

University of Dallas- International 2019-2020 Student Health Insurance Plan



Please note: The new insurance carrier for the 2019-2020 school year is National Guardian Life Insurance Company.

Eligibility

All F1/J1 international student visa holders taking one or more credit hours will be automatically enrolled in the University of Dallas Student Health Insurance Plan unless proof of comparable coverage is furnished. All undergraduate students taking less than 12 credit hours, online students, students attending University of Dallas at Distance Learning Centers, or taking home study or correspondence courses are NOT eligible to enroll in this Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. 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 the Company discovers the eligibility requirements have not been met, its only obligation is to refund premium.

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.




Dependent eligibility expires concurrently with that of the Insured student.

Please view the complete brochure on-line at udallas.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

-  udallas.myahpcare.com
-  1-855-824-9682
-  support@ahpcare.com



The 2019-2020 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2014)PPO TX. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.



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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. The PPO network is Cigna.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited
Deductible (<i>deductible is waived for services at the Student Health Center and applicable Preventive Care Services</i>)	Network Provider: \$ 300 per Insured Person, per Policy Year Non-Network Provider: \$ 600 per Insured Person, per Policy Year
Individual Out-of-Pocket	Network Provider: \$ 6,850 per Insured Person, per Policy Year Non-Network Provider: \$ 12,700 per Insured Person, per Policy Year
Family Out-of-Pocket	Network Provider: \$ 13,700 per Family, per Policy Year Non-Network Provider: \$ 25,400 per Family, per Policy Year

*Preventive Services: The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance for Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at 70% of the Usual and Reasonable Charge. Please visit www.healthcare.gov/preventive-care-benefits/ for more information.

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance for Covered Medical Expenses</i>	<i>Payments are based on Usual and Reasonable Charge for Covered Medical Expenses</i>
Hospital Room and Board Expense <i>Precertification Required</i>	80%	60%
Inpatient/Outpatient Surgery <i>Inpatient: Precertification Required</i>	80%	60%
In-Office Physician Visits <i>\$30 Copayment per visit</i> <i>Policy Deductible waived in-network</i>	100%	100%
Diagnostic X-ray Services	80%	60%
Laboratory Procedures	80% after a \$40 Copayment	60%
Emergency Services Expense <i>\$150 Copayment per visit</i>	80%	80%
Prescription Drugs	<i>At pharmacies contracting with Cigna RX®</i> 100% after a Generic Copayment: \$15 Preferred Brand Copayment: \$30 Brand Copayment: \$45	60% after a Generic Copayment: \$15 Preferred Brand Copayment: \$30 Brand Copayment: \$45

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/15/2019 to 01/01/2020**	Spring 01/01/2020 to 05/01/2020**	Summer 05/01/2020 to 08/15/2020**
Student	\$ 651	\$ 572	\$ 503
Spouse	\$ 651	\$ 572	\$ 503
Child, 2x Max ¹	\$ 651	\$ 572	\$ 503

¹Coverage for 2 or more children is calculated at the child rate times two (2).

**The coverage periods are effective and will terminate at 12:01am local time at the Policy holder's address on the dates advertised. These rates include an administrative fee.

To view all enrollment and coverage periods available, please visit udallas.myahpcare.com or call Academic HealthPlans at 1-855-824-9682.