

# Student Health Insurance Plan

University of North Texas HSC 2020-2021  
All Medical and Domestic DPT Students



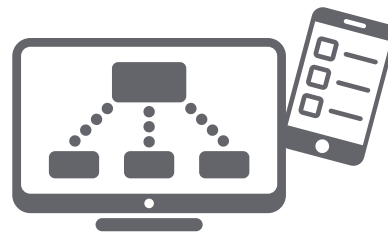
100% Coverage at the Student Health Center



Richer plan than the marketplace or exchange



Student friendly website and enrollment



Global Emergency Services



## Am I Eligible?

All degree seeking domestic students enrolled in the College of Pharmacy, Texas College of Osteopathic Medicine and School of Health Professions 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 registered International students, engaged in educational activities at UNT Fort Worth HSC are eligible and must be enrolled in the insurance plan. International students engaged in curricular practical training, Optional Practical Training are also eligible to enroll in the insurance.

Eligible Dependents of enrolled students may participate in the plan 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](http://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.

For more information, an eligible student should visit Academic HealthPlans at [unthsc.myahpcare.com](http://unthsc.myahpcare.com)



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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 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 Students 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 and visits 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 <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a></i>	100%	100%	50%
In-Office Physician Fees	100%	100% after \$50 Copayment <i>(deductible waived)</i>	50%
Diagnostic X-ray Services & Laboratory Procedures	N/A	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 per Generic \$40 Copay per Brand-Name for all prescriptions filled at the Student Health Clinic	<b>At Pharmacies contracting with UnitedHealthcare Pharmacy:</b> 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 07/13/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/12/2021
	Student	\$ 1,423
Spouse	\$ 1,423	\$ 1,598
Each Child, 2x Max <sup>1</sup>	\$ 1,423	\$ 1,598

<sup>1</sup>Coverage for 2 or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit [unthsc.myahpcare.com](https://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](https://unthsc.myahpcare.com).