



## A STUDENT HEALTH PLAN FOR YOU!

### AM I ELIGIBLE?

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\*



Administered by  
Academic HealthPlans

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

# UNIVERSITY OF ST. THOMAS - INTERNATIONAL 2022-2023

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.**

**Student Health Center Benefits:** When Treatment is rendered at the Student Health Center, the Deductible and Copayments will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred.

## BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year		Unlimited
<b>Individual Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Family Deductible</b> for all Insureds in a Family, per Policy Year	\$ 1,500	\$ 3,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 6,350	\$ 12,700
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, per Policy Year	\$ 12,700	\$ 25,400

BENEFIT CATEGORY	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on Usual and Charge
<b>Hospital Care</b> , includes room and board expenses and intensive care Pre-Authorization Required	80% after deductible	60% after deductible
<b>Inpatient/Outpatient Surgery</b> Inpatient and Outpatient: Pre-Authorization Required	80% after deductible	60% after deductible
<b>Physician's Office Visits</b> , including specialists and consultants	100% after a \$20 Copayment per visit	60% after deductible
<b>Rehabilitation Therapy</b> , including Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Authorization Required	80% after deductible	60% after deductible
<b>Diagnostic Imaging Services</b> Pre-Authorization Required	80% after deductible	60% after deductible
<b>Laboratory Procedures (Outpatient)</b>	80% after deductible	60% after deductible
<b>Emergency Care Services</b> \$150 Copayment per visit	80% after deductible	80% after deductible
<b>Prescription Drugs</b> Up to 31 day supply	At pharmacies contracting with Wellfleet Rx/ESI: 100% after a Tier 1 Copayment: \$10 Tier 2 Copayment: \$25 Tier 3 & Specialty Drugs Copayment: \$50 (Deductible waived)	60% after deductible
<b>Preventive Care Services</b> For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	100% (Deductible waived)	60%

## COVERAGE PERIOD & COST

Fall	08/11/22 - 12/31/22	Spring/Summer	01/01/23 - 08/10/23	Summer	05/19/23 - 08/10/23
Enrollment	06/15/22 - 08/31/22	Enrollment Deadline	11/02/22 - 01/24/23	Enrollment Deadline	04/27/23 - 06/05/23
Student	\$ 847	Student	\$ 847	Student	\$ 390
Spouse	\$ 847	Spouse	\$ 847	Spouse	\$ 390
Each Child <sup>1</sup>	\$ 847	Each Child <sup>1</sup>	\$ 847	Each Child <sup>1</sup>	\$ 390

<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](https://stthomintl.myahpcare.com).