

Texas State University 2020-2021 - 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 Texas State students may be enrolled in the health insurance as a dependent of the Texas State primary visa student (F-1 or J-1).

Free for All Insured Students

HealthiestYou

HealthiestYou offers 24/7/365 access to board-certified physicians via phone and/or video chat. HealthiestYou also offers notifications via smart phone app - students may receive a notification when they arrive at an Emergency Room or Urgent Care Center.

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



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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. 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 provide coverage 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	Preferred Network Provider:	\$500 per Insured Person, per Policy Year
	Out-of-Network Provider:	\$1,000 per Insured Person, per Policy Year
Family Deductible	Preferred 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	Preferred 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	Preferred 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	Preferred Provider	Out-of-Network Provider
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician Visits	100% after a \$30 Copay per visit	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>Copay waived if admitted</i>	80% after a \$150 Copay per visit	80% after a \$150 Copay per visit
Prescription Drugs <i>31-day supply</i>	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$20 Copay per Tier 1 \$40 Copay per Tier 2 \$60 Copay per Tier 3 (Deductible waived)	60% (after \$1,000 individual plan deductible)
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 Copay per Generic drug \$25 Copay per Brand drug	N/A
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% (deductible waived)	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS

Coverage Periods	Annual 08/23/2020 through 08/22/2021	Fall 08/23/2020 through 01/10/2021	Spring/Summer 01/11/2021 through 08/22/2021	Summer (New Students Only) 05/24/2021 through 08/22/2021
Open Enrollment	05/22/2020 through 09/28/2020	05/22/2020 through 09/28/2020	10/21/2020 through 02/26/2021	03/25/2021 through 06/15/2021
Student	\$ 1,808	\$ 699	\$ 1,109	\$ 451
Spouse	\$ 1,808	\$ 699	\$ 1,109	\$ 451
Child¹	\$ 1,808	\$ 699	\$ 1,109	\$ 451

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.
To view all enrollment and coverage periods available, please visit txstateintl.myahpcare.com.