

Newman University

Student Health Insurance Plan 2024-2025



The new insurance carrier for 2024-2025 is Sirius America Insurance Company.

Eligibility

An eligible person is an individual who meets all the requirements of one of the covered classes shown below:

Class 1

A registered full time undergraduate or a graduate student attending classes who is a minimum age of 16 years and maximum of 64 years;

1. Student must have a current passport and be travelling outside their Home Country, and
2. Student must have a valid F1 visa. F1 visa holder on OPT are not eligible.

Or

A J1 valid visa holder who is outside their Home Country and is actively engaged in an educational activity and who is a minimum age of 16 years and a maximum age of 64 years, if you are one of the following:

1. Undergraduate student registered for and attending classes on a full-time basis; or
2. Graduate student; or
3. Scholar or researcher who is invited by an educational organization; or
4. Student involved in education, educational activities, or research related activities.

Class 2

- The spouse or domestic partner of a Class 1 Insured Person

Class 3

- The Dependent child(ren) of a Class 1 Insured Person

What's Included?

- Access to Telehealth Services through AcademicLiveCare (ALC)
- Urgent Care Benefits
- Academic Emergency Services*

*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 (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 newmanu.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: newmanu.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 newmanu.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 **PHCS Network**.

Newman University 2024-2025

Benefits

Deductible applies unless otherwise stated below.
Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.

PAYMENTS ARE BASED ON
USUAL & CUSTOMARY CHARGES (U&C)

Benefit Maximum	\$300,000
Individual Deductible	\$100
Family Deductible	\$200
Individual Out-of-Pocket Maximum	\$6,000
Family Out-of-Pocket Maximum	\$12,000

NOTE: Pre-Existing Condition Limitation (six (6) month Lookback Period)
Student: Pre-Existing Conditions are covered after a six (6) month Waiting Period.
Dependents: Pre-Existing Conditions are covered after a six (6) month Waiting Period.

Physician Visit Copayment waived at Student Health Center	80% after \$20 Copayment
Emergency Room and Medical Services (Copayment waived if admitted)	80% after \$300 Copayment
Hospitalization (Room & Board)	80% after \$50 Copayment per Admission
Inpatient/Outpatient Surgery	80%
Diagnostic Testing X-ray and Laboratory	80%
Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy Maximum 20 Visits	80%
Mental Health Office Visit	75% of covered expenses for the first 40 visits per year, and 60% for any outpatient visits thereafter for that year
Sports and Other Activities \$10,000 Maximum per Injury of Insurance	80%
Prescription Drugs Up to a 31-day supply per prescription \$3,000 Maximum per Period of Insurance	At pharmacies contracting with Express Scripts 100% after: Generic Drugs: \$20 Copayment Brand Name Drugs: \$50 Copayment
Preventive Care and Annual Exams Student Health Center payable at UCR For more information please visit healthcare.gov/preventive-care-benefits	100% (Deductible Waived)

	FALL 08/01/2024 - 12/31/2024	SPRING 01/01/2025 - 05/31/2025	SUMMER 06/01/2025 - 07/31/2025
Student	\$460.00	\$460.00	\$184.00
Spouse	\$1,538.75	\$1,538.75	\$615.50
Each Child	\$891.25	\$891.25	\$356.50

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