

Purdue University 2019-2020 Domestic Student Health Insurance Plan

Eligibility

All registered **domestic students** taking six (6) or more credit hours or co-op students who are degree-seeking and all qualified **graduate fellows** on the West Lafayette campus are eligible to enroll in this insurance plan. Eligible students who enroll may also insure their eligible dependents.

Please view the complete certificate of coverage online at purdueship.myahpcare.com for full details of participation in the plan.

Additional Benefits through AHP

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services*



purdueship.myahpcare.com



support@myahpcare.com



1-855-566-7278



*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. Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Anthem BlueCross BlueShield.

Purdue University 2019-2020 Domestic Student Health Insurance Plan

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 medical expenses are subject to plan maximums, limitations, and exclusions as described in the policy. Your plan provides you with a higher level of coverage when you receive covered medical services from physicians who are part of the **Anthem Blue Access** network.

Purdue Student Health Center (PUSH) Benefits: Full-time registered students receive no-charge office visits at PUSH for illness or injury. Some services at PUSH may require a \$15 copayment. University-mandated vaccinations will be covered at no cost when services are rendered at PUSH. The deductible will be waived in the following situations: Treatment rendered at PUSH, emergency care received at urgent care or the emergency room when PUSH is closed, and services provided to dependent children (PUSH does not generally treat minors).

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	Network Provider: \$200 per Insured Person, per Policy Year Non-Network Provider: \$400 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	PUSH and Network Provider: \$1,500 per Insured Person, per Policy Year Non-Network Provider: \$3,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	PUSH and Network Provider: \$3,000 for all Insureds in a Family, per Policy Year Non-Network Provider: \$7,000 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	Payments are based on the Allowed Amount	Payments are based on the Allowed Amount
Hospital Room and Board Expenses	90%	70%
Inpatient/Outpatient Surgery	90%	70%
In-Office Physician Fees	90%	70%
Emergency Room Services Copayment waived if admitted Deductible applies	90% after a \$50 Copay per visit	90% after a \$50 Copay per visit
Prescription Drugs <u>Purdue University Pharmacy (PUP):</u> \$10 copay for Tier 1 \$20 copay for Tier 2 and 3 \$50 copay for Tier 4 Can obtain up to a 90-day supply (including birth control) at PUP, with the exception of Tier 4 drugs (up to a 31-day supply).	<u>Pharmacies contracted with Anthem RX:</u> Tier 1 - Greater of 30% or \$20 Copay Tier 2 and Tier 3 - Greater of 30% or \$40 Copay Tier 4 - \$50 Copay (must use IngenioRx) Can obtain up to a 31-day supply per prescription	N/A
¹Preventive Care Services	100%	N/A

¹Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual	Fall	Spring
	08/01/2019 through 07/31/2020	08/01/2019 through 12/31/2019	01/01/2020 through 07/31/2020
Open Enrollment	07/01/2019 through 09/09/2019 at 5:00 PM ET	07/01/2019 through 09/09/2019 at 5:00 PM ET	12/01/2019 through 01/31/2020 at 5:00 PM ET
Student	\$ 1,323.95	\$ 551.65	\$ 772.30
Student & Spouse	\$ 2,647.90	\$ 1,103.29	\$ 1,544.61
Student & Child	\$ 2,647.90	\$ 1,103.29	\$ 1,544.61
Student, Spouse & Child	\$ 3,971.85	\$ 1,654.94	\$ 2,316.91
Student & Children	\$ 3,971.85	\$ 1,654.94	\$ 2,316.91
Student, Spouse & Children	\$ 5,295.80	\$ 2,206.58	\$ 3,089.22

For more information about enrollment and coverage, please visit purdueship.myahpcare.com or call Academic HealthPlans at 1-855-566-7278.