

Southern Illinois University - Edwardsville 2017-2018 Student Health Insurance Plan



Eligibility

All registered **Domestic students (including Undergraduate, Graduate Dental, Dental School and Pharmacy)** enrolled in nine (9) or more credit hours (three (3) in the summer) are eligible to enroll in the SIUE Student Health Insurance Plan.

All **Graduate** students enrolled in six (6) or more credit hours and **Graduate Assistants** enrolled in three (3) or more Credit hours are eligible to enroll in the SIUE Student Health Insurance Plan.

Dependent coverage is available if enrolled at the same time and for same coverage as student. You may enroll online or print an enrollment form at siue.myahpcare.com. Your payment must be received at the time you enroll.

Please view the complete brochure online at siue.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

- siue.myahpcare.com
- 1-855-825-3986



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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. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$ 400 per Insured Person, per Policy Year Non-Network Provider: \$ 800 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$1,200 for all Insureds in a family, per Policy Year Non-Network Provider: \$2,400 for all Insureds in a family, 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: \$13,700 for all Insureds in a family, per Policy Year Non-Network Provider: \$27,400 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	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$50 Copayment/Deductible per visit</i>	80%	80%
Prescription Drugs <i>Up to 31 day supply</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	100% after a \$10 Deductible per Generic Drug \$30 Deductible per Preferred Brand Drug
Preventive Care Services <i>For more information, please visit www.healthcare.gov/preventive-care-benefits</i>	100%	60%

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods (Undergraduate/Graduate students)	Annual 08/10/2017 through 08/09/2018	Fall 08/10/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/09/2018	Summer 05/08/2018 through 08/09/2018
Open Enrollment	07/05/2017 through 09/15/2017	07/05/2017 through 09/15/2017	12/01/2017 through 02/15/2018	03/30/2018 through 06/08/2018
Student	\$ 2,614	\$ 1,031	\$ 1,583	\$ 673
Spouse	\$ 2,614	\$ 1,031	\$ 1,583	\$ 673
Child	\$ 2,614	\$ 1,031	\$ 1,583	\$ 673
Coverage Periods (SDM-AEGD, SDM-DMD, Pharmacy)	Annual 08/01/2017 through 07/31/2018	Fall 08/01/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 07/31/2018	Summer 05/18/2018 through 07/31/2018
Open Enrollment	07/05/2017 through 09/15/2017	07/05/2017 through 09/15/2017	12/01/2017 through 02/15/2018	03/30/2018 through 06/08/2018
Student	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539
Spouse	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539
Child	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539

To view all enrollment and coverage periods available, please visit sue.myahpcare.com or call Academic HealthPlans at 1-855-825-3986.