

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

## Eligibility

All registered international students holding an F1 or J1 visa and enrolled in one (1) or more credit hours, or enrolled in University 500, are required to enroll in the plan or provide proof of comparable insurance to Health Services.

If you do not waive coverage by the deadline, the premium will be charged to your student account. No changes will be made to a student's account after the waiver deadline.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT be automatically re-enrolled. You will need to re-enroll them by each semester's deadline. To review rates and enrollment information, please go to [siue.myahpcare.com](http://siue.myahpcare.com).

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



1-855-825-3986



[siue.myahpcare.com](http://siue.myahpcare.com)



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Academic HealthPlans



Academic  
HealthPlans™



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%

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

To view all enrollment and coverage periods available, please visit [siue.myahpcare.com](http://siue.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.