



A STUDENT HEALTH PLAN **FOR YOU!**

AM I ELIGIBLE?

All full-time graduate students taking nine (9) or more credit hours and full-time undergraduate students taking 12 or more credit hours; and CONHP-College of Nursing & Healthcare Professions (part-time and full-time) are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. New students beginning full-time enrollment during the summer who are taking six (6) or more credit hours per summer term are eligible to enroll in this insurance plan.

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.

ADDITIONAL BENEFITS

- Student Assistance Program
- Virtual visits through LiveHealth Online
- Voluntary dental and vision coverage
- Coverage when traveling
- Academic Emergency Services*



Administered by Academic HealthPlans



VALPARAISO UNIVERSITY - DOMESTIC STUDENTS 2021- 2022

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 Blue Access, an Anthem Student Advantage network.**

Student Health Center Benefits: No Charge for Covered Medical Expenses, Deductible Waived, 100% of Usual and Reasonable Charge for Covered Prescription Expenses.

MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	NON-NETWORK PROVIDER
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Overall Deductible per Insured Person, per Policy Year	\$ 250	\$ 600
Student Out-of-Pocket Limit per Insured Person, per Policy Year	\$ 6,000	\$ 20,550
Family Out-of-Pocket Limit for all Insureds in a Family, per Policy Year	\$ 12,000	N/A

COVERAGE PERIOD & COST

Annual	08/01/21 - 07/31/22
Enrollment Deadline	04/15/21 - 09/17/21
Student	\$ 1,761.00
Spouse	\$ 1,761.00
Each Child	\$ 1,761.00
Spring/Summer	01/01/22 - 07/31/22
Enrollment Deadline	11/15/21 - 02/04/22
Student	\$ 1,023.55
Spouse	\$ 1,023.55
Each Child	\$ 1,023.55
Summer	05/01/22 - 07/31/22
Student	\$ 444.18
Spouse	\$ 444.18
Each Child	\$ 444.18

*The child rate is up to two children. The cost for two or more children will be two times the child rate.

BENEFITS Deductible applies unless otherwise stated stated below

IN-NETWORK PROVIDER Insured's Cost	NON-NETWORK PROVIDER Insured's Cost
Primary Care Visit to treat an injury or illness/Specialist Care Visit	
20% after a \$30 copay per visit	40%
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)	
20%	40%
Outpatient Surgery	
20%	40%
Emergency Room Facility Charges , Copay waived if admitted	
20% after a \$150 copay per visit	20% after a \$150 copay per visit
Diagnostic Services , Lab, X-ray & Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans)	
20%	40%
Durable Medical Equipment	
20%	40%
Outpatient Mental/Behavioral Health and Substance Abuse Doctor Office Visit	
20% after a \$30 copay per visit	40%
Preventive care/screening/immunization , deductible waived	
No charge	Not covered
Prescription Drug Benefit Select Drug List This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.	
Tier 1 - Generic: \$15 copay per prescription	Not covered
Tier 2 - Preferred Brand: \$30 copay per prescription	Not covered
Tier 3 - Non-Preferred Brand: \$50 copay per prescription	Not covered

To view all enrollment and coverage periods available, please visit valpo.myahpcare.com.