

Texas State University 2017-2018 - International Student Health Insurance Plan

Eligibility

All enrolled international students in the United States with non-immigrant F-1 and J-1 student visa classifications are subject to the mandatory health insurance requirement. Students can either enroll in the health insurance plan or submit a waiver with equivalent insurance coverage that is government-sponsored or U.S. employer-sponsored.

If you do not enroll or obtain waiver approval by the first day of classes, a “Hold” will be placed on your Texas State University student account. This “Hold” will prevent you from making changes to your class schedule, registering for the next semester classes, applying for graduation, requesting a transcript, and applying for OPT. This hold can jeopardize your visa status for failure to maintain requirements of enrollment.

Texas State students may enroll online at txstateintl.myahpcare.com. Premium payments must be received at the time of enrollment in the health insurance plan, during the open enrollment period. Premium will not be accepted after the open enrollment period has ended.

Dependents of non-immigrant F-1 and J-1 students may enroll in the health insurance plan.

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



Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling

Additional Information

- txstateintl.myahpcare.com
- 1-855-850-4298

Enrolled student with non F1 & J1 visa classifications

You are not eligible to enroll in the International Student Health Plan.

You are eligible to purchase the Domestic Student Health Plan. You can enroll at txstate.myahpcare.com.

Texas State University 2017-2018

Student Health Insurance Plan

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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

STUDENT HEALTH CENTER:

The deductible will be waived and covered expenses paid at 100% based upon UnitedHealthcare allowables. A \$30 copayment applies to doctor's visits. Student prescription drug benefits at the Student Health Center provides benefits for medication prescribed for the treatment of acne, allergies and Mental Illness/Chemical Dependency if the medication is available on the Student Health formulary.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Member, per Policy Year
Individual Deductible	In-Network Provider: \$500 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
Family Deductible	In-Network Provider: \$1,500 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$3,000 for all Insureds in a Family, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$6,350 per Insured Person, per Policy Year Out-of-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$12,700 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$25,400 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	100% after a \$30 Copay per visit	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>(Plan deductible waived)</i>	80% after a \$150 Copay per visit <i>ER copay waived if admitted</i>	80% after a \$150 Deductible per visit <i>ER deductible waived if admitted</i>
Prescription Drugs <i>up to a 90 day supply</i>	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$20 Copayment per Tier 1 \$40 Copayment per Tier 2 \$60 Copayment per Tier 3 <i>(Deductible waived)</i>	60% <i>(after \$1,000 individual plan deductible)</i>
Prescription Drugs at Texas State University Health Center (SHC) <i>up to a 90 day supply (copay per 30 day supply) (Deductible waived)</i>	At Texas State University SHC: 100% after a \$10 Copayment per Generic drug \$25 Copayment per Brand drug	N/A
*Preventive Care Services	100%	60%

*For more information please visit healthcare.gov/preventive-care-benefits/

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS FOR INTERNATIONAL

Coverage Periods	Annual	Fall	Spring	Spring/Summer	Summer	Summer 1	Summer 2
	08/23/2017 through 08/22/2018	08/23/2017 through 01/13/2018	01/14/2018 through 05/26/2018	01/14/2018 through 08/22/2018	05/27/2018 through 08/22/2018	05/27/2018 through 07/07/2018	07/08/2018 through 08/22/2018
Open Enrollment	07/14/2017 through 09/29/2017	07/14/2017 through 09/29/2017	12/01/2017 through 02/28/2018	12/01/2017 through 02/28/2018	05/01/2018 through 06/15/2018	05/01/2018 through 06/15/2018	06/18/2018 through 07/13/2018
Student	\$1,681	\$663	\$612	\$1,018	\$406	\$193	\$213
Spouse	\$1,681	\$663	\$612	\$1,018	\$406	\$193	\$213
Child	\$1,681	\$663	\$612	\$1,018	\$406	\$193	\$213

To view all enrollment and coverage periods available, please visit txstateintl.myahpcare.com or call Academic HealthPlans at 1-855-850-4298.