

Lake Forest College

Student Health Insurance Plan 2024-2025



LAKE FOREST
COLLEGE



Eligibility

All undergraduate students registered for at least half time or greater are required to have health insurance coverage and will be automatically enrolled in and charged for this Student Health Insurance Plan unless proof of comparable coverage is furnished.

All graduate students are eligible to enroll in this Student Health Insurance Plan on a voluntary basis.

Dependents are not eligible.

What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- UnitedHealthcare Choice Plus is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Academic Vision Care (AVC)
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: lakeforest.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 lakeforest.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 **UnitedHealthcare Choice Plus**.

*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 lakeforest.myahpcare.com.

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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
Deductible Per Insured Person, per Policy Year	\$250	\$500
Out-of-Pocket Maximum Per Insured Person, per Policy Year		\$6,350
Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80% (Deductible waived)	50%
Physician's Visits	80%	50%
Diagnostic X-ray Services & Laboratory Procedures	80% (Deductible waived)	50%
Medical Emergency Expenses Copay waived if admitted	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	No Benefits
Prescription Drugs Up to a 30-day supply \$300 Prescription Drug Deductible	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$10 Copay Tier 2: \$25 Copay Tier 3: \$45 Copay (Deductible waived)	50%

Coverage Periods & Rates

	ANNUAL 08/01/24 - 07/31/25	SPRING/SUMMER 01/01/25 - 07/31/25
Enrollment Periods	06/17/24 - 08/15/24	11/15/24 - 01/15/25
Waiver Deadline	08/15/24	01/15/25
Student	\$2,075	\$1,205

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