

Creighton University

Student Health Insurance Plan 2024-2025



Eligibility

All registered Health Sciences students, undergraduate students enrolled in 12 or more credit hours and graduate, professional or web-based students taking 8 or more credit hours are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

International and Intensive English Language students are automatically enrolled in this insurance plan at registration.

Visiting Scholars and Special Summer students are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

What's Included?

- Telehealth solutions through ALC One
- UHC Choice Plus PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Benefits for travel emergencies through Academic Emergency Services (AES)*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, 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 creighton.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: creighton.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit creighton.myahpcare.com/additionalresources

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 **UHC Choice Plus PPO**.

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Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Individual Deductible Per Insured Person, Per Policy Year	\$500	\$1,500
Family Deductible For all Insureds in a Family, Per Policy Year	\$1,000	\$3,000
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,500	\$11,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$11,000	\$22,000
Physician's Visits	100% after a \$20 Copay per visit (Deductible waived)	50%
Room and Board Expense	80%	50%
Diagnostic X-ray Services	80%	50%
Medical Emergency Expense Copay waived if admitted to Hospital (Deductible waived)	80% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Outpatient Mental Illness/Substance Use Disorder Treatment Except Medical Emergency and Prescription Drugs	100% after a \$20 Copay per visit (Deductible waived)	50%
Prescription Drugs Up to 31-day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: \$40 Copay (Deductible waived)	No Benefits
Preventive Care For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	100%	No Benefits

Coverage Periods & Rates

	ANNUAL 08/01/24 - 07/31/25	FALL 08/01/24 - 01/31/25	SPRING 02/01/25 - 07/31/25	SPRING/SUMMER 01/01/25 - 07/31/25	SUMMER ONLY 06/01/25 - 07/31/25
Student	\$3,792	\$1,896	\$1,896	\$2,203	\$633
Spouse	\$3,792	\$1,896	\$1,896	\$2,203	\$633
Each Child ¹	\$3,792	\$1,896	\$1,896	\$2,203	\$633

¹The child rate is up to two (2) children. The cost for two (2) or more children will be two (2) times the child rate.

To view all enrollment and coverage periods available, please visit creighton.myahpcare.com