

Western Illinois University 2016-2017 Student Health Insurance Plan

Eligibility

Students taking nine (9) class hours or more on the Macomb campus are automatically enrolled in the Student Health Insurance Program, unless proof of comparable coverage is furnished.

All Graduate Assistants under contract with the University and enrolled in on-campus classes, WESL students, and Spoon River College students residing in University housing are also assessed the fee for this coverage. Students from the WIU Quad Cities campus are eligible to opt into the program.

Coverage for spouses/domestic partners and children is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, go to wiu.myahpcare.com.

Please view the complete brochure online at wiu.myahpcare.com for full details of participation in the plan.



Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 wiu.myahpcare.com
- ☎ (855) 357-0244



The 2016-2017 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280(2014)IL. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.

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Western Illinois University 2016-2017 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. The PPO network is HealthLink.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$1,000 per Insured Person, per Policy Year Non-Network Provider: \$2,000 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$2,250 per Insured Person, per Policy Year Non-Network Provider: \$4,500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$13,200 per Family, per Policy Year Non-Network Provider: \$38,400 per 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 Reasonable Charges</i>
Hospital Room and Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
In-Office Physician Fees	100% after a \$25 Copayment	50%
Diagnostic X-ray Services & Laboratory Procedures	70%	50%
Emergency Services Expense \$200 Copayment	70%	70% Emergency 50% Non-Emergency
Prescription Drugs	At pharmacies contracting with HealthSmartRX® 100% after a \$30 Copayment per Generic Drug \$60 Copayment per Preferred Brand Drug \$80 Copayment per Brand Drug	50% after a \$30 Copayment per Generic Drug \$60 Copayment per Preferred Brand Drug \$80 Copayment per Brand Drug
Preventive Care Services	100%	50%

2016–2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring
	08/01/2016 through 01/31/2017	02/01/2017 through 07/31/2017
Open Enrollment	06/01/2016 through 09/08/2016	12/01/2016 through 02/01/2017
Each Insured	\$ 705	\$ 705

To view all enrollment and coverage periods available, please visit wiu.myahpcare.com or call Academic HealthPlans at (855) 357-0244.