

# Southern Illinois University - Edwardsville 2018-2019 Student Health Insurance Plan



## Eligibility

All registered Domestic students (including Undergraduate, Graduate Dental, Dental School and Pharmacy) enrolled in nine (9) or more credit hours (three (3) in the summer) are eligible to enroll in the SIUE Student Health Insurance Plan.

All Graduate students enrolled in six (6) or more credit hours and Graduate Assistants enrolled in three (3) or more credit hours are eligible to enroll in the SIUE Student Health Insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

Dependent coverage is available if enrolled at the same time and for same coverage as student. You may enroll online or print an enrollment form at [siue.myahpcare.com](http://siue.myahpcare.com). Your payment must be received at the time you enroll.

Please view the complete brochure online at [siue.myahpcare.com](http://siue.myahpcare.com) for full details of participation in the plan.

## Additional Benefits

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

## Additional Information

- [siue.myahpcare.com](http://siue.myahpcare.com)
- 1-855-825-3986
- @ahpcare
- Academic HealthPlans

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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. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES	
<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$ 400 per Insured Person, per Policy Year Non-Network Provider: \$ 800 per Insured Person, per Policy Year
<b>Family Deductible</b>	Network Provider: \$1,200 for all Insureds in a family, per Policy Year Non-Network Provider: \$2,400 for all Insureds in a family, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$13,700 for all Insureds in a family, per Policy Year Non-Network Provider: \$27,400 for all Insureds in a family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>In-Office Physician Fees</b>	80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> \$50 Copayment per visit (Copay waived if admitted, deductible waived)	80%	80%
<b>Prescription Drugs</b> Up to 31 day supply	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 100% after a \$10 Copayment per Tier 1 \$30 Copayment per Tier 2 \$50 Copayment per Tier 3	100% after a \$10 Copayment per Generic Drug \$30 Copayment per Preferred Brand Name Drug
<b>*Preventive Care Services</b>	100% (Deductible waived)	60%

\*For more information, please visit [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits)

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods (Undergraduate/Graduate Students)	Annual 08/10/2018 through 08/09/2019	Fall 08/10/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 08/09/2019	Summer 05/08/2019 through 08/09/2019
<b>Open Enrollment</b>	07/05/2018 through 09/14/2018	07/05/2018 through 09/14/2018	12/03/2018 through 02/15/2019	03/30/2019 through 06/08/2019
<b>Student</b>	\$ 2,743	\$ 1,082	\$ 1,661	\$ 706
<b>Spouse</b>	\$ 2,743	\$ 1,082	\$ 1,661	\$ 706
<b>Child<sup>1</sup></b>	\$ 2,743	\$ 1,082	\$ 1,661	\$ 706
Coverage Periods (SDM-AEGD, SDM-DMD, Pharmacy)	Annual 08/01/2018 through 07/31/2019	Fall 08/01/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 07/31/2019	Summer 05/18/2019 through 07/31/2019
<b>Open Enrollment</b>	07/05/2018 through 09/14/2018	07/05/2018 through 09/14/2018	12/03/2018 through 02/15/2019	03/30/2019 through 06/08/2019
<b>Student</b>	\$ 2,743	\$ 1,150	\$ 1,593	\$ 564
<b>Spouse</b>	\$ 2,743	\$ 1,150	\$ 1,593	\$ 564
<b>Child<sup>1</sup></b>	\$ 2,743	\$ 1,150	\$ 1,593	\$ 564

<sup>1</sup>The child rate is up to two children. The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit [sue.myahpcare.com](http://sue.myahpcare.com) or call Academic HealthPlans at 1-855-825-3986.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.