



St. Edward's University

Student Coverage With Care 2026-2027



What's Included?



Access to UHC's PPO network, UnitedHealthcare Choice



Excellent benefits for using in-network providers



Academic Emergency Services (AES)*



Telehealth solutions through AcademicLiveCare (ALC)



Coverage when traveling or studying abroad



Ascension Medical Group - On Site Health Service



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 stedwards.myahpcare.com/additionalresources

Eligibility

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 - 06/03/2026 - 09/09/2026
Spring/Summer - 12/02/2026 - 01/28/2027

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 - 06/03/2026 - 09/09/2026
Spring/Summer - 12/02/2026 - 01/28/2027

For more information, visit stedwards.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.

Benefits

(Deductible applies unless otherwise stated below)

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

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
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
Hospital Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Outpatient Physician's Visits (Deductible waived)	100% after a \$25 Copay per visit	50%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	80% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	50%
Prescription Drugs including specialty drugs 31-day supply per prescription (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a: Tier 1: \$15 Copay Tier 2: \$35 Copay Tier 3: \$50 Copay	100% after a Generic Drug: \$15 Copay Brand-Name Drug: \$35 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.

Coverage Periods & Rates

	FALL 08/01/2026 - 12/31/2026	SPRING/SUMMER 01/01/2027 - 07/31/2027	SUMMER 05/01/2027 - 07/31/2027
Enrollment Periods	06/03/2026 - 09/09/2026	12/02/2026 - 01/28/2027	04/01/2027 - 05/27/2027
Student	\$1,320.50	\$1,320.50	\$666.00
Spouse	\$1,320.50	\$1,320.50	\$666.00
Child¹	\$1,320.50	\$1,320.50	\$666.00

¹Coverage for two (2) or more children is calculated at the child rate times two (2). The University will place a separate \$50 Student Health Center fee in addition to the insurance premium charge to your student account.

For more information, please log in here: myhillstop.stedwards.edu

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 stedwards.myahpcare.com upon approval by federal and state authorities.