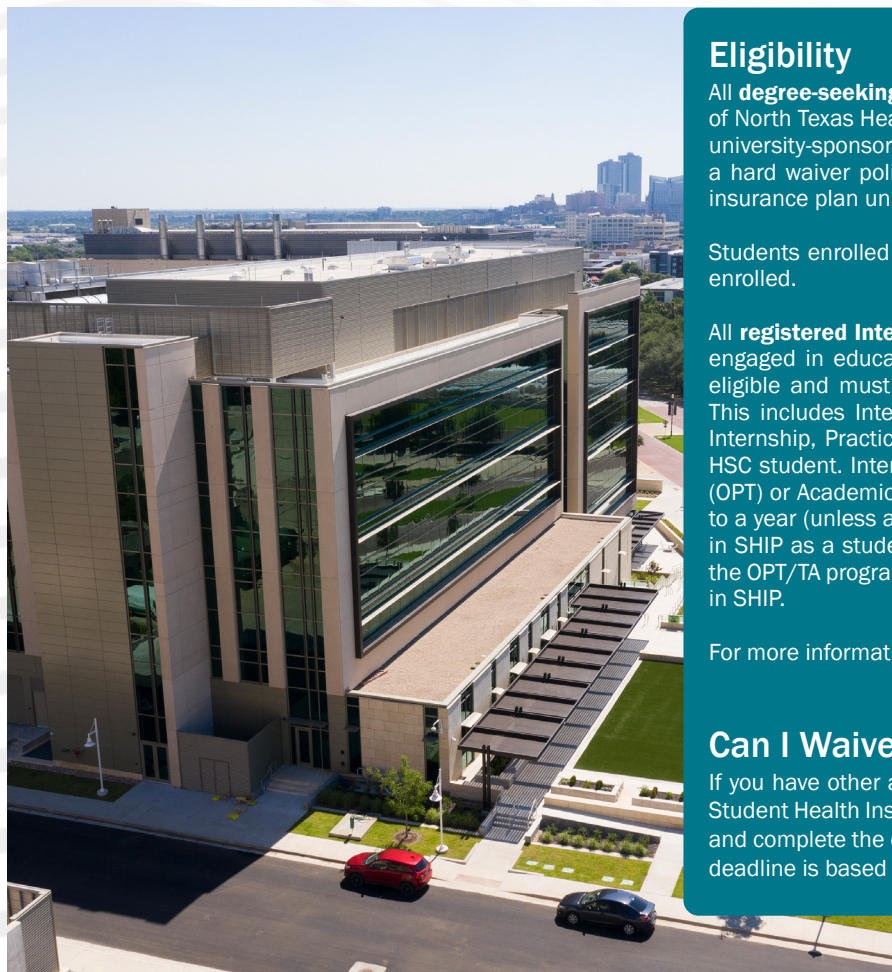


# UNT Health

## Pharmacy and Physician Assistant Students

### Student Coverage With Care



#### Eligibility

All **degree-seeking domestic students** enrolled in credit hours at the University of North Texas Health are required to participate in the university-sponsored student health insurance plan. Participation is based on a hard waiver policy, which means students are automatically enrolled in the insurance plan unless they provide proof of comparable coverage.

Students enrolled exclusively in online courses are not eligible and will not be enrolled.

All **registered International students** with a current passport and student visa engaged in educational activities at the University of North Texas Health are eligible and must be enrolled in the insurance plan on a hard waiver basis. This includes International students engaged in Curricular Practical Training, Internship, Practicum, or other credit or non-credit activity as a bona fide UNT HSC student. International students participating in Optional Practical Training (OPT) or Academic Training (AT) are eligible to enroll on a voluntary basis for up to a year (unless approved for a 2-year extension) as long as they were enrolled in SHIP as a student. If OPT/TA students have a gap in SHIP coverage while in the OPT/TA program, they must provide proof of their loss of coverage to re-enroll in SHIP.

For more information, visit [unthealth.myahpcare.com](https://unthealth.myahpcare.com).

#### 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 [unthealth.myahpcare.com](https://unthealth.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.

#### Coverage Periods & Rates

|                         | FALL<br>08/07/2026 - 12/31/2026 | SPRING/SUMMER<br>01/01/2027 - 08/06/2027 |
|-------------------------|---------------------------------|------------------------------------------|
| Open Enrollment         | 07/07/2026 - 09/07/2026         | 12/01/2026 - 01/29/2027                  |
| Student                 | \$1,204                         | \$1,784                                  |
| Spouse                  | \$1,204                         | \$1,784                                  |
| Each Child <sup>1</sup> | \$1,223                         | \$1,812                                  |

<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 available, please visit [unthealth.myahpcare.com](https://unthealth.myahpcare.com).

#### WHAT'S INCLUDED?

100% Coverage at the Student Health Clinic for Preventive Care Services

Student-friendly website & enrollment

Access to Academic Vision Care (AVC)

Coverage while traveling with Academic Emergency Services (AES)\*

Richer plan than the marketplace or exchange

UnitedHealthcare Choice Plus PPO Network



#### Questions

To view Frequently Asked Questions or submit a request, please visit [help.ahpcare.com](https://help.ahpcare.com)



#### ID Cards

To access your ID Card, please visit [unthealth.myahpcare.com](https://unthealth.myahpcare.com)

# UNT HSC - Pharmacy and Physician Assistant Students 2026-2027

## Benefits

(Deductible applies unless otherwise stated below)

**Student Health Clinic 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 \$15 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.

|                                                                                                                                                                               | STUDENT HEALTH CLINIC<br>(Deductible waived) | PREFERRED PROVIDER<br>Payments are based on the Allowed Amount                                                                                                         | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Allowed Amount                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefit Maximum</b><br>Per Insured Person, Per Policy Year                                                                                                                 | N/A                                          | Unlimited                                                                                                                                                              |                                                                                                                                                                                                       |
| <b>Deductible</b><br>Per Insured Person, Per Policy Year                                                                                                                      | N/A                                          | \$500                                                                                                                                                                  | \$1,000                                                                                                                                                                                               |
| <b>Individual Out-of-Pocket Maximum</b><br>Per Insured Person, Per Policy Year                                                                                                | N/A                                          | \$7,350                                                                                                                                                                | \$14,700                                                                                                                                                                                              |
| <b>Family Out-of-Pocket Maximum</b><br>For All Insureds in a Family, Per Policy Year                                                                                          | N/A                                          | \$14,700                                                                                                                                                               | \$29,400                                                                                                                                                                                              |
| <b>Preventive Care Services</b><br>For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a> | 100%                                         | 100%<br>(Deductible waived)                                                                                                                                            | 50%                                                                                                                                                                                                   |
| <b>Outpatient Physician's Visits</b>                                                                                                                                          | 100% after a \$15 Copay per visit            | 100% after a \$40 Copay per visit<br>(Deductible waived)                                                                                                               | 50%                                                                                                                                                                                                   |
| <b>Diagnostic X-Ray Services &amp; Laboratory Procedures</b>                                                                                                                  | 100%                                         | 80%                                                                                                                                                                    | 50%                                                                                                                                                                                                   |
| <b>Room &amp; Board Expense</b>                                                                                                                                               | N/A                                          | 80%                                                                                                                                                                    | 50%                                                                                                                                                                                                   |
| <b>Inpatient/Outpatient Surgery</b>                                                                                                                                           | N/A                                          | 80%                                                                                                                                                                    | 50%                                                                                                                                                                                                   |
| <b>Medical Emergency Expenses</b><br>Copay waived if admitted                                                                                                                 | N/A                                          | 80% after a \$250 Copay per visit<br>(Deductible waived)                                                                                                               | 80% after a \$250 Copay per visit<br>(Deductible waived)                                                                                                                                              |
| <b>Prescription Drugs</b><br>Up to a 31 day supply per prescription                                                                                                           | N/A                                          | At pharmacies contracting with UnitedHealthcare Pharmacy<br>100% after a<br>Tier 1: \$15 Copay<br>Tier 2: \$40 Copay<br>Tier 3: 80% Coinsurance<br>(Deductible waived) | 50%<br><br>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. |

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [unthealth.myahpcare.com](https://unthealth.myahpcare.com) upon approval by federal and state authorities.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company.

\*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), Part of the Brown & Brown Team.

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