

Purdue University 2020-2021 Student Health Insurance Plan

Eligibility

All registered **full-time students** on all campuses who have no more than 50% of their credit hours from online courses as well as all degree-seeking **co-op students** on the West Lafayette and Fort Wayne campuses are eligible to enroll in this insurance plan. 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. Eligible students who enroll may also insure their eligible dependents.

Please view the complete certificate of coverage online at purdue.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*



*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.

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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).

***Applies only to the West Lafayette campus**

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): *Applies only to the West Lafayette campus \$10 copay for Tier 1 \$20 copay for Tier 2 and 3 \$50 copay for Tier 4	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
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100%	N/A

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2020 through 07/31/2021	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021
Open Enrollment	07/01/2020 through 09/08/2020 at 5:00 PM ET	07/01/2020 through 09/08/2020 at 5:00 PM ET	12/01/2020 through 02/01/2021 at 5:00 PM ET
Student	\$ 1,377.04	\$ 573.77	\$ 803.27
Student & Spouse	\$ 2,754.08	\$ 1,147.53	\$ 1,606.55
Student & Child	\$ 2,754.08	\$ 1,147.53	\$ 1,606.55
Student, Spouse & Child	\$ 4,131.12	\$ 1,721.30	\$ 2,409.82
Student & Children	\$ 4,131.12	\$ 1,721.30	\$ 2,409.82
Student, Spouse & Children	\$ 5,508.16	\$ 2,295.07	\$ 3,213.09

For more information about enrollment and coverage, please visit purdue.myahpcare.com.