

University of North Texas HSC 2018-2019

All Pharmacy Students

# Student Health Insurance Plan



## Eligibility

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 on a mandatory basis. 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.

## How do 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 contact Academic HealthPlans at 1-855-897-2984.

Please view the complete brochure on-line at [unthsc.myahpcare.com](http://unthsc.myahpcare.com) for full details of participation in the plan.

## Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Global Emergency Services

## Additional Information

- [unthsc.myahpcare.com](http://unthsc.myahpcare.com)
- 1-855-897-2984

The website will be available after orientation.

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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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

**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 are allowed access to providers for medical treatment, but will incur charges for services and visits rendered.

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

| BENEFIT CATEGORY   | Network Provider   | Non-Network Provider                                      |
|--|--|---|
|  | <i>Payments are based on the PPO Allowance</i>   | <i>Payments are based on Usual and Reasonable Charges</i> |
| Hospital Room and Board Expense                            | 80%  | 50%   |
| Inpatient/Outpatient Surgery                               | 80%  | 50%   |
| In-Office Physician Fees                                   | 100% after \$50 Copayment (Deductible waived)  | 50%   |
| Diagnostic X-ray Services & Laboratory Procedures          | 80%  | 50%   |
| Emergency Services Expense<br>Copayment waived if admitted | 80% after a \$250 Copayment per visit  | 80% after a \$250 Copayment per visit                     |
| Prescription Drugs   | <b>At Pharmacies contracting with UnitedHealthcare Pharmacy:</b><br>100% after a<br>\$15 Copayment for Tier 1<br>\$40 Copayment for Tier 2<br>80% Coinsurance for Tier 3 | 50%   |
| *Preventive Care Services                                  | 100%   | 50%   |

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

| 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS |   |                                       |  |
|--|---|---------------------------------------|--|
| Coverage Periods                             | Annual<br>08/14/2018 through 08/13/2019 | Fall<br>08/14/2018 through 12/31/2018 | Spring/Summer<br>01/01/2019 through 08/13/2019 |
| Student                                      | \$ 2,600                                | \$ 998                                | \$ 1,602                                       |
| Spouse                                       | \$ 2,600                                | \$ 998                                | \$ 1,602                                       |
| Each Child                                   | \$ 2,600                                | \$ 998                                | \$ 1,602                                       |

To view all enrollment and coverage periods available, please visit [unthsc.myahpcare.com](http://unthsc.myahpcare.com) or call Academic HealthPlans at 1-855-897-2984.

**DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.**