



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. Please read the following carefully.

All students are required to submit a completed insurance form each fiscal year or purchase the University Student Health Insurance Plan:

All registered students must submit, on-line, their insurance information **prior to the September 8th deadline**. After the **September 8th deadline**, St. Edward's students are **automatically** enrolled in Student Health Insurance Plan.

Students may demonstrate this on myhilltop.stedwards.edu, by providing proof of private insurance coverage or purchasing the Student Health Insurance Plan, underwritten by UnitedHealthcare Insurance Company and administered by Academic HealthPlans.

To WAIVE (you do not want the student health insurance plan because you have your own insurance):

1. Have an electronic copy of your current insurance ID card.
2. Go to myhilltop.stedwards.edu
3. In the search bar, type 'Submit Proof of Insurance'.
4. Under 'Tasks', select 'Submit Proof of Insurance'.
5. Login by using the following:
 - **Login** - St. Edward's University Username
 - **Password** – St. Edward's University Password
6. Click on the **red** button "WAIVE – Fall 2020-21".
7. Enter your insurance information and attach a front and back copy of your medical ID card.
8. Select the 'Submit Waiver' button at the bottom of the waiver form.
9. When your submission has been reviewed for compliance with University's guidelines, you will receive an email advising of **receipt** of the request for waiver with subsequent messages advising of **Approval, Denial, or requesting additional information**.

To ENROLL in the Student Health Insurance Plan: (You will login following the same steps as above)

1. Go to myhilltop.stedwards.edu
2. In the search bar, type 'Submit Proof of Insurance'.
3. Under 'Tasks', select 'Submit Proof of Insurance'.
4. Login by using the following:
 - **Login** - St. Edward's University Username
 - **Password** – St. Edward's University Password
5. On the home page, click the **green** "ENROLL – Click Here" enrollment button.
6. Read the Terms and Conditions.
7. If you accept them, enter your initials in the box and select the 'OK button'.

If you have any questions, please call the Health & Counseling Center at (512) 448-8686 or email questions to insure@stedwards.edu.

Sincerely,

Vanessa A. Peña, PhD
Director of the Health & Counseling Center

St. Edward's University 2020-2021 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.

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	Out-of-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%
Physician Visits (Deductible Waived)	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 For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible Waived)	50%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021	Summer 05/01/2021 through 07/31/2021
Open Enrollment	06/03/2020 through 09/08/2020	12/02/2020 through 01/26/2021	04/01/2021 through 05/28/2021
Student	\$1,138.50	\$1,138.50	\$574.00
Spouse	\$1,138.50	\$1,138.50	\$574.00
Child, 2x Max ¹	\$1,138.50	\$1,138.50	\$574.00

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.

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

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

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