

Southern Illinois University - Edwardsville 2019-2020 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. Your payment must be received at the time you enroll.

Please view the complete brochure online at 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
- ☎ 1-855-825-3986
- ✉ support@ahpcare.com

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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	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$ 400 per Insured Person, per Policy Year Non-Network Provider: \$ 800 per Insured Person, per Policy Year
Family Deductible	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
Individual Out-of-Pocket Maximum	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	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
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$50 Copayment per visit (Copay waived if admitted, deductible waived)	80%	80%
Prescription Drugs Up to 31 day supply	At pharmacies contracting with UnitedHealthcare Pharmacy 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
*Preventive Care Services	100% (Deductible waived)	60%

*For more information, please visit www.healthcare.gov/preventive-care-benefits.

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods (Undergraduate/Graduate Students)	Annual 08/10/2019 through 08/09/2020	Fall 08/10/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 08/09/2020	Summer 05/08/2020 through 08/09/2020
Open Enrollment	07/08/2019 through 09/13/2019	07/08/2019 through 09/13/2019	12/03/2019 through 02/15/2020	03/30/2020 through 06/08/2020
Student	\$ 2,886	\$ 1,136	\$ 1,750	\$ 743
Spouse	\$ 2,886	\$ 1,136	\$ 1,750	\$ 743
Child ¹	\$ 2,886	\$ 1,136	\$ 1,750	\$ 743
Coverage Periods (SDM-AEGD, SDM-DMD, Pharmacy)	Annual 08/01/2019 through 07/31/2020	Fall 08/01/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 07/31/2020	Summer 05/18/2020 through 07/31/2020
Open Enrollment	07/08/2019 through 09/13/2019	07/08/2019 through 09/13/2019	12/03/2019 through 02/15/2020	03/30/2020 through 06/08/2020
Student	\$ 2,886	\$ 1,206	\$ 1,680	\$ 594
Spouse	\$ 2,886	\$ 1,206	\$ 1,680	\$ 594
Child ¹	\$ 2,886	\$ 1,206	\$ 1,680	\$ 594

¹The 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 or call Academic HealthPlans at 1-855-825-3986.

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 sue.myahpcare.com.