

## Student Coverage With Care



### Eligibility

All degree-seeking Domestic Undergraduate, Graduate and Law Students will be enrolled in the Student Insurance 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 the Student Insurance 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 Student Insurance.

For more information, visit [depaul.myahpcare.com](https://depaul.myahpcare.com).

### Student Waiver Deadlines

|                        |            |
|------------------------|------------|
| Undergraduate Students | 09/25/2026 |
| Graduate Students      | 09/25/2026 |
| Law Students           | 09/25/2026 |
| ELA Students           | 09/25/2026 |

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

### WHAT'S INCLUDED?

Telehealth solutions through AcademicLiveCare (ALC)

Access to Academic Student Assistance Program (ASAP)

Coverage while traveling with Academic Emergency Services (AES)\*

Unitedhealthcare Choice Plus PPO Network



### Questions

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



### ID Cards

To access your ID Card, please visit [depaul.myahpcare.com](https://depaul.myahpcare.com)

**Benefits**

(Deductible applies unless otherwise stated below)

|                                                                                                                                                                                  | PREFERRED PROVIDER<br>Payments are based on the<br>PPO Allowance                | OUT-OF-NETWORK PROVIDER<br>Payments are based on the<br>Usual & Customary Charges |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Benefit Maximum</b><br>Per Insured Person, Per Policy Year                                                                                                                    | Unlimited                                                                       |                                                                                   |
| <b>Deductible</b><br>Per Insured Person, Per Policy Year                                                                                                                         | \$500                                                                           | \$1,000                                                                           |
| <b>Out-of-Pocket Maximum</b><br>Per Insured Person, Per Policy Year                                                                                                              | \$5,000                                                                         | \$10,000                                                                          |
| <b>Inpatient Physician's Visits</b>                                                                                                                                              | 80%                                                                             | 60%                                                                               |
| <b>Outpatient Physician's Visits</b>                                                                                                                                             | 100% after a \$25 Copay<br>(Deductible waived)                                  | 60%                                                                               |
| <b>Urgent Care Center</b>                                                                                                                                                        | 80%                                                                             | 60%                                                                               |
| <b>Room and Board Expense</b>                                                                                                                                                    | 80%                                                                             | 60%                                                                               |
| <b>Medical Emergency Expenses</b>                                                                                                                                                | 80%                                                                             | 80%                                                                               |
| <b>Inpatient/Outpatient Surgery</b>                                                                                                                                              | 80%                                                                             | 60%                                                                               |
| <b>Diagnostic X-ray Services</b>                                                                                                                                                 | 80%                                                                             | 60%                                                                               |
| <b>Prescription Drugs</b><br>Up to 30 day supply per prescription<br>(Deductible waived)                                                                                         | 100% after a:<br>Tier 1: \$15 Copay<br>Tier 2: \$50 Copay<br>Tier 3: \$75 Copay | 100% after a:<br>Generic: \$50 Copay<br>Brand Name: \$75 Copay                    |
| <b>Preventive Care Services</b><br>For more information, please visit<br><a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a> | 100%<br>(Deductible waived)                                                     | 60%                                                                               |

**Coverage Periods & Rates**

|                                              | Early Arrival 1<br>08/01/2026 -<br>08/31/2026 | Early Arrival 2<br>08/15/2026 -<br>08/31/2026 | Autumn<br>09/01/2026 -<br>12/31/2026        | Winter<br>01/01/2027 -<br>03/27/2027 | Spring<br>03/028/2027 -<br>08/31/2027 | Summer<br>06/14/2027 -<br>08/31/2027 |
|----------------------------------------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Undergraduate,<br>Graduate & ELA<br>Students | \$211.75                                      | \$115.50                                      | \$830.00                                    | \$830.00                             | \$830.00                              | \$538.00                             |
|                                              | Early Arrival 1<br>08/01/2026 -<br>08/17/2027 | Autumn<br>08/18/2026 -<br>12/31/2026          | Spring/Summer<br>01/01/2027 -<br>08/17/2027 | Summer<br>06/09/2027 -<br>08/17/2027 |                                       |                                      |
| Law Students                                 | \$115.75                                      | \$1,245.00                                    | \$1,245.00                                  | \$488.00                             |                                       |                                      |

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [depaul.myahpcare.com](https://depaul.myahpcare.com) upon approval by federal and state authorities.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

\*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), Part of the Brown & Brown Team.