



2025 - 2026

# Student Health Insurance Plan: University of North Texas System



## Student Insurance Plan

The rising costs of medical care have made the UNT System increasingly aware of the importance of adequate insurance to provide care when Injuries and Sicknesses require treatment.

The UnitedHealthcare Insurance Company Plan is specifically designed for the University of North Texas students. The Policy covered students who require hospitalization treatment for Injuries and Sicknesses.

### Who can enroll?

#### 2025-598-4 UNT:

All registered International students, scholars or other persons with a current passport and student visa engaged in educational activities at UNT 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 one additional year). Students must have been 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.

#### 2025-203098-4 UNT HSC:

All registered International students with a current passport and student visa engaged in educational activities at the University of North Texas Health Science Center at Fort Worth (UNT HSC) are eligible and must be enrolled in the insurance plan on a hard waiver basis. This includes International students engaged in Curricular Practical Training, Internship, Practicum, or other credit or non-credit activity as a bona fide UNT HSC 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/TA students have a gap in SHIP coverage while in the OPT/TA program, they must provide proof of their loss of coverage to re-enroll in SHIP.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse.
  - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	<a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	<b>Choice Plus</b>
Find a prescription drug provider	<b>Optum Rx</b>

## Coverage periods, plan cost and deadline dates

UNT	Fall	Spring/Summer	Summer	Summer 1	Summer 2
Coverage dates	8/12/25 - 1/5/26	1/6/26 - 8/11/26	5/10/26 - 8/11/26	5/14/26 - 8/11/26	6/18/26 - 8/11/26
Student	\$1,053.00	\$1,561.00	\$676.00	\$648.00	\$397.00
Spouse	\$1,053.00	\$1,561.00	\$676.00	\$648.00	\$397.00
One Child	\$1,072.00	\$1,589.00	\$688.00	\$659.00	\$405.00
Two or More Children	\$2,236.00	\$3,178.00	\$1,376.00	\$1,318.00	\$810.00

UNT English Language Program	Fall 1	Fall 2	Spring 1	Spring 2	Summer
Coverage dates	8/11/25 - 10/10/25	10/11/25 - 1/5/26	1/6/26 - 3/12/26	3/13/26 - 5/14/26	5/15/26 - 8/10/26
Student	\$523.00	\$523.00	\$523.00	\$523.00	\$523.00
Spouse	\$523.00	\$523.00	\$523.00	\$523.00	\$523.00
One Child	\$532.00	\$532.00	\$532.00	\$532.00	\$532.00
Two or More Children	\$1,064.00	\$1,064.00	\$1,064.00	\$1,064.00	\$1,064.00

UNT International Exchange Students	Fall	Spring	Special Coverage Period (Maymester)	Summer
Coverage dates	8/12/25 - 1/5/26	1/6/26 - 5/14/26	5/1/26 - 5/31/26	5/15/26 - 8/11/26
Student	\$1,049.00	\$921.00	\$221.00	\$635.00
Spouse	\$1,049.00	\$921.00	\$221.00	\$635.00
One Child	\$1,068.00	\$938.00	\$225.00	\$647.00
Two or More Children	\$2,136.00	\$1,876.00	\$450.00	\$1,294.00

UNT – HSC International Graduate	Fall	Spring/Summer
Coverage dates	8/10/25 – 12/31/25	1/1/26 – 8/9/26
Student	\$1,028.00	\$1,576.00
Spouse	\$1,028.00	\$1,576.00
One Child	\$1,046.00	\$1,605.00
Two or More Children	\$2,092.00	\$3,210.00

UNT – HSC Medical	Special Coverage Period (Fall – New)	Fall (Returning)	Spring/Summer
Coverage dates	7/1/25 – 12/31/25	7/10/25 – 12/31/25	1/1/26 – 6/30/26
Student	\$1,1313.00	\$1,248.00	\$1,291.00
Spouse	\$1,1313.00	\$1,248.00	\$1,291.00
One Child	\$1,1313.00	\$1,271.00	\$1,315.00
Two or More Children	\$2,672.00	\$2,542.00	\$2,630.00

Rates are subject to regulatory approval and may change.

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## Plan highlights

**Metallic Level:** Gold with actuarial value of 83.490%

**Student Health and Wellness Center Benefits (Denton):** 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 and Wellness Center Benefits (Denton) for the following Services:

- Physician's Visits after a \$15 Copay per visit.
- All other services listed in the Schedule of Benefits.
- Routine Adult Eye exam with refraction (1 exam per student per year limit). Copay is waived.
- Laboratory procedures performed at the SHC and labs sent to Quest Diagnostics, LabCorp or Radiology & Tests & Procedures sent to Envision Imaging by the SHC.
- See Section 10: Student Health Center for additional benefits covered at the Student Health Center.

**Student Health Center Benefits (Fort Worth and Dallas):** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Clinic (Fort Worth and Dallas) for the following Services:

- Physician's Visits. Copay is waived.
- All other services listed in the Schedule of Benefits.
- Laboratory procedures performed at the SHC and labs sent to Quest Diagnostics, LabCorp or Radiology & Tests & Procedures sent to Envision Imaging by the SHC.
- See Section 10: Student Health Center for additional benefits covered at the Student Health Center.

**The following are covered at the Student Health Centers:** 1) under the Health Center's annual Pap coverage except as mandated: Chlamydia (STD), Thin Prep, Gonorrhea, RPR (Syphilis), H/H CBC, HIV testing, urinalysis with reflux to urine culture, and CMP or BMP (blood chemistry); 2) an annual physical for men and women will cover the examination and lab work, including BMP or CMP, urinalysis with reflux to urine culture, STD testing and CBC; 3) acne treatment (acne medications will be covered under the Prescription Drug benefits); 4) All CDC recommended immunizations, including HPV and Bacterial Meningitis are covered (If not a PPACA mandated benefit, a \$25 Copay is applicable); 5) Immune Titers; 6) Screening for TB. If the test result is positive, a 1-view chest x-ray to determine if contagious; and 7) TSH with reflex to T4.

NOTE: Student Health Center benefits are for students who pay the medical service fee.

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$500 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
<b>Out-of-Pocket Maximum</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$7,350 Per Insured Person, Per Policy Year \$14,700 For all Insureds in a Family, Per Policy Year	\$14,700 Per Insured Person, Per Policy Year \$29,400 For all Insureds in a Family, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 20% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	50% of billed charge Up to a 31-day supply per prescription after Deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$40 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.

**Questions about your plan?**

Contact Customer Service at **1-866-429-4868**  
or at **customerservice@uhcsr.com**

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