

# IELI Students: A Student Health Plan FOR YOU



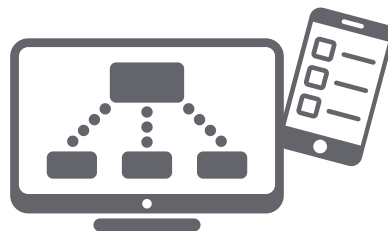
100%  
Coverage at  
the Student  
Health  
Center after  
a \$25 copay



Richer plan  
than the  
marketplace  
or exchange



Student friendly  
website and  
enrollment



Global  
Emergency  
Services






Am I  
Eligible?

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. 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.



## Additional Information

-  [unt.myahpcare.com](http://unt.myahpcare.com)
-  [support@ahpcare.com](mailto:support@ahpcare.com)
-  1-855-897-2984

# University of North Texas 2019-2020 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.

**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 \$25 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 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	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 Reasonable Charges</i>
*Preventive Care Services	100%	100%	50%
In-Office Physician Fees	100% after \$25 Copayment	100% after \$50 Copayment	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	80% after a \$250 Copayment per visit
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 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%

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

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Fall 1 08/14/2019 through 10/19/2019	Fall 2 10/14/2019 through 01/05/2020	Spring 1 01/06/2020 through 03/07/2020	Spring 2 03/08/2020 through 05/25/2020	Summer 05/26/2020 through 08/13/2020
Open Enrollment	08/14/2019 through 09/17/2019	10/14/2019 through 11/12/2019	01/07/2020 through 02/04/2020	03/09/2020 through 04/08/2020	05/28/2020 through 06/24/2020
Student	\$ 556	\$ 556	\$ 556	\$ 556	\$ 556
Spouse	\$ 556	\$ 556	\$ 556	\$ 556	\$ 556
Child, 2X Max <sup>1</sup>	\$ 556	\$ 556	\$ 556	\$ 556	\$ 556

<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 and your optional dental and vision coverage, please visit [unt.myahpcare.com](http://unt.myahpcare.com) or call Academic HealthPlans at 1-855-897-2984.

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](http://unt.myahpcare.com).