DePaul University

Student Health Insurance Plan 2024-2025





Eligibility

All degree-seeking Domestic Undergraduate, Graduate and Law Students will be enrolled in the Student Health Insurance Plan (SHIP) with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the waiver deadline, the premium will not be removed from your student account.

All degree-seeking International Undergraduate, Graduate, and Law & ELA Students holding an F-1 visa will be enrolled in SHIP with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the waiver deadline, the premium will not be removed from your student account. International Students holding a J-1 visa are not eligible for SHIP.

What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Emergency Services (AES)*
- Access to Academic Student Assistance Program (ASAP)

Student Waiver Deadlines

Undergraduate Students	09/20/2024
Graduate Students	09/20/2024
Law Students	09/20/2024
ELA Students	09/20/2024

More Information

For full details of participation in the plan, please view the complete brochure online at: depaul.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 click here.

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 maxiumums, limitations, and exclusions as described in the Policy.

The PPO network is **Unitedhealthcare Choice Plus PPO.**

^{*}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.

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Benefits

Deductible applies unless otherwise stated below

	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	Unli	imited		
Deductible Per Insured Person, Per Policy Year	\$500	\$1,000		
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	\$10,000		
Inpatient Physician's Visits	80%	60%		
Outpatient Physician's Visits	100% after \$25 Copay (Deductible waived)	60%		
Urgent Care Center	80%	60%		
Room and Board Expense	80%	60%		
Medical Emergency Expenses	80%	80%		
Inpatient/Outpatient Surgery	Outpatient Surgery 80% 60%			
Diagnostic X-ray Services	80%	60%		
Prescription Drugs Up to 31 day supply per prescription (Deductible waived)	100% after a Tier 1: \$15 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay	100% after a Generic: \$50 Copay Brand-Name: \$75 Copay		
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60%		

Coverage Periods & Rates

coverage r chous & nates									
	Early Arrival 1 08/01/24 - 08/31/24	Early Arrival 2 08/15/24 - 08/31/24	Autumn 09/01/24 - 12/31/24	Winter 01/01/25 - 03/31/25	Spring 04/01/25 - 08/31/25	Summer 1 06/16/25 - 07/20/25	Annual 09/01/24 - 08/31/25		
Undergraduate, Graduate & ELA Students	\$203	\$110	\$800	\$800	\$800	\$230	\$2,400		
	Early Arrival 1 08/01/24 - 08/31/24	Early Arrival 2 08/15/24 - 08/31/24	Autumn 08/20/24 12/31/24	- 01/	pring 01/25 - /19/25	Summer 06/01/25 - 08/19/25	Annual 08/20/24 - 08/19/25		
Law Students	\$203	\$110	\$1,200	\$1	L,200	\$526	\$2,400		

To view all coverage periods available, please visit depaul.myahpcare.com