

Southern Illinois University - Edwardsville 2020-2021 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.

Cohorts enrolled in the DNP program are required to have insurance and are eligible to enroll in the SIUE Student Health Insurance Plan.

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 24-Hour Medical and Mental Health Telemedicine Services
- Coverage When Traveling
- Academic Emergency Services

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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	Preferred Provider: \$ 400 per Insured Person, per Policy Year Out-of-Network Provider: \$ 800 per Insured Person, per Policy Year
Family Deductible	Preferred Provider: \$ 1,200 for all Insureds in a family, per Policy Year Out-of-Network Provider: \$ 2,400 for all Insureds in a family, per Policy Year
Individual Out-of-Pocket Maximum	Preferred Provider: \$ 6,850 per Insured Person, per Policy Year Out-of-Network Provider: \$ 13,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Preferred 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 <i>A deductible applies unless otherwise stated below</i>	Preferred 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%
Physician's Visits	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expense \$50 Copayment per visit (Copay waived if admitted, deductible waived)	80%	80%
Prescription Drugs Up to 31 day supply (deductible waived)	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 Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (deductible waived)	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods (Undergraduate/Graduate Students)	Fall 08/10/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 08/09/2021	Summer 05/08/2021 through 08/09/2021
Open Enrollment	07/08/2020 through 09/14/2020	12/03/2020 through 02/15/2021	03/30/2021 through 06/08/2021
Student	\$ 1,233	\$ 1,892	\$ 805
Spouse	\$ 1,233	\$ 1,892	\$ 805
Child ¹	\$ 1,233	\$ 1,892	\$ 805
Coverage Periods (SDM-AEGD, SDM-DMD, Pharmacy)	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021	Summer 05/18/2021 through 07/31/2021
Open Enrollment	07/08/2020 through 09/14/2020	12/03/2020 through 02/15/2021	03/30/2021 through 06/08/2021
Student	\$ 1,310	\$ 1,815	\$ 643
Spouse	\$ 1,310	\$ 1,815	\$ 643
Child ¹	\$ 1,310	\$ 1,815	\$ 643

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.

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.