



## A STUDENT HEALTH PLAN **FOR YOU!**

### AM I ELIGIBLE?

All degree seeking domestic undergraduate students enrolled in 6 or more credit hours and graduate students enrolled in 3 or more credit hours at University of North Texas (Denton) are eligible to enroll in this insurance plan on a voluntary basis. Credit Hour requirement can be met by a combination of online and campus credit hours, not to exceed 50% online.

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



### Additional Information

 [unt.myahpcare.com](https://unt.myahpcare.com)

### WE'VE GOT YOU COVERED!



100% Coverage at the Student Health Center after a \$20 copay



Richer plan than the marketplace or exchange



Student friendly website & enrollment



Monthly Online Payment Plan

# University of North Texas - Domestic Students 2021-2022

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 \$20 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 rendered.

## MAXIMUMS & DEDUCTIBLES

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 7,350	N/A
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, Per Policy Year	\$ 14,700	N/A

## COVERAGE & COST

<b>Fall</b>	<b>08/14/21 - 12/31/2021</b>
Open Enrollment	07/02/21 - 09/07/21
Student	\$ 1,194
Spouse	\$ 1,194
Each Child <sup>1</sup>	\$ 1,194
<b>Spring/Summer</b>	<b>01/01/22 - 08/13/22</b>
Open Enrollment	11/30/21 - 01/25/22
Student	\$ 1,918
Spouse	\$ 1,918
Each Child <sup>1</sup>	\$ 1,918
<b>Summer</b>	<b>05/10/22 - 08/13/22</b>
Open Enrollment	04/15/22 - 05/30/22
Student	\$ 818
Spouse	\$ 818
Each Child <sup>1</sup>	\$ 818
<b>Summer 1</b>	<b>06/01/22 - 08/13/22</b>
Open Enrollment	04/15/22 - 05/30/22
Student	\$ 631
Spouse	\$ 631
Each Child <sup>1</sup>	\$ 631
<b>Summer 2</b>	<b>07/05/2022 - 08/13/2022</b>
Open Enrollment	05/03/2022 - 06/20/2022
Student	\$ 341
Spouse	\$ 341
Each Child <sup>1</sup>	\$ 341

## BENEFITS deductible applies unless otherwise stated below

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
STUDENT HEALTH CENTER <i>Deductible Waived</i>	PAYMENTS ARE BASED ON THE PPO ALLOWANCE	PAYMENTS ARE BASED ON USUAL & CUSTOMARY CHARGES

### Preventive Care Services

For more information, please visit [healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/)

100%	100%	50%
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### Physician's Visits

100% after a \$20 Copay <i>(deductible waived)</i>	100% after a \$50 Copay <i>(deductible waived)</i>	50%
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### Diagnostic X-Ray Services & Laboratory Procedures

100%	80%	50%
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### Room and Board Expense

N/A	80%	50%
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### Inpatient/Outpatient Surgery

N/A	80%	50%
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### Medical Emergency Expenses, Copay waived if admitted

N/A	80% after a \$250 Copay <i>(deductible waived)</i>	80% after a \$250 Copay <i>(deductible waived)</i>
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### Prescription Drugs, Up to a 31 day supply per prescription

For all prescriptions filled at the Student Health and Wellness Center	At pharmacies contracting with UnitedHealthcare Pharmacy	
100% after a \$15 Copay for Generic \$40 Copay for Brand-Name \$60 Copay for Preferred Brand-Name <i>(deductible waived)</i>	100% after a Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: 80% Coinsurance <i>(deductible waived)</i>	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.

<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 and your optional dental and vision coverage, please visit [unt.myahpcare.com](https://unt.myahpcare.com).

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