

Student Health Insurance Plan Texas Southern University

Rates & Dates



Fall Enroll/Waive Deadline: 9/8/2021
 Premium: \$771 (8/11/21 to 1/10/22)
 Spring/Summer Deadline: 1/31/2022
 Premium: \$1,067 (1/11/22 to 8/10/22)

Enroll/Waive Deadline and Coverage Period

If your existing health plan covers you in your school area, you may opt to submit a waiver by logging in to your school specific website and entering your insurance information. Learn more about benefits, coverage periods, dependent enrollment and more at www.gallagherstudent.com/tsu If you chose to enroll a dependent you will receive an email with a secure payment link from sysprocess@origamirisk.com to submit payment to Gallagher Student Health.

Login Online



Please click "Waive" to provide your comparable coverage information and request waiver from Fall coverage. "Enroll" to confirm insurance for yourself and/or purchase insurance for your dependents. After enrolling you will have applicable premium charges applied to your student account.

First Time Logging In?

- Log onto: www.gallagherstudent.com/tsu
- Click "LOG IN"

Find A Doctor



The Provider network for this plan is the UnitedHealthcare Choice Plus Network You may choose any physician or hospital; however, using providers that are part of the network may decrease your share of the costs. For a complete listing of network providers, click "Find a Doctor" at www.gallagherstudent.com/tsu

Did you know?

Student Health Insurance Plans are generally less expensive and have better coverage than individual plans purchased through state marketplaces. Premiums are lower and your out of pocket costs will be low as well. Most plans are PPO's (Preferred Provider Networks), which means easy access to providers near campus or anywhere you may live or travel.

Prescription Drugs



To fill a prescription visit any in-network pharmacy and pay the copay. Participating pharmacies can be found online, click "Pharmacy Program" at www.gallagherstudent.com/tsu

Note: There is \$10,000 IC Sport Rider on this policy for 100%

	Your Network	Out of Network
Deductible	\$500	\$1,000
Covered Percentage	80% of Preferred Allowance	60% of Usual & Customary
Office Visit Copay	\$15 Copay	\$15 Copay
Emergency Room Copay	\$150 Copay then 80%	\$150 Copay then 80%
Prescription Drug Copay	\$15 Copay Generic \$35 Copay Preferred Brand \$60 Copay Non-Preferred Brand	\$35 Copay Generic \$60 Copay Preferred Brand

