

Southern Illinois University - Edwardsville

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 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*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

Southern Illinois University - Edwardsville 2022-2023

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		
	Preferred Provider	Out-of-Network Provider
Individual Deductible	\$400 Per Insured Person, Per Policy Year	\$800 Per Insured Person, Per Policy Year
Family Deductible	\$1,200 For all Insureds in a Family, Per Policy Year	\$2,400 For all Insureds in a Family, Per Policy Year
Individual Out-of-Pocket Maximum	\$6,850 Per Insured Person, Per Policy Year	\$13,700 Per Insured Person, Per Policy Year
Family Out-of-Pocket Maximum	\$13,700 For all Insureds in a Family, Per Policy Year	\$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 Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay	100% after a Generic Drug: \$10 Copay Preferred Brand Name Drug: \$30 Copay 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%

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods (Undergraduate/Graduate Students)	Fall 08/10/22 - 12/31/22	Spring/Summer 01/01/23 - 08/09/23	Summer 05/08/23 - 08/09/23
Open Enrollment	07/08/22 - 09/14/22	12/03/22 - 02/09/23	03/30/23 - 06/08/23
Student	\$1,272	\$1,951	\$830
Spouse	\$1,272	\$1,951	\$830
Child ¹	\$1,272	\$1,951	\$830
Coverage Periods (SDM-AEGD, SDM-DMD, Pharmacy)	Fall 08/01/22 - 12/31/22	Spring/Summer 01/01/23 - 07/31/23	Summer 05/18/23 - 07/31/23
Open Enrollment	07/08/22 - 09/14/22	12/03/22 - 02/09/23	03/30/23 - 06/08/23
Student	\$1,351	\$1,872	\$ 662
Spouse	\$1,351	\$ 1,872	\$ 662
Child ¹	\$1,351	\$ 1,872	\$ 662

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 siue.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 siue.myahpcare.com.