

# Southern Illinois University - Edwardsville

## Domestic Student Health Insurance Plan 2024-2025



### Eligibility

Each full-time student with at least one on-ground class will be enrolled in the student health insurance with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the deadline, the premium will not be removed from your student account.

Full-time student status is defined as:

Students	Fall/Spring	Summer
Undergraduate	12 hours	6 hours
Graduate	9 hours	3 hours
Graduate Assistants	6 hours	3 hours
Pharmacy	12 hours	12 hours
Dental	12 hours	12 hours

DNP students, no matter how many classes they are enrolled in, will be enrolled in the student health insurance with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the deadline, the premium will not be removed from your student account.

Part time students are not eligible. Students who take online classes exclusively, regardless of if they meet the credit hours requirement above, are not eligible. To review rates and waiver information, please go to [siue.myahpcare.com](https://siue.myahpcare.com).

### What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Coverage When Traveling
- Academic Emergency Services\*
- Access to Academic Student Assistance Program (ASAP)
- Vision coverage through Academic Vision Care (AVC)

\*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, Inc. (AHP), a Risk Strategies Company.

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](https://siue.myahpcare.com).

### More Information

For full details of participation in the plan, please view the complete brochure online at: [siue.myahpcare.com](https://siue.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [siue.myahpcare.com/additionalresources](https://siue.myahpcare.com/additionalresources)

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus**.

# SIUE 2024-2025 | Domestic Students

<b>BENEFITS</b> (Deductible applies unless otherwise stated below)	<b>PREFERRED PROVIDER</b> Payments are based on the Allowed Amount	<b>OUT-OF-NETWORK PROVIDER</b> Payments are based on Allowed Amount
<b>Individual Deductible</b> Per Insured Person, Per Policy Year	\$400	\$800
<b>Family Deductible</b> For all Insureds in a Family, Per Policy Year	\$1,200	\$2,400
<b>Individual Out-of-Pocket Maximum</b> Per Insured Person, Per Policy Year	\$6,850	\$13,700
<b>Family Out-of-Pocket Maximum</b> For all Insureds in a Family, Per Policy Year	\$13,700	\$27,400
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>Physician's Visits</b>	80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Medical Emergency Expense</b> Copay waived if admitted (Deductible waived)	80% after a \$50 Copay per visit	80% after a \$50 Copay per visit
<b>Prescription Drugs</b> Up to 31-day supply per prescription (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 Brand-Name Drug: \$30 Copay
<b>Preventive Care Services</b> For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible waived)	60%

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.

## COVERAGE PERIOD & COST

Coverage Periods	FALL 08/05/24 - 01/05/25	SPRING/SUMMER 01/06/25 - 08/03/25	SUMMER 05/12/25 - 08/03/25
Open Enrollment/Waiver Period	05/30/24 - 09/08/24	10/31/24 - 01/24/25	04/01/25 - 07/25/25
Student	\$1,291.50	\$1,291.50	\$594.00
Spouse	\$1,291.50	\$1,291.50	\$594.00
Child <sup>1</sup>	\$1,291.50	\$1,291.50	\$594.00

<sup>1</sup>The child rate is up to two (2) children. The cost for two (2) or more children will be two times the child rate.

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