

University of North Texas - Domestic Students

Student Health Insurance Plan 2024-2025



Eligibility

All degree seeking domestic undergraduate students enrolled at University of North Texas (Denton) are eligible to enroll in this insurance plan on a voluntary basis, provided the following criteria are met:

Students must be enrolled in a minimum number of credit hours (undergraduate students - six (6) hours; graduate students - three (3) hours) and no more than 50% of the total credit hours taken can be delivered in an internet/online instruction format.

Credit hours taken during a three-week course offering will not count towards meeting the above eligibility criteria.

Eligible Dependents of SHIP plan participants may be enrolled on a voluntary basis.

What's Included?

- 100% Coverage at the Student Health Clinic after a \$20 Copay
- Monthly online payment plan
- Telehealth solutions through AcademicLiveCare
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services*



*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), a Risk Strategies Company.

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.

More Information

For full details of participation in the plan, please view the complete brochure online at: unt.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit unt.myahpcare.com/additionalresources

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus PPO**.

UNT Domestic Students 2024-2025

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 \$25 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.

| BENEFITS (Deductible applies unless otherwise stated below) | STUDENT HEALTH CENTER Deductible Waived | PREFERRED PROVIDER | OUT-OF-NETWORK PROVIDER |
|---|--|--|--|
| | | Payments are based on the PPO Allowance | Payments are based on Usual & Customary Charges |
| Benefit Maximum Per Insured Person, per Policy Year | | Unlimited | |
| Deductible Per Insured Person, per Policy Year | | \$ 500 | \$ 1,000 |
| Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year | | \$ 7,350 | N/A |
| Family Out-of-Pocket Maximum For All Insureds in a Family, per Policy Year | | \$ 14,700 | N/A |
| Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/ | 100% | 100% (Deductible waived) | 50% |
| Physician's Visits | 100% after a \$20 Copay (Deductible waived) | 100% after a \$50 Copay (Deductible waived) | 50% |
| Diagnostic X-Ray Services & Laboratory Procedures | 100% | 80% | 50% |
| Room and Board Expense | N/A | 80% | 50% |
| Inpatient/Outpatient Surgery | N/A | 80% | 50% |
| Medical Emergency Expenses Copay waived if admitted | N/A | 80% after a \$250 Copay per visit (Deductible waived) | 80% after a \$250 Copay per visit (Deductible waived) |
| Prescription Drugs Up to a 31 day supply per prescription | N/A | At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: 80% Coinsurance (Deductible waived) | At pharmacies <u>not</u> contracting with UnitedHealthcare Pharmacy 50% 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. |

| RATES | FALL 08/12/24 - 01/05/25 | SPRING/SUMMER 01/06/25 - 08/11/25 | SUMMER 05/13/25 - 08/11/25 | SUMMER 1 06/03/25 - 08/11/25 | SUMMER 2 07/05/25 - 08/11/25 |
|-------------------------|-----------------------------|--------------------------------------|-------------------------------|---------------------------------|---------------------------------|
| Open Enrollment | 07/01/24 - 09/12/24 | 11/29/24 - 01/30/25 | 04/11/25 - 05/29/25 | 05/15/25 - 06/10/25 | 07/05/25 - 08/11/25 |
| Student | \$1,155 | \$1,713 | \$715 | \$550 | \$299 |
| Spouse | \$1,155 | \$1,713 | \$715 | \$550 | \$299 |
| Each Child ¹ | \$1,155 | \$1,713 | \$715 | \$550 | \$299 |

¹Coverage for two (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