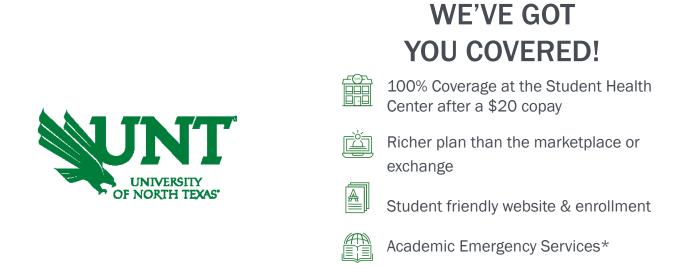
A STUDENT HEALTH PLAN FOR YOU!

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.



*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 Healplans. Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare. AHP (22) UHC-UNT OPT



University of North Texas - OPT 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	BENEFITS deductible	applies unless otherwise sta	red below	
Benefit Maximum per Insured Person, per Policy Year	Linimited		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	
Deductible per Insured Person, per Policy Year	Policy Year \$ 500 \$ 1,000		Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits/			
Individual Out-of-Pocket Maxim per Insured Person, per Policy Year	um \$ 7,350	N/A		100%		
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy	5 14 /00	N/A	100%	(deductible waived)	50%	
COVERAGE & COST			Physician's Visits			
Fall 1 08/14/22 - 10/19/22		22	100% after a \$20 Copay (deductible waived)	100% after a \$50 Copay (deductible waived)	50%	
Open Enrollment	07/14/22-09/12/22					
Student	\$ 566		Diagnostic X-Ray Services & Laboratory Procedures			
Spouse	\$ 566			-		
Each Child ¹	\$ 566		100%	80%	50%	
Fall 2	10/20/22 - 01/03/23		Room and Board Expense			
Open Enrollment	10/03/22 - 11/07/22		N/A	80%	50%	
Student	\$ 643		Inpatient/Outpatient Surgery			
Spouse	\$ 643					
Each Child ¹	\$ 643		N/A	80%	50%	
Spring 1	01/04/23-03/12/	23	Medical Emergency Expenses, Copay waived if admitted			
Open Enrollment	12/14/22 - 01/23/23		\$	80% after a	80% after a	
Student	\$ 575		N/A	\$250 Copay (deductible waived)	\$250 Copay (deductible waived)	
Spouse	\$ 575			(deddetible walved)	(deddetible walved)	
Each Child ¹	\$ 575		Prescription Drugs			
Spring 2	03/13/23-05/14/23		Up to a 31 day supply per prescription			
Open Enrollment	02/28/23 - 04/03/23		At pharmacies contracting w UnitedHealthcare Pharmacy		At pharmacies <u>not</u> contracting with UnitedHealthcare Pharmacy	
Student		533		UnitedHea		
Spouse Each Child ¹		\$ 533 \$ 533		50%	50% Please note: You are required to pay the full amount charged at the time of	
			Tier 1: \$15 Copay			
Summer	05/15/23 - 08/13/23		service service		or all prescriptions dispensed at -network provider and must file	
Open Enrollment	05/01/23 - 06/12/23		(deductible waived)		claim for reimbursement.	
Student	\$ 769					
Spouse	\$ 769 \$ 760					
Each Child ¹	\$ 769					

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.

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.