

# University of St. Thomas - International 2020-2021 Student Health Insurance Plan



**Please note: The new insurance carrier for the 2020-2021 school year is Wellfleet.**

## 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
- Telehealth with \$0 copay
- Coverage when traveling
- Academic Emergency Services

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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>	In-Network Provider: \$ 500 per Insured Person, per Policy Year out-of-Network Provider: \$ 1,000 per Insured Person, per Policy Year	
<b>Family Deductible</b>	In-Network Provider: \$1,500 for all Insureds in a family, per Policy Year Out-of-Network Provider: \$3,000 for all Insureds in a family, per Policy Year	
<b>Individual Out-of-Pocket Maximum</b>	In-Network Provider: \$6,350 per Insured Person, per Policy Year Out-of-Network Provider: \$12,700 per Insured Person, per Policy Year	
BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Usual and Customary Charge</i>
<b>Hospital Room and Board Expense</b> <i>Precertification Required</i>	80% after deductible	60% after deductible
<b>Inpatient/Outpatient Surgery</b> <i>Inpatient and Outpatient: Precertification Required</i>	80% after deductible	60% after deductible
<b>Physician's Office Visits including specialists and consultants</b>	100% after a \$30 Copayment per visit (Deductible applies)	60% after deductible
<b>Rehabilitation Therapy including, Physical Therapy, and Occupational Therapy and Speech Therapy</b> <i>Pre-Certification Required</i>	80% after deductible	60% after deductible
<b>Diagnostic Imaging Services</b> <i>Pre-Certification Required</i>	80% after deductible	60% after deductible
<b>Laboratory Procedures (Outpatient)</b>	80% after a \$40 Copayment per visit	60% after deductible
<b>Emergency Care Services</b> <i>\$150 Copayment per visit</i>	80% after deductible	80% after deductible
<b>Prescription Drugs</b> <i>Up to 31 day supply</i>	<b>At pharmacies contracting with Wellfleet Rx/ESI:</b> 100% after a Tier 1 Copayment: \$20 Tier 2 Copayment: \$40 Tier 3 & Specialty Drugs Copayment: \$60 (Deductible waived)	60% after deductible
<b>Preventive Care Services</b> <i>For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>.</i>	100% (Deductible waived)	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall	Spring/Summer	Summer
	08/08/2020 to 12/31/2020	01/01/2021 to 08/10/2021	05/19/2021 to 08/10/2021
<b>Open Enrollment</b>	06/15/2020 through 08/31/2020	11/02/2020 through 01/25/2021	04/27/2021 through 06/04/2021
<b>Student</b>	\$ 841	\$ 841	\$ 387
<b>Spouse</b>	\$ 841	\$ 841	\$ 387
<b>Child<sup>1</sup></b>	\$ 841	\$ 841	\$ 387

<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).

