Andrews University 2020-2021
Student Health Insurance Plan

Please note: The new insurance carrier for the 2020-2021 school year is Aetna.

Eligibility

All domestic students registered for ½ time status (six credit hours) or more are eligible to purchase the Plan. All international students, regardless of credit hours, are required to purchase the Plan. Exceptions to this policy will be considered for Canadian students, and those who are sponsored by an employer. Please see the student insurance office for details.

PLAN BASICS

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 expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited
*Deductible *(Waived at University Medical Center)*	In-Network Provider: $ 100 per Insured Person, per Policy Year Out-of-Network Provider: $ 200 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: $ 8,150 per Insured Person, per Policy Year Out-of-Network Provider: $16,300 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: $ 16,300 per Family, per Policy Year Out-of-Network Provider: Not Applicable
The Preferred Provider Network is Aetna.	

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
COVERAGE PERIODS	**Fall** 08/18/2020 through 01/04/2021	**Spring/Summer** 01/05/2021 through 08/17/2021	**Summer** 05/11/2021 through 08/17/2021
Open Enrollment Periods	06/01/2020 through 09/30/2020	12/01/2020 through 01/31/2021	03/23/2021 through 05/31/2021
Student	$ 518.00	$ 832.00	$ 366.00
Spouse	$ 518.00	$ 832.00	$ 366.00
Child[1]	$ 518.00	$ 832.00	$ 366.00

[1]Coverage for two or more children is calculated at the child rate times two

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	*Payments are based on the Recognized Charge*
Hospital Room and Board Expenses	80% after a $150 copayment per admission	60% after a $150 copayment per admission
Inpatient/Outpatient Surgery	80%	60%
Physician, specialist including Consultants Office Visits	100% after a $25 copayment per visit *(deductible waived)*	60% after a $25 copayment per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	80% after a $15 copayment per visit	60% after a $15 copayment per visit
Emergency Services	80% after a $250 copayment per visit	80% after a $250 copayment per visit
Urgent Care	80%	60%
Diagnostic Testing	80%	60%
Prescription Drugs *(deductible waived)*	100% after a Generic: $15 Copayment Preferred Brand-Name: $40 Copayment Non-Preferred Brand-Name: $75 Copayment	50%
Preventive Services *For more information, please visit* *healthcare.gov/preventive-care-benefits/*	100% *(deductible waived)*	60%

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval.