



2022-23 Student Health Insurance Plan Benefits

<i>All benefits listed below are for in-network providers, please review the master policy for full benefit details</i>	
Deductible – Individual	\$250 Annual Deductible
Out-of-Pocket Maximum – Individual	\$4,600
Office Visits – Primary Care & Specialists	20% Coinsurance Per Visit
Preventive Care Services	Covered In Full
Emergency Ambulance Transportation	20% Coinsurance Per Use
Medical Emergency (Emergency Room) - Copayment waived if Hospital admission	\$300 then 20% coinsurance member responsibility
Urgent Care Services	20% Coinsurance Per Visit
Inpatient & Outpatient Hospital Surgery	20% Coinsurance Per Admission
Mental Health & Substance User Services Inpatient	20% Coinsurance Per Admission
Mental Health & Substance User Services Outpatient	20% Coinsurance Per Visit
Rehabilitation Services (Physical, Occupational & Speech Therapy)	20% Coinsurance Per Admission/Visit
Laboratory Services	20% Coinsurance Per Visit
Allergy Testing and Treatment – Performed in PCP & Specialist Office	20% Coinsurance Per Visit
Advance Imaging Services	20% Coinsurance Per Visit
Prescription Pharmacy Benefits	Tier One \$15; Tier Two \$30; Tier Three \$50
For medical providers inside the USA, please log in to your myuhc.com account and then click Find a Doctor.	

The benefits listed above are a brief summary of the Texas Christian University Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Master Policy.

Texas Christian University 2022-23

Student Health Insurance Plan Options

	Aetna Current Plan 2021-22	UHC 2022-23 Plan Year
Deductible	\$350	\$250
Coinsurance	20%	20%
Out-of-Pocket Max	\$4,600	\$4,600
Preventive Care	Covered In Full	Covered In Full
Primary Care	20% Coinsurance	20% Coinsurance
Specialist	20% Coinsurance	20% Coinsurance
Urgent Care	20% Coinsurance	20% Coinsurance
Emergency Room	\$250 copayment then 20% Coinsurance	\$300 copayment then 20% Coinsurance
Inpatient Hospitalization	20% Coinsurance per admission	20% Coinsurance per admission
RX Drug Generic	30% Coinsurance After Deductible	Tier One \$15
RX Preferred	30% Coinsurance After Deductible	Tier Two \$30
RX Non Preferred	30% Coinsurance After Deductible	Tier three \$50
Ambulance	30%	20%
AD&D (\$25K)	N/A	Included
Annual Cost	\$2,164.00	\$2,205.00