

# 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](http://siue.myahpcare.com). Your payment must be received at the time you enroll.

Please view the complete brochure online at [siue.myahpcare.com](http://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](http://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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$ 400 per Insured Person, per Policy Year Non-Network Provider: \$ 800 per Insured Person, per Policy Year
<b>Family Deductible</b>	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
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	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>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>In-Office Physician Fees</b>	80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> <i>\$50 Copayment per visit</i>	80%	80%
<b>Prescription Drugs</b> <i>Up to 31 day supply</i>	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 100% after a \$10 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	100% after a \$10 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug
<b>Preventive Care Services</b> <i>For more information, please visit <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a></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
<b>Open Enrollment</b>	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
<b>Student</b>	\$ 2,614	\$ 1,031	\$ 1,583	\$ 673
<b>Spouse</b>	\$ 2,614	\$ 1,031	\$ 1,583	\$ 673
<b>Child</b>	\$ 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
<b>Open Enrollment</b>	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
<b>Student</b>	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539
<b>Spouse</b>	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539
<b>Child</b>	\$ 2,614	\$ 1,095	\$ 1,519	\$ 539

To view all enrollment and coverage periods available, please visit [sue.myahpcare.com](http://sue.myahpcare.com) or call Academic HealthPlans at 1-855-825-3986.