

ST. EDWARD'S UNIVERSITY STUDENT HEALTH PLAN

A STUDENT HEALTH PLAN FOR YOU!

The Carrier is UnitedHealthcare StudentResources (UHC). The Preferred Provider is UnitedHealthcare Choice Plus.

AM I ELIGIBLE?

All registered students taking six (6) or more credit hours are required to maintain health insurance. Students finishing up degree requirements through internships, practicum's research, taking three (3) or more credit hours and were previously enrolled in the Plan the prior 12 months are eligible to enroll in the Student Health Insurance Plan.

Graduate students in online programs taking nine (9) or more credit hours may enroll in the plan on a voluntary basis.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis. Dependents need to be enrolled in the following timeframes: Fall- 06/02/2022 – 09/07/2022, Spring/Summer- 12/02/2022 – 01/27/2023.

OPT-OUT / WAIVER

If a student wishes to opt-out of SHIP, they can submit a waiver request. In order to waive, the student's insurance must be active and ACA Compliant. Acceptable plans can be: Employer-sponsored group plans, Marketplace Plans (Bronze, Silver, Gold or Platinum), Medicaid, Medical Access Programs, Ministry cost sharing plans. Unacceptable plans include Short-Term plans, Travel Plans, Financial Assistance Plans and Limited Indemnity Plans.

Waiver timeframes are as follows: Fall- 06/02/2022 – 09/07/2022, Spring/Summer- 12/02/2022 – 01/27/2023.

WHAT'S INCLUDED

- Access to UHC's vast PPO network
- HealthiestYou Telehealth solution for physical and mental health
- Academic Emergency Services*
- Ascension Medical Group – On Site Health Service
- Excellent benefits for using in-network providers
- Student Assistance Program available 24/7

Fall	08/01/22 - 12/31/22	Spring/ Summer	01/01/23 - 07/31/23	Summer	05/01/23 - 07/31/23
Enrollment Deadline	06/02/22 - 09/07/22	Enrollment Deadline	12/02/22 - 01/27/23	Enrollment Deadline	04/01/23 - 05/27/23
Student	\$ 1,190.50	Student	\$ 1,190.50	Student	\$ 600.00
Spouse	\$ 1,190.50	Spouse	\$ 1,190.50	Spouse	\$ 600.00
Child ¹	\$ 1,190.50	Child ¹	\$ 1,190.50	Child ¹	\$ 600.00

¹Coverage for two (2) or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit stedwards.myahpcare.com.

For more information, please log in here: <https://myhilltop.stedwards.edu/>

*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.

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 stedwards.myahpcare.com.

AHP (22) UHC-STEDS

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

ST. EDWARD'S UNIVERSITY 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. Reduced Copay of \$15 when students seek on-campus medical services through Ascension Medical Group at the Health & Counseling Center.

BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Individual Deductible Per Insured Person, Per Policy Year	\$ 150	\$ 450
Family Deductible For All Insureds in a Family, Per Policy Year	\$ 450	\$ 1,350
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$ 6,000	\$ 12,000
Family Out-of-Pocket Maximum For All Insureds in a Family, Per Policy Year	\$ 12,000	\$ 36,000

BENEFITS Deductible applies unless otherwise stated below

IN-NETWORK PROVIDER <small>Payments are based on the PPO Allowance</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on Usual & Reasonable Charges</small>
Hospital Room and Board Expense	
80%	50%
Inpatient / Outpatient Surgery	
80%	50%
Physicians Visits (deductible waived)	
100% after a \$25 Copay per visit (\$15 for on-campus)	50%
Diagnostic X-ray Services & Laboratory Procedures	
80%	50%
Medical Emergency Expense \$100 Copay per visit (deductible waived)	
80%	80%
Preventive Care Services	
<small>For more information, please visit healthcare.gov/preventive-care-benefits/</small>	
100% (deductible waived)	50%

IN-NETWORK PROVIDER <small>Payments are based on the PPO Allowance</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on Usual & Reasonable Charges</small>
Prescription Drugs (deductible waived)	
At pharmacies contracting with UnitedHealthcare Pharmacy:	100% after a
100% after:	Generic Drug: \$15 Copay
Tier 1: \$ 15 Copay	Brand-Name Drug: \$35 Copay
Tier 2: \$ 35 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>
Tier 3: \$ 50 Copay	

The University will place a separate \$50 Student Health Center fee, in addition to the insurance premium charge to your student account.

