

# University of Illinois Springfield

## Student Health Insurance Plan 2024-2025



### Eligibility

All students physically participating in classes on campus are required to purchase this insurance plan unless proof of comparable coverage is provided. For more details, please visit [uis.myahpcare.com](https://uis.myahpcare.com).

To waive the Student Health Insurance Plan, you must complete the online waiver by the absolute deadlines. If you do not waive coverage by the deadline, the premium will be charged to your UIS student account. No changes will be made to a student's UIS account after the waiver deadline.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to [uis.myahpcare.com](https://uis.myahpcare.com).

### What's Included?

- Access to Academic Student Assistance Program (ASAP)
- Telehealth Solutions through AcademicLiveCare (ALC)
- Voluntary dental and vision coverage
- Coverage when traveling
- Academic Emergency Services\* (AES)

\*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, Inc. (AHP), a Risk Strategies Company.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [uis.myahpcare.com](https://uis.myahpcare.com).

### More Information

For full details of participation in the plan, please view the complete brochure online at: [uis.myahpcare.com](https://uis.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [uis.myahpcare.com/additionalresources](https://uis.myahpcare.com/additionalresources)

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus**.

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## Benefits (Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$400	\$800
Family Deductible For all Insureds in a Family, per Policy Year	\$1,200	\$2,400
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$6,850	\$13,700
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$13,700	\$27,400
Room and Board Expense	80% after a \$100 Copay (Deductible waived)	50% after a \$100 Copay
Inpatient/Outpatient Surgery	80% (Inpatient Deductible waived)	50%
Physician's Visits	80%	80%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Medical Emergency Expenses Copay waived if admitted	80% after a \$50 Copay	80% after a \$50 Copay
Preventive Care Services For more information, please visit: <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible waived)	50%
Prescription Drugs Up to a 31-day Supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$60 Copay	50% after a Generic Drug: \$10 Copay Brand-Name Drug: \$30 Copay  Please note: you are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.

## Coverage Periods & Cost

	FALL 08/16/2024 - 01/09/2025	SPRING 01/10/2025 - 05/31/2025	SUMMER 06/01/2025 - 08/15/2025
Enrollment Periods	07/15/2024 - 09/25/2024	12/15/2024 - 02/15/2025	05/15/2025 - 06/30/2025
Waiver Deadline	09/25/2024	02/15/2025	06/30/2025
Student	\$1,124	\$1,124	\$617
Spouse	\$1,124	\$1,124	\$617
Each Child <sup>1</sup>	\$1,124	\$1,124	\$617

<sup>1</sup>The child rate is up to two (2) children. The cost for two (2) or more children will be two (2) times the child rate.  
To view all enrollment and coverage periods available, please visit [uis.myahpcare.com](https://uis.myahpcare.com).