



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. For additional information, go to 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



Academic Emergency Services*



University of North Texas - IELI 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
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 1	08/14/22 - 10/21/22
Open Enrollment	07/01/22 - 09/12/22
Student	\$ 622
Spouse	\$ 622
Each Child ¹	\$ 622
Fall 2 (New IELI)	10/18/22 - 01/03/23
Open Enrollment	10/03/22 - 11/07/22
Student	\$ 622
Spouse	\$ 622
Each Child ¹	\$ 622
Spring 1	01/04/23 - 03/12/23
Open Enrollment	12/16/22 - 01/23/23
Student	\$ 622
Spouse	\$ 622
Each Child ¹	\$ 622
Spring 2	03/13/23 - 05/14/23
Open Enrollment	02/28/23 - 04/03/23
Student	\$ 622
Spouse	\$ 622
Each Child ¹	\$ 622
Summer	05/15/23 - 08/13/23
Open Enrollment	05/01/23 - 06/12/23
Student	\$ 622
Spouse	\$ 622
Each Child ¹	\$ 622

BENEFITS

deductible applies unless otherwise stated below

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
STUDENT HEALTH CENTER Deductible Waived	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/		
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 (deductible waived)	80% after a \$250 Copay (deductible waived)
Prescription Drugs 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 Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: 80% Coinsurance (deductible waived)		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.

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.

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.