

University of North Texas - IELI Students

Student Health Insurance Plan 2024-2025



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 hard waiver basis. This includes International students enrolled in Intensive English Language Institute (IELI), Curricular Practical Training, Internship, Practicum, Study Abroad or other credit or non-credit activity as a bona fide UNT student. International students participating in Optional Practical Training (OPT) or Academic Training (AT) are eligible to enroll on a voluntary basis for up to a year (unless approved for a 2-year extension) as long as they were enrolled in SHIP as a student. If OPT/AT students have a gap in SHIP coverage while in the OPT/AT program, they must provide proof of their loss of coverage to re-enroll in SHIP.

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
- Access to Academic Student Assistance Program (ASAP)
- Telehealth solutions through AcademicLiveCare
- 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).

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 Intensive English Language Institute 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)	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	
	STUDENT HEALTH CENTER Deductible Waived	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges
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 1 8/12/24 - 10/14/24	FALL 2 (New IELI) 10/11/2024 - 01/03/25	SPRING 1 1/4/2025 - 3/12/2025	SPRING 2 3/13/2025 - 5/14/2025	SUMMER 5/15/2025 - 8/11/2025
Open Enrollment	07/01/24 - 09/21/24	10/03/24 - 11/07/24	12/16/24 - 01/25/25	02/28/25 - 04/03/25	05/01/25 - 06/12/25
Student	\$575	\$575	\$575	\$575	\$575
Spouse	\$575	\$575	\$575	\$575	\$575
Each Child ¹	\$575	\$575	\$575	\$575	\$575

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