



## 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. For additional information, go to [unt.myahpcare.com](https://unt.myahpcare.com).



## WE'VE GOT YOU COVERED!



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



Monthly Online Payment Plan



Student friendly website & enrollment



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.

# University of North Texas - Domestic Students 2022-2023

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

## COVERAGE & COST

|                         |                            |
|-------------------------|----------------------------|
| <b>Fall</b>             | <b>08/14/22 - 01/05/23</b> |
| Open Enrollment         | 07/01/22 - 09/12/22        |
| Student                 | \$ 1,224                   |
| Spouse                  | \$ 1,224                   |
| Each Child <sup>1</sup> | \$ 1,224                   |
| <b>Spring/Summer</b>    | <b>01/06/23 - 08/13/23</b> |
| Open Enrollment         | 11/30/22 - 01/30/23        |
| Student                 | \$ 1,857                   |
| Spouse                  | \$ 1,857                   |
| Each Child <sup>1</sup> | \$ 1,857                   |
| <b>Summer</b>           | <b>05/15/23 - 08/13/23</b> |
| Open Enrollment         | 04/11/23 - 05/29/23        |
| Student                 | \$ 768                     |
| Spouse                  | \$ 768                     |
| Each Child <sup>1</sup> | \$ 768                     |
| <b>Summer 1</b>         | <b>06/02/23 - 08/13/23</b> |
| Open Enrollment         | 05/15/23 - 06/09/23        |
| Student                 | \$ 616                     |
| Spouse                  | \$ 616                     |
| Each Child <sup>1</sup> | \$ 616                     |
| <b>Summer 2</b>         | <b>07/07/23 - 08/13/23</b> |
| Open Enrollment         | 06/23/23 - 07/14/23        |
| Student                 | \$ 320                     |
| Spouse                  | \$ 320                     |
| Each Child <sup>1</sup> | \$ 320                     |

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

| <b>BENEFITS</b> deductible applies unless otherwise stated below   |   |   |
|--|---|---|
|  | PREFERRED PROVIDER  | OUT-OF-NETWORK PROVIDER   |
| STUDENT HEALTH CENTER<br>Deductible Waived   | PREFERRED PROVIDER<br>Payments are based on the PPO Allowance | OUT-OF-NETWORK PROVIDER<br>Payments are based on Usual & Customary Charges  |
| <b>Preventive Care Services</b><br>For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> |   |   |
| 100%   | 100%<br>(deductible waived)                                   | 50%   |
| <b>Physician's Visits</b>  |   |   |
| 100% after a \$20 Copay<br>(deductible waived)   | 100% after a \$50 Copay<br>(deductible waived)                | 50%   |
| <b>Diagnostic X-Ray Services &amp; Laboratory Procedures</b>   |   |   |
| 100%   | 80%   | 50%   |
| <b>Room and Board Expense</b>  |   |   |
| N/A  | 80%   | 50%   |
| <b>Inpatient/Outpatient Surgery</b>  |   |   |
| N/A  | 80%   | 50%   |
| <b>Medical Emergency Expenses</b> , Copay waived if admitted   |   |   |
| N/A  | 80% after a \$250 Copay<br>(deductible waived)                | 80% after a \$250 Copay<br>(deductible waived)  |
| <b>Prescription Drugs</b><br>Up to a 31 day supply per prescription  |   |   |
| At pharmacies contracting with UnitedHealthcare Pharmacy   |   | At pharmacies <u>not</u> contracting with UnitedHealthcare Pharmacy   |
| 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. |