

# Southern Illinois University - Edwardsville

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

Please view the complete brochure online at [siue.myahpcare.com](https://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.



# Southern Illinois University - Edwardsville 2021-2022



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 <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (deductible waived)	60%

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).