

2019–2020 Student Injury and Sickness Insurance Plan for University of North Texas System – Health Science Center at Fort Worth - Pharmacy Students



PLEASE NOTE:
THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS

UNT

HEALTH SCIENCE CENTER™

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 covers students who require hospitalization treatment for Injuries or Sicknesses.

Who is eligible to enroll?

All degree seeking domestic students enrolled in the College of Pharmacy, Texas College of Osteopathic Medicine and School of Health Professions taking credit hours at the University of North Texas Health Science Center at Fort Worth are eligible and required to purchase this plan on a hard waiver basis. All degree seeking domestic undergraduate students enrolled in 6 or more credit hours and graduate students enrolled in 3 or more credit hours in the Graduate School of Biomedical Sciences and the School of Public Health and any students participating in a distance learning program who reside in Texas, are eligible to enroll in this insurance plan on a voluntary basis. Credit Hour requirement can be met by a combination of online and campus credit hours, not to exceed 50% online.

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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under 19PPOSB-203098-1

which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/unthsc. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-203104-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-866-429-4868 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

| Rates | (Fall) 1st Special 8/12/19 – 12/31/19 | (Spring/Summer) 1st Special 1/1/20 – 8/1/20 |
|-------------------------------|---------------------------------------------|---------------------------------------------------|
| Student | \$1,077.00 | \$1,698.00 |
| Spouse | \$1,077.00 | \$1,698.00 |
| One Child | \$1,077.00 | \$1,698.00 |
| Two or more Children | \$2,154.00 | \$3,396.00 |
| Spouse + Two or More Children | \$3,231.00 | \$5,094.00 |

Important dates or deadlines

Online waivers must be submitted prior to August 29, 2019.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.560%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

Student Health Center Benefits: 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 (UNT Denton) and Student Health Clinic (UNT HSC) for the following Services:

- Student Health and Wellness Center (UNT Denton) - Physician's Visits after a \$25 Copay per visit;
- All other services listed in the Schedule of Benefits.

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

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 reflux to T4.

| | Preferred Providers | Out-of-Network Providers |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| Overall Plan Maximum | There is no overall maximum dollar limit on the policy | |
| Plan Deductible | \$500 Per Insured Person, per Policy Year | \$1,000 For all Insureds in a Family, Per Policy Year |
| Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be</i> | \$7,350 Per Insured Person, Per Policy Year | There is no Out-of-Pocket Maximum for Out-of-Network benefits. |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 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. | \$14,700 For all Insureds in a Family, Per Policy Year | |
| Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate. | 80% of Preferred Allowance for Covered Medical Expenses | 50% of Usual and Customary Charges for Covered Medical Expenses |
| Prescription Drugs Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply. Student Health and Wellness Center Dallas and Denton Students: A \$15 Copay per prescription for Generic \$40 Copay per prescription for Brand Name up to a 31-day supply per prescription for all prescriptions filled at the Student Health and Wellness Center. | \$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) | Usual and Customary Charges Up to a 31-day supply per prescription |
| Preventive Care Services 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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups. | 100% of Preferred Allowance | 50% of Usual and Customary Charges |
| The following services have per Service Copays This list is not all inclusive. Please read the plan certificate for complete listing of Copays. | Physician's Visits: \$50 Medical Emergency: \$250, waived if admitted to Hospital | Medical Emergency: \$250, waived if admitted to Hospital |
| Pediatric Dental and Vision Benefits | Refer to the plan certificate for details (age limits apply). | |

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture, except as specifically provided in the Policy.
2. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Milieu therapy. Parent-child problems.
This exclusion does not apply to benefits specifically provided in the Policy.
3. Biofeedback.
4. Circumcision.
5. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth
 - As described under Dental Treatment in the Policy.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Hearing examinations. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
 - Benefits specifically provided in the Policy
 - Benefits for Screening for Hearing Loss and Benefits for Treatment of Speech and Hearing Disorders as specifically provided in the Policy.
11. Hirsutism.
 12. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
 13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
 14. Injury sustained while:
 - Participating in any intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
 15. Investigational services.
 16. Lipectomy.
 17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting as an active participant.
 18. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy and in the Benefits for Diabetes Treatment.
 - Immunization agents, except as specifically provided in the Policy.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
 19. Reproductive/Infertility services including but not limited to the following:
 - Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the Policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
 20. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 21. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Benefits for Maternity and Post Delivery Care.
 22. Preventive care services which are not specifically provided in the Policy, including:
 - Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
 23. Services provided by a member of the Insured Person's immediate family. The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity. This exclusion does not apply to the selection of a dentist who provides a covered dental care service under the Policy as long as the dentist is licensed in Texas to provide the service.
 24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
 25. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
 26. Sleep disorders.
 27. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

28. Supplies, except as specifically provided in the Policy.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
32. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic Students, insured spouse and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

Student Assistance: 24/7 Counseling Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at www.uhcsr.com/MyAccount.

BetterHelp: 24/7 Online Counselor Access

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with **StudentResources**, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

This Summary Brochure is based on Policy #2019-203104-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 1-866-260-2723.

Micronesian- Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'í' bee ná'ahoot'i'. T'áá shqōdí kohjí' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया
1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Kāk ē kuny ajuer ē thok atō tinē yin abac tē cīn wēu yeke thiēc. Yin cōl 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totoogia.
Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa.
Fadlan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure.
Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian

1-866-260-2723

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

1-866-260-2723 కి కాల్ చేయండి.

Thai

บริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย
1-866-260-2733

Tongan- Fakatonga

‘Oku ‘i ai pē ‘a e sēvesi ki he lea’ ke tokoni kiate koe pea ‘oku
‘atā ia ma’au ‘o ‘ikai ha totongi. Kātaki ‘o tā ki he
1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei animisin emon chon chiakku, ese kamo.
Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔
براہ مہربانی 1-866-260-2723 پر کال کریں۔

Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

1-866-260-2723

Yoruba

Isẹ iranlọwọ èdè tí ó jẹ ọfẹ, wà fún ọ. Pe 1-866-260-2723.

POLICY NUMBER: 2019-203104-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC4 - 10/16/2019

NOC4- 203098-1

1)Changing the below for GSBS-SPH-TL Summary Brochure

- o Annual coverage dates should be 8/14/19 – 8/13/20
- o Fall coverage dates should be 8/14/19 – 12/31/19
- o Spring coverage dates should be 1/1/20 – 5/27/20
- o Spring/Summer coverage dates should be 1/1/20 – 8/13/20
- o Summer coverage dates should be 5/28/20 – 8/13/20

2)Changing the below for Summary Brochure (PA) on page 2

- o Removed Spring column under “Coverage Rates and Plan Cost” section

3)Changing the below for Summary Brochure (Pharmacy) on page 2

- o Removed Annual column under “Coverage Rates and Plan Cost” section

4)Changing the below for Summary Brochure (Medical/DPT)

- o Removed Annual column under “Coverage Rates and Plan Cost” section

Certificate:

no change

SOB:

no change

NOC3 - 09/13/2019

Certificate & Schedule of Benefits

Updated SHC Header back to 2018 language and included \$25 PV copay see below:

1)Student Health Center Benefits: 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 (UNT Denton) and Student Health Clinic (UNT HSC) for the following Services:

- Student Health and Wellness Center (UNT Denton) - Physician’s Visits after a \$25 Copay per visit;
- All other services listed in the Schedule of Benefits.

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

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 reflux to T4.

SOB:

From:

Prescription Drugs

*See UHCP Prescription Drug Benefit Endorsement for additional information.

Dallas and Denton Students:

A \$15 Copay per prescription for Tier 1

\$40 Copay per prescription for Tier 2

20% Coinsurance per prescription Tier 3

up to a 31 day supply per prescription for all prescriptions filled at the Student Health and Wellness Center.

90-day supply at the Student Health and Wellness Center is 3 times the retail Copay.

TO:

(*See UHCP Prescription Drug Benefit Endorsement for additional information.) Dallas and Denton Students:

A \$15 Copay per prescription for Generic /

\$40 Copay per prescription for Brand Name

up to a 31 day supply per prescription for all prescriptions filled at the Student Health and Wellness Center.

NOC 2 - 8/7/19 - 08/07/2019

NOC 2 – 203104-1 (all schools) 8/7/19

Brochure:

1. Schedule of benefits:

Mental Illness Treatment and Substance Use Disorder Treatment benefits updated to:

Inpatient: Preferred Allowance / Usual and Customary Charges;

Outpatient Office Visits: \$50 Copay per visit, 100% of Preferred Allowance / Usual and Customary Charges;

All Other Outpatient: Preferred Allowance / Usual and Customary Charges

Summary Brochure:

No change

Policy:

No change

NOC 1 - 07/31/2019

NOC 1 – 203104-1 (all schools) 8/1/19

Brochure:

1. Schedule of benefits:

a) Student Health Center Benefits paragraph updated bulleted list to:

- Student Health and Wellness Center (UNT Denton) - Physician's Visits after a \$25 Copay per visit; Diabetic supplies and Diabetic prescriptions at 100%, no Copay or Deductible applies.
- All other services listed in the Schedule of Benefits.

b) Prescription Drugs benefits - Updated Tier 3 coinsurance to 20%

c) Prescription Drugs benefits - Updated SHC benefit information to:

Student Health and Wellness Center

Dallas and Denton Students:

\$15 Copay per prescription Tier 1

\$40 Copay per prescription Tier 2

20% Coinsurance per prescription Tier 3

up to a 31-day supply per prescription for all prescriptions filled at the Student Health and Wellness Center.
90-day supply at the Student Health and Wellness Center is 3 times the retail Copay.

Summary Brochure:

1. Schedule of benefits:

a) Student Health Center Benefits paragraph updated bulleted list to:

- Student Health and Wellness Center (UNT Denton) - Physician's Visits after a \$25 Copay per visit; Diabetic supplies and Diabetic prescriptions at 100%, no Copay or Deductible applies.
- All other services listed in the Schedule of Benefits.

b) Prescription Drugs benefits - Updated Tier 3 coinsurance to 20%

c) Prescription Drugs benefits - Updated SHC benefit information to:

Student Health and Wellness Center

Dallas and Denton Students:

\$15 Copay per prescription Tier 1

\$40 Copay per prescription Tier 2

20% Coinsurance per prescription Tier 3

up to a 31-day supply per prescription for all prescriptions filled at the Student Health and Wellness Center.

90-day supply at the Student Health and Wellness Center is 3 times the retail Copay.

Policy:

No change