

# Barry University

## Student Health Insurance Plan 2024-2025



### Eligibility

Graduate and undergraduate students meeting specific criteria are eligible for enrollment in the student insurance plan. These criteria include residency in campus housing, international status under F1 or J1 visas, participation in Varsity and JV athletics, enrollment in undergraduate nursing programs, and enrollment in certain graduate programs such as Podiatric, Physician Assistant Anesthesia, Law, and Graduate Occupational Therapy. All eligible students are obligated to maintain insurance comparable to the outlined student health coverage. Students meeting these criteria are automatically enrolled and billed at the beginning of their respective semesters (Fall, Spring/Summer). They have a three-week window at the semester's onset to provide proof of private coverage in Florida and opt out if applicable. Unless a waiver is submitted and approved during the open waiver period in Fall and Spring, students in the mentioned categories will continue to be billed. Students not falling within these specified categories are considered voluntary and are ineligible for this policy.

The insured student must actively attend classes for at least the initial 31 days following the coverage commencement date. Distance learning formats such as home study, correspondence, or online courses do not fulfill the attendance eligibility requirement. The insurance company reserves the right to verify student eligibility and attendance records. Failure to meet eligibility criteria may result in the company refusing to pay incurred medical expenses, with its sole obligation being the refund of premiums.

### What's Included?

- Telehealth services through AcademicLiveCare (ALC)
- Optional Dental Coverage
- Access to a 24/7 Student Assistance Program
- Academic Emergency Services\*

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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 at [barry.myahpcare.com](https://barry.myahpcare.com).

### More Information

For full details of participation in the plan, please view the complete brochure online at: [barry.myahpcare.com](https://barry.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please [click here](#).

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus PPO**.

Benefits

(Deductible applies unless otherwise stated below)

The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Services for the following services: Laboratory Services rendered at the SHS and Laboratory Services referred to Labcorp.

	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charges
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	\$500	\$1,000
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$9,100	\$18,200
Room and Board Expense (Deductible waived)	80% after a \$1,000 Copay	50% after a \$1,000 Copay
Inpatient/Outpatient Surgery	80%	50%
Inpatient Physician's Visits	80%	50%
Physiotherapy (Deductible waived)	80% after a \$50 Copay	50% after a \$50 Copay
Medical Emergency Expenses (Copay waived if admitted) (Deductible waived)	80% after a \$500 Copay	80% after a \$500 Copay
Diagnostic X-ray Services	80%	50%
Mental Illness & Substance Use Disorder Treatment (Deductible waived, see policy for additional details)	80% after a Inpatient: \$1,000 Copay Outpatient: \$50 Copay	50% after a Inpatient: \$1,000 Copay Outpatient: \$50 Copay
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	50%
Prescription Drugs, 31-day supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy  100% after a: Tier 1: \$25 Copay Tier 2: \$75 Copay Tier 3: 30%	50% after a Generic: \$25 Copay Brand-Name: \$75 Copay  Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.

Rates & Coverage Periods

	FALL (All Students) 08/11/2024 - 01/05/2025	SPRING/SUMMER 01/06/2025 - 05/15/2025	SUMMER (New Students) 05/16/2025 - 08/10/2025
Enrollment Periods	07/07/2024 - 09/18/2024	11/07/2024 - 02/06/2025	03/15/2025 - 06/02/2025
Student	\$1,022	\$1,499	\$601

To view all enrollment and coverage periods available, please visit [barry.myahpcare.com](https://barry.myahpcare.com)