

University of St. Thomas - International 2019-2020 Student Health Insurance Plan



Please note: The new insurance carrier for the 2019-2020 school year is National Guardian Life Insurance Company.

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
- **L** 1-855-370-7213
- @ahpcare
- in Academic HealthPlans





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Please note: The new insurance carrier for the 2019-2020 school year is National Guardian Life Insurance Company.

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 Cigna.

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	
	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges	
Hospital Room and Board Expense ¹Precertification Required	80%	60%	
Inpatient/Outpatient Surgery Inpatient: Precertification Required	80%	60%	
In-Office Physician Visits	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 Cigna RX® 100% after a Generic Copayment: \$20 Preferred Brand Copayment: \$40 Brand Copayment: \$60	60%	
*Preventive Care Services	100% (Deductible waived)	60%	

Pre-certification means the process of determining Medical Necessity before an Insured Person receives certain Treatments, services, or supplies.

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

2019–2020 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Annual 08/08/2019 to 08/08/2020 at 12:01 AM	Fall 08/08/2019 to 01/01/2020 at 12:01 AM	Spring/Summer 01/01/2020 to 08/08/2020 at 12:01 AM		
Open Enrollment	06/03/2019 through 08/30/2019	06/03/2019 through 08/30/2019	11/01/2019 through 01/24/2020		
Student	\$ 1,813	\$ 907	\$ 907		
Spouse	\$ 1,813	\$ 907	\$ 907		
Child ¹	\$ 1,813	\$ 907	\$ 907		

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.



