

University of Dallas - International 2020-2021 Student Health Insurance Plan



The New Insurance Carrier for the 2020-2021 School Year is Wellfleet.
The Preferred Provider Network is the Cigna Network.

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 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services*

*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 HealthPlans.

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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.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited
Deductible <i>(When Treatment is rendered at the Student Health Center, the Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred and applicable to Preventive Care Services)</i>	In-Network Provider: \$ 300 per Insured Person, per Policy Year Out-of-Network Provider: \$ 600 per Insured Person, per Policy Year
Individual Out-of-Pocket	In-Network Provider: \$ 6,850 per Insured Person, per Policy Year Out-of-Network Provider: \$ 12,700 per Insured Person, per Policy Year
Family Out-of-Pocket	In-Network Provider: \$ 13,700 per Family, per Policy Year Out-of-Network Provider: \$ 25,400 per Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider <i>Uses Cigna Network</i>	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge for Covered Medical Expenses</i>	<i>Payments are based on the Usual and Customary Charge for Covered Medical Expenses</i>
Hospital Care <i>includes hospital room and board expense Pre-Authorization Required</i>	80% after Deductible	60% after Deductible
Inpatient/Outpatient Surgery <i>Pre-Authorization Required</i>	80% after Deductible	60% after Deductible
In-Office Physician Visits <i>Including Specialists and Consultants</i>	100% after a \$30 Copayment per visit <i>(deductible waived)</i>	100% after a \$30 Copayment per visit <i>(deductible applies)</i>
Diagnostic Imaging Services <i>Pre-Authorization Required</i>	80% after Deductible	60% after Deductible
Laboratory Procedures	80% after a \$40 Copayment per visit <i>(deductible applies)</i>	60% after Deductible
Emergency Care Services	80% after a \$150 Copayment per visit <i>(deductible applies)</i>	80% after a \$150 Copayment per visit <i>(deductible applies)</i>
	At pharmacies contracting with Wellfleet Rx/ESI	
Prescription Drugs	100% after a Tier 1 Copayment: \$15 Tier 2 Copayment: \$30 Tier 3 Copayment: \$45 Specialty Drug Copayment: \$45 <i>(deductible waived)</i>	60% after a Tier 1 Copayment: \$15 Tier 2 Copayment: \$30 Tier 3 Copayment: \$45 Specialty Drug Copayment: \$45 <i>(deductible applies)</i>
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% <i>(deductible waived)</i>	70% after Deductible

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/15/2020 through 12/31/2020	Spring 01/01/2021 through 04/30/2021	Summer 05/01/2021 through 08/14/2021
	Student	\$ 663	\$ 582
Spouse	\$ 663	\$ 582	\$ 510
Child, 2x Max ¹	\$ 663	\$ 582	\$ 510

To view all enrollment and coverage periods available, please visit udallas.myahpcare.com.

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