

University of St. Thomas - International 2018-2019 Student Health Insurance Plan

Eligibility

All registered international students are required to purchase this insurance plan on a hard waiver basis.

Eligible students who do enroll may also insure their dependents. Eligible dependents are the student's legal spouse and dependent children under 26 years of age.

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. We maintain the right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever we discover the policy eligibility requirements have not been met, its only obligation is refund of premium.

CVS Minute Clinic

The deductible at any CVS Minute Clinic will be waived for University of St. Thomas students who are enrolled in the Student Health Insurance Plan.

Please view the complete brochure online at stthomintl.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- stthomintl.myahpcare.com
- support@ahpcare.com
- 1-855-370-7213
- [@ahpcare](https://twitter.com/ahpcare)
- [Academic HealthPlans](https://www.linkedin.com/company/academic-healthplans)





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 PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$1,500 for all Insureds in a family, per Policy Year Non-Network Provider: \$3,000 for all Insureds in a family, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$12,700 for all Insureds in a family, per Policy Year Non-Network Provider: \$25,400 for all Insureds in a family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	100% after a \$30 Copay	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment per visit (Copay waived if admitted to the hospital)	80%	80%
Prescription Drugs Up to 31 day supply	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copayment per Tier 1 \$40 Copayment per Tier 2 \$60 Copayment per Tier 3	60%
*Preventive Care Services	100% (Deductible waived)	60%

*For more information, please visit www.healthcare.gov/preventive-care-benefits

2018–2019 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods	Fall 08/08/2018 through 12/31/2018	Spring 01/01/2019 through 05/27/2019	Spring/Summer 01/01/2019 through 08/07/2019	Summer 05/28/2019 through 08/07/2019
Open Enrollment	07/30/2018 through 08/31/2018	12/03/2018 through 01/25/2019	12/03/2018 through 01/25/2019	04/29/2019 through 06/04/2019
Student	\$ 823	\$ 663	\$ 823	\$ 324
Spouse	\$ 823	\$ 663	\$ 823	\$ 324
Child¹	\$ 823	\$ 663	\$ 823	\$ 324

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit stthomintl.myahpcare.com or call Academic HealthPlans at 1-855-370-7213.

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