

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



Eligibility

All registered **international students holding an F1 or J1 visa** and enrolled in one (1) or more credit hours, or enrolled in **University 500**, are required to enroll in the plan or provide proof of comparable insurance to Health Services.

If you do not waive coverage by the deadline, the premium will be charged to your student account. No changes will be made to a student's account after the waiver deadline.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT be automatically re-enrolled. You will need to re-enroll them by each semester's deadline. To review rates and enrollment information, please go to siue.myahpcare.com.

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%

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