

# 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](http://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](http://stthomintl.myahpcare.com)
- [support@ahpcare.com](mailto:support@ahpcare.com)
- 1-855-370-7213

# 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.**

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	
<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
<b>Family Deductible</b>	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
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	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>
<b>Hospital Room and Board Expense</b> <i><sup>1</sup>Precertification Required</i>	80%	60%
<b>Inpatient/Outpatient Surgery</b> <i><sup>1</sup>Inpatient: Precertification Required</i>	80%	60%
<b>In-Office Physician Visits</b>	100% after a \$30 Copay	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> <i>\$150 Copayment per visit (Copay waived if admitted to the hospital)</i>	80%	80%
<b>Prescription Drugs</b> <i>Up to 31 day supply</i>	<b>At pharmacies contracting with Cigna RX®</b> 100% after a Generic Copayment: \$20 Preferred Brand Copayment: \$40 Brand Copayment: \$60	60%
<b>*Preventive Care Services</b>	100% (Deductible waived)	60%

<sup>1</sup>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](http://www.healthcare.gov/preventive-care-benefits).

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	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	Summer 05/28/2020 to 08/08/2020 at 12:01 AM
<b>Open Enrollment</b>	06/14/2019 through 08/30/2019	11/01/2019 through 01/24/2020	04/27/2020 through 06/04/2020
<b>Student</b>	\$ 907	\$ 907	\$ 360
<b>Spouse</b>	\$ 907	\$ 907	\$ 360
<b>Child<sup>1</sup></b>	\$ 907	\$ 907	\$ 360

<sup>1</sup>The 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](http://stthomintl.myahpcare.com) or call Academic HealthPlans at 1-855-370-7213.

The 2019-2020 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2014)PPO TX. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.



UNIVERSITY OF  
ST. THOMAS