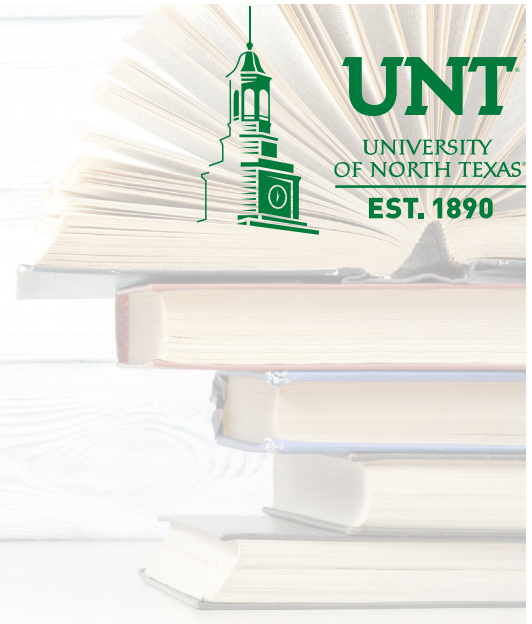


IELI Students  
We've got you covered...

# With A More **Affordable** Student Health Plan



## We've Got You Covered

- More affordable than last year!
- 100% coverage at the Student Health Center
- Richer plan than the marketplace/exchange
- Value Added Benefits
- Student friendly site
- National Coverage

## Eligibility

All registered International students, scholars or other persons with a current passport and student visa engaged in educational activities at UNT Denton are eligible and must be enrolled in the insurance plan on a mandatory basis. This includes students enrolled in the Intensive English Language Institute (IELI).

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

Please view the complete brochure on-line at [unt.myahpcare.com](http://unt.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

- 🌐 [unt.myahpcare.com](http://unt.myahpcare.com)
- ☎ 1-855-897-2984

# University of North Texas 2018-2019 Intensive English Language Institute 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. 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). 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 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 Non-Network Provider: N/A
Family Out-of-Pocket Maximum	Network Provider: \$14,700 for all Insureds in a Family per Policy Year 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	50%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Emergency Services Expense Copayment waived if admitted	80% after a \$250 Copayment per visit	80% after a \$250 Copayment per visit
Prescription Drugs  <b>Dallas and Denton Students:</b> \$15 Copay per Generic \$40 Copay per Brand Name up to a 31 day supply per prescription for all prescriptions filled at the Student Health and Wellness Center.	<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	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	Fall 1 08/14/2018 through 10/19/2018	Fall 2 10/14/2018 through 01/06/2019	Spring 1 01/07/2019 through 03/08/2019	Summer 1 03/09/2019 through 05/27/2019	Summer 2 05/28/2019 through 08/13/2019
Open Enrollment	07/15/2018 through 09/10/2018	09/14/2018 through 11/05/2018	12/08/2018 through 01/28/2019	02/07/2019 through 04/01/2019	04/28/2019 through 06/17/2019
Student	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00
Spouse	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00
Child	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00

To view all enrollment and coverage periods available, please visit [unt.myahpcare.com](http://unt.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.**