

## Eligibility

Those employed in a **graduate staff** position(s) which carries a minimum of 0.50 FTE/half time/20 hours per week or more and **graduate students** with a **fellowships administered as an assistantships** on the West Lafayette Campus are eligible for the partially funded graduate staff medical insurance plan. The premium for graduate staff on the health plan is paid directly to Academic HealthPlans (AHP). You will pay for the first month when you enroll and will set up recurring monthly payments via bank draft, credit card, or Web Pay.

Eligible students who enroll may also insure their legal dependents.

Please view the complete certificate of coverage online at <a href="mailto:purduega.myahpcare.com">purduega.myahpcare.com</a> for full details of participation in the 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.

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

BENEFIT	Network Provider	Non-Network Provider
CATEGORY	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  Purdue University Pharmacy (PUP):  \$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).	Pharmacies contracted with Anthem RX; 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
<sup>1</sup> Preventive Care Services	100%	N/A

<sup>1</sup>For more information please visit <u>healthcare.gov/preventive-care-benefits/</u>

For more information about enrollment and coverage, please visit <u>purduega.myahpcare.com</u> or call Academic HealthPlans at 1-855-566-7278. 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 Copay. 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).

## Additional Benefits through AHP

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

2019-2020 PREMIUM COSTS AND COVERAGE PERIOD		
Coverage Period 08/01/2019 to 07/31/2020	Monthly	
Student	\$ 47.67	
Student & Spouse	\$ 258.42	
Student & Child	\$ 258.42	
Student, Spouse & Child	\$ 469.25	
Student & Children	\$ 469.25	
Student, Spouse & Children	\$ 680.00	









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