Southern Illinois University Edwardsville
International

Student Coverage With Care 2026-2027



What's Included?

- Academic Student Assistance Program (ASAP)
- Acesss to Academic Vision Care (AVC)
- Academic Emergency Services (AES)*
- Telehealth solutions through AcademicLiveCare (ALC)
- Coverage when traveling
- UnitedHealthcare Choice Plus is the PPO Network

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

Eligibility

Each international student, no matter how many classes they are enrolled in or enrolled just in University 500, 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.

To review rates and waiver information, please go to siue.myahpcare.com.

For more information, visit siue.myahpcare.com.

*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 Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
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 Expenses 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 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, 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 05/12/2026 - 07/31/2027
Open Enrollment/ Waiver Period	05/29/2026 - 09/04/2026	10/29/2026 - 01/22/27	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	$1,291.50	$1,291.50	$574.00

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.