



Eligibility

All domestic students taking 6 or more credit hours, non-refunded or underfunded graduate students, and fellowship students are eligible to enroll in this insurance plan on a voluntary basis. All international students who are registered for classes, regardless of credit hours, visa status, or insurance policy type, are required to enroll in the University-sponsored medical insurance plan or to obtain an approved waiver of coverage by the enrollment/waiver deadline.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

What's Included?

- Access to Telehealth/Virtual Visits through HealthiestYou
- Access to Dental and Vision Benefits
- 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, Inc. (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 purdue.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: purdue.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

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 **UnitedHealthcare Choice Plus**.

Purdue University 2024-2025

Benefits (Deductible applies unless otherwise stated below)

***Purdue Student Health Center (PUSH) Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Purdue University Student Health Center (PUSH) after a \$15 Copay per visit.

*Applies only to the West Lafayette campus

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$200	\$400
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$1,500 (including PUSH Services)	\$3,000
Family Out-of-Pocket Maximum All Insureds in a Family, Per Policy Year	\$3,000 (including PUSH Services)	\$7,000
Room and Board Expense	90%	70%
Inpatient/Outpatient Surgery	90%	70%
Physician's Visits	90%	70%
Medical Emergency Expenses Copay Waived if Admitted	90% after \$50 Copay per visit	90% after \$50 Copay per visit
Prescription Drugs Up to a 31-day supply (Deductible waived)	<u>Purdue University Pharmacy (PUP):</u> Applies only to the West Lafayette campus Tier 1: \$10 Copay Tier 2: \$20 Copay Tier 3: \$20 Copay Specialty: \$50 Copay	<u>Pharmacies contracted with UnitedHealthcare Pharmacy:</u> Tier 1: Greater of \$20 Copay or 30% Tier 2: Greater of \$40 Copay or 30% Tier 3: Greater of \$40 Copay or 30% No Benefits
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	No Benefits

Coverage Periods & Rates

	ANNUAL 08/01/24 - 07/31/25	FALL 08/01/24 - 12/31/24	SPRING/SUMMER 01/01/25 - 07/31/25
Enrollment Periods	07/01/24 at 8 AM ET - 09/03/24 at 5:00 PM ET	07/01/24 at 8 AM ET - 09/03/24 at 5:00 PM ET	12/01/24 at 8 AM ET - 02/01/25 at 5:00 PM ET
Student	\$1,717.92	\$715.80	\$1,002.12
Student & Spouse	\$3,381.84	\$1,409.10	\$1,972.74
Student & Child	\$3,453.84	\$1,439.10	\$2,014.74
Student, Spouse & Child	\$5,117.76	\$2,132.40	\$2,985.36
Student & Children	\$5,054.76	\$2,106.15	\$2,948.61
Student, Spouse & Children	\$6,718.68	\$2,799.45	\$3,919.23

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