



Southern Illinois University Edwardsville
Domestic

Student Coverage With Care 2026-2027

What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)*



Telehealth solutions through AcademicLiveCare (ALC)



Coverage when traveling



UnitedHealthcare Choice Plus is the PPO Network



Eligibility

Each full-time student with at least one on-ground class is required to enroll in the student health insurance or to provide proof of comparable insurance via the waiver process by the waiver period deadline.

Full-time student status is defined as:

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

DNP and Pharmacy students, no matter how many classes they are enrolled in, are required to enroll in the student health insurance or to provide proof of comparable insurance via the waiver process by the waiver period deadline.

Part-time students are not eligible. Students who take online classes exclusively, regardless of whether they meet the credit hours requirement above, are not eligible. To review rates and waiver information, please go to siue.myahpcare.com.

For more information, visit siue.myahpcare.com.

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit siue.myahpcare.com/additionalresources

*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), Part of the Brown & Brown Team.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company (UHC).

Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER <small>Payments are based on the Allowed Amount</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Allowed Amount</small>
Individual Deductible Per Insured Person, per Policy Year	\$400	\$800
Family Deductible For all Insureds in a Family, per Policy Year	\$1,200	\$2,400
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$6,850	\$13,700
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$13,700	\$27,400
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 Copay waived if admitted (Deductible waived)	80% after a \$50 Copay per visit	80% after a \$50 Copay per visit
Prescription Drugs Up to 30-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 <small>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.</small>
Preventive Care Services For more information, visit healthcare.gov/coverage/ preventive-care-benefits/	100% (Deductible waived)	60%

Coverage Periods & Rates

	FALL 08/01/2026 - 01/03/2027	SPRING/SUMMER 01/04/2027 - 07/31/2027	SUMMER 05/12/2027 - 07/31/2027
Open Enrollment/ Waiver Period	05/29/2026 - 09/04/2026	10/29/2026 - 01/22/2027	04/01/2027 - 07/11/2027
Student	\$1,291.50	\$1,291.50	\$574.00
Spouse	\$1,291.50	\$1,291.50	\$574.00
One Child	\$1,291.50	\$1,291.50	\$574.00
Two or More Children	\$2,583.00	\$2,583.00	\$1,148.00

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at siue.myahpcare.com upon approval by federal and state authorities.