

Purdue University 2018-2019 International Student Health Insurance Plan

Eligibility

All **international students** who are registered for classes, regardless of credit hours, are required to enroll in this insurance plan unless an approved waiver is on file with the student insurance office at the Purdue University Student Health Center (PUSH). Students may apply for a waiver if they meet specific criteria. Please visit the Insurance tab on PUSH's website at www.purdue.edu/push for more information.

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*
- Dental benefits included in the plan



1-855-566-7278



purdueship.myahpcare.com



support@myahpcare.com



*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 2018-2019 International 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 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).	<u>Pharmacies contracted with Anthem RX:</u> Tier 1 - Greater of 30% or \$20 Tier 2 and Tier 3 - Greater of 30% or \$40 Tier 4 - \$50 copay (must use Accredo Pharmacy) 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

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Annual 08/01/2018 through 07/31/2019	Fall 08/01/2018 through 12/31/2018	Spring 01/01/2019 through 07/31/2019
Open Enrollment	07/01/2018 through 09/10/2018 at 5:00 PM ET	07/01/2018 through 09/10/2018 at 5:00 PM ET	12/01/2018 through 01/31/2019 at 5:00 PM ET
Student	\$ 1,386.95	\$ 581.67	\$ 805.28
Student & Spouse	\$ 2,773.90	\$ 1,163.34	\$ 1,610.56
Student & Child	\$ 2,773.90	\$ 1,163.34	\$ 1,610.56
Student, Spouse & Child	\$ 4,160.85	\$ 1,745.01	\$ 2,415.84
Student & Children	\$ 4,160.85	\$ 1,745.01	\$ 2,415.84
Student, Spouse & Children	\$ 5,547.80	\$ 2,326.68	\$ 3,221.12

To view all enrollment and coverage periods available, please visit purdueship.myahpcare.com or call Academic HealthPlans at 1-855-566-7278

Your Summary of Benefits
Purdue University INTERNATIONAL STUDENT Plan
Anthem Dental Complete



Health · Pharmacy · Dental · Vision · Life · Disability

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum · Per insured person	Contract Year	\$750	\$750	
D&P applies to Annual Maximum		Yes	Yes	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum · Per eligible insured person		N/A	N/A	
Annual Deductible · Per insured person · Family maximum	Contract Year	\$50 3X Individual	\$50 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		Prime (MAC)		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services · Periodic oral exam · Teeth cleaning (prophylaxis) · Bitewing X-rays: 1X per 12mths <18 Y/O, 1X per 24mths >=18 Y/O · Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services · Amalgam (silver-colored) Filling · Front composite (tooth-colored) Filling · Back composite Filling, Alternated to Amalgam Benefit · Simple Extractions		80% Coinsurance	60% Coinsurance	No Waiting Period
Endodontics · Root Canal		80% Coinsurance	60% Coinsurance	No Waiting Period
Periodontics · Scaling and root planing		80% Coinsurance	60% Coinsurance	No Waiting Period
Oral Surgery · Surgical Extractions		80% Coinsurance	60% Coinsurance	No Waiting Period
Major Services · Crowns		50% Coinsurance	40% Coinsurance	No Waiting Period
Prosthodontics · Dentures · Bridges · Dental implants Not Covered		50% Coinsurance	40% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	40% Coinsurance	No Waiting Period
Orthodontic Services ·None		Not Covered	Not Covered	N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/mydentalvision or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

- Oral evaluations** (exam) Limited to two per Calendar Year
- Teeth cleaning** (prophylaxis) Limited to two per Calendar Year
- Intraoral X-rays, single film** Limited to four films per 12-month period
- Complete series X-rays** (panoramic or full-mouth) Coverage Every 5 Years
- Topical fluoride application** Limited to once every 12 months for members through age 18
- Sealants** Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services***

- Fillings** Limited to once per surface per tooth in any 24 months
- Space Maintainers** Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.
- Crowns** Limited to once per tooth in a seven-year period
- Fixed or removable prosthodontics – dentures, partials, bridges**
Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.
- Root canal therapy** Limited to once per lifetime per tooth; coverage is for permanent teeth only.
- Periodontal surgery** Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
- Periodontal scaling and root planing** Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater
- Brush Biopsy** Not Covered

***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a 12-month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

- Services provided before or after the term of coverage**
- Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate**
- Orthodontics (unless included as part of your dental plan benefits)**
Orthodontic braces, appliances and all related services
- Cosmetic dentistry** Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications** Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

Choice of dentist