## Purdue University 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, Northwest, 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 <u>purdue.myahpcare.com</u> for full details of participation in the plan.

## Additional Benefits

- Access to a 24-Hour Nurse Line
- Coverage When Traveling
- Academic Emergency Services\*







## Purdue University 2021-2022

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						
	In-Network Provider	Out-of-Network Provider				
Benefit Maximum	Unlimited, per Insured Person, per Policy Year					
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 For all Insureds in a Family, Per Policy Year	\$ 3,000 (including PUSH Services)	\$ 7,000				

DENIEFIT CATECODY	In-Network Provider	Out-of-Network Provider	
BENEFIT CATEGORY  A deductible applies unless otherwise stated below.	Payments are based on the Allowed Amount	Payments are based on the Allowed Amount	
Hospital Room & Board	90%	70%	
Inpatient/Outpatient Surgery	90%	70%	
Offiice Visits Primary & Specialty Care Physicians	90%	70%	
Emergency Room Services Copayment Waived if Admitted	90% after \$50 Copayment per visit	90% after \$50 Copayment per visit	
Prescription Drugs Purdue University Pharmacy (PUP): Applies only to the West Lafayette campus Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$20 Copayment Tier 4: \$50 Copayment	Pharmacies contracted with Anthem RX: Tier 1: Greater of \$20 Copayment or 30% Tier 2: Greater of \$40 or 30% Tier 3: Greater of \$40 or 30%  Tier 4: \$50 Copayment (must use IngenioRx) Can obtain up to a 31-day supply per prescription	Not Covered	
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible Waived)	Not Covered	

2021-2022 PREMIUM COSTS AND COVERAGE PERIODS						
Coverage Periods	<b>Annual</b> 08/01/21 - 07/31/22	<b>Fall</b> 08/01/21 - 12/31/21	<b>Spring/Summer</b> 01/01/22 - 07/31/22	<b>Summer</b> 05/01/22 - 07/31/22		
Open Enrollment	07/01/21 - 09/07/21 at 5:00 PM ET	07/01/21 - 09/07/21 at 5:00 PM ET	12/01/21 - 02/01/22 at 5:00 PM ET	N/A		
Student	\$ 1,360.39	\$ 566.83	\$ 793.56	\$ 340.10		
Student & Spouse	\$ 2,684.78	\$ 1,118.66	\$ 1,566.12	\$ 671.20		
Student & Child	\$ 2,732.78	\$ 1,138.66	\$ 1,594.12	\$ 683.20		
Student, Spouse & Child	\$ 4,087.17	\$ 1,702.99	\$ 2,384.18	\$ 1,021.79		
Student & Children	\$ 4,015.17	\$ 1,672.99	\$ 2,342.18	\$ 1,003.79		
Student, Spouse & Children	\$ 5,369.56	\$ 2,237.32	\$ 3,132.25	\$ 1,342.39		

For more information about enrollment and coverage, please visit <u>purdue.myahpcare.com</u>.