may participate in the plan on a voluntary basis.



Additional Information

 unt.myahpcare.com

University of North Texas 2020-2021

Domestic Students

Student Health Insurance Plan

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% after a \$20 Copay for Covered Medical Expenses incurred when treatment is rendered at the Student Health and Wellness Center (UNT Denton) and Student Health Clinic (UNT HSC). 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.

BENEFIT MAXIMUMS & DEDUCTIBLES	Network Provider	Non-Network Provider
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Deductible	\$500 per Insured Person, per Policy Year	\$1,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	\$7,350 per Insured Person, per Policy Year	N/A
Family Out-of-Pocket Maximum	\$14,700 for all Insureds in a Family per Policy Year	N/A

BENEFIT CATEGORY <i>deductible applies unless otherwise stated below</i>	Student Health Center	Network Provider	Non-Network Provider
	<i>Deductible Waived</i>	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Preventive Care Services <i>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</i>	100%	100%	50%
In-Office Physician Fees	100% after \$20 Copayment <i>(deductible waived)</i>	100% after \$50 Copayment <i>(deductible waived)</i>	50%
Diagnostic X-ray Services & Laboratory Procedures	100%	80%	50%
Hospital Room and Board Expense	N/A	80%	50%
Inpatient/Outpatient Surgery	N/A	80%	50%
Emergency Services Expense Copayment waived if admitted	N/A	80% after a \$250 Copayment per visit <i>(deductible waived)</i>	80% after a \$250 Copayment per visit <i>(deductible waived)</i>
Prescription Drugs up to a 31 day supply per prescription	100% after a \$15 Copay for Generic \$40 Copay for Brand-Name \$60 Copay for Preferred Brand-Name for all prescriptions filled at the Student Health and Wellness Center <i>(deductible waived)</i>	At Pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$15 Copayment for Tier 1 \$40 Copayment for Tier 2 80% Coinsurance for Tier 3 <i>(deductible waived)</i>	50% <i>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.</i>

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/14/2020 through 12/31/2020	Spring 01/01/2021 through 05/09/2021	Spring/Summer 01/01/2021 through 08/13/2021	Summer 05/10/2021 through 08/13/2021	Summer 1 06/01/2021 through 08/13/2021	Summer 2 07/05/2021 through 08/13/2021
Open Enrollment	07/02/2020 through 09/05/2020	11/30/2020 through 01/25/2021	11/30/2020 through 01/25/2021	04/15/2021 through 05/29/2021	04/15/2021 through 05/29/2021	05/03/2021 through 06/19/2021
Student	\$ 1,159	\$ 1,068	\$ 1,862	\$ 794	\$ 612	\$ 331
Spouse	\$ 1,159	\$ 1,068	\$ 1,862	\$ 794	\$ 612	\$ 331
Child, 2x Max ¹	\$ 1,159	\$ 1,068	\$ 1,862	\$ 794	\$ 612	\$ 331

¹Coverage for two 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 unt.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 unt.myahpcare.com.