



A STUDENT HEALTH PLAN **FOR YOU!**

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 on a mandatory basis. This includes students enrolled in Intensive English Language Institute (IELI), International students engaged in curricular practical training, Optional Practical Training, Internship, Practicum, Academic Training, Study Abroad or other credit or non-credit activity as a bona fide UNT student.

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



Additional Information

 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



Global Emergency Services

University of North Texas - IELI 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
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

COVERAGE & COST

Fall	08/14/21 - 10/16/21
Open Enrollment	08/14/21 - 09/10/21
Student	\$ 547
Spouse	\$ 547
Each Child ¹	\$ 547
Fall 2 (Continuing)	10/17/21 - 01/03/22
Open Enrollment	10/13/21 - 11/02/21
Student	\$ 674
Spouse	\$ 674
Each Child ¹	\$ 674
Fall 2 (New IELI)	10/13/21 - 01/03/22
Open Enrollment	10/13/21 - 11/02/21
Student	\$ 709
Spouse	\$ 709
Each Child ¹	\$ 709
Spring 1	01/04/22 - 03/13/22
Open Enrollment	01/04/22 - 01/25/22
Student	\$ 589
Spouse	\$ 589
Each Child ¹	\$ 589
Spring 2	03/14/22 - 05/24/22
Open Enrollment	03/14/22 - 04/05/22
Student	\$ 615
Spouse	\$ 615
Each Child ¹	\$ 615
Summer	05/25/22 - 08/13/22
Open Enrollment	05/25/22 - 06/14/22
Student	\$ 692
Spouse	\$ 692
Each Child ¹	\$ 692

BENEFITS

deductible applies unless otherwise stated below

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
STUDENT HEALTH CENTER <i>Deductible Waived</i>	PREFERRED PROVIDER <i>Payments are based on the PPO Allowance</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on Usual & Customary Charges</i>
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits/		
100%	100%	50%
Physician's Visits		
100% after a \$20 Copay <i>(deductible waived)</i>	100% after a \$50 Copay <i>(deductible waived)</i>	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 <i>(deductible waived)</i>	80% after a \$250 Copay <i>(deductible waived)</i>
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.

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.