



***Welcome Hilltoppers:***

Welcome to St. Edward's University. We understand that this is a busy time for you. We would like to focus your attention on some health requirements. Please read the following carefully.

***Student Health Insurance***

Here at St. Edward's University, we believe that it is essential for students to be protected against high medical costs caused by illness, injuries and chronic health issues. St. Edward's University will be practicing a "Hard Waiver" insurance program. This simply means that every student is required to show proof of health insurance. For students who are using a parent's health insurance, a completed waiver before the deadline is required. Students may also purchase the **2018-19 Student Health Insurance Plan (SHIP)**, underwritten by UnitedHealthcare Insurance Company and administered by Academic HealthPlans. Each student must demonstrate that they have comparable coverage by completing and submitting an on-line waiver prior to the deadline. **After the deadline**, which is September 12, 2018, St. Edward's students are automatically enrolled in SHIP unless they document other health insurance that provides coverage in the Austin area prior to the deadline. All active students must complete this insurance waiver each year, beginning with the semester that they enter.

**Students may complete the insurance waiver by logging into the My Hilltop portal on the student page on the website.**

***On the other side of this letter is a brief description of the SHIP coverage. For additional information, you can link to a full copy of the brochure on the website: [stedwards.myahpcare.com](http://stedwards.myahpcare.com). If you have questions regarding the Student Health Insurance Plan, please call Academic HealthPlans at 1-855-825-3982, the Health & Counseling Center at (512) 448-8686, you may also email questions to [insure@stedwards.edu](mailto:insure@stedwards.edu), or fax us at (512) 464-8842.***

We welcome any questions regarding the above information and look forward to your arrival in August.

Sincerely,

**Calvin A. Kelly, Ph.D.,  
Director of the Health & Counseling Center**

# St. Edward's University 2018-2019

# Student Health Insurance Plan

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 Preferred Provider is UnitedHealthcare Choice Plus.

## HEALTH & COUNSELING CENTER:

Deductibles are waived for Covered Expenses at the Health & Counseling Center. After the Deductibles and Out-of-Pocket maximum have been satisfied, additional Covered Expenses will be paid at 100% up to the Policy Maximum.

BENEFIT MAXIMUMS & DEDUCTIBLES		
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Individual Deductible	Network Provider:	\$150 per Insured Person, per Policy Year
	Non-Network Provider:	\$450 per Insured Person, per Policy Year
Family Deductible	Network Provider:	\$450 for all Insureds in a Family, per Policy Year
	Non-Network Provider:	\$1,350 for all Insureds in a Family, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider:	\$6,000 per Insured Person, per Policy Year
	Non-Network Provider:	\$12,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider:	\$12,000 for all Insureds in a Family, per Policy Year
	Non-Network Provider:	\$36,000 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Hospital Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
In-Office Physician Fees (Plan Deductible does not apply))	100% after a \$25 Copayment per visit	50%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Emergency Services Expense \$100 Copayment per visit	80%	80%
Prescription Drugs	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$15 Copayment per Tier 1 \$35 Copayment per Tier 2 \$50 Copayment per Tier 3	100% after a \$15 Copayment per Generic Drug \$35 Copayment per Brand Drug
*Preventive Care Services	100%	50%

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall 08/01/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 07/31/2019	Summer 05/01/2019 through 07/31/2019
Open Enrollment	06/01/2018 through 09/12/2018	12/03/2018 through 01/30/2019	04/01/2019 through 05/31/2019
Student	\$ 1,092.00	\$ 1,092.00	\$ 551.00
Spouse	\$ 1,092.00	\$ 1,092.00	\$ 551.00
Child	\$ 1,092.00	\$ 1,092.00	\$ 551.00

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

To view all enrollment and coverage periods available, please visit [stedwards.myahpcare.com](http://stedwards.myahpcare.com) or call Academic HealthPlans at 1-855-825-3982.

**DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.**